
A study of the Sybil Levin SPECAL-Informed Specialist Dementia Day Service

Final Report

Bath&Main
ASSOCIATES

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Executive summary

This summary outlines the key findings from a six-month period of studying the opening of the Sybil Levin SPECAL-Informed Specialist Dementia Day Service between February-August 2022.

The focus of the study was the impact of introducing the SPECAL method to a new specialist dementia day service and the difference it made to the user's family carers, as well as the users themselves and the staff and volunteers.

Our findings are summarised below:

Family Carers

- Family carers were overwhelmingly impressed by the Sybil Levin day support centre and the dedication and skill of its staff and volunteers. As a result, they have described how they have felt a reduction in their own stress and anxiety levels due to their loved ones attending the centre.
- Knowing that the staff and volunteers were focusing on the individual wellbeing of their loved ones made a big difference to family carers. They reported that users that had been to different day centres were noticeably happier and more contented at Sybil Levin.
- Some family carers are living difficult and complex lives (e.g. other caring responsibilities) and are struggling with multiple priorities at home. As a result, it was difficult for them to find time to learn about and apply the SPECAL method at home or encourage other family members or professional carers to use it.
- Some family carers are or are trying to apply the SPECAL method at home. We couldn't verify the actual implementation levels. When it was referred to during interviews, using the SPECAL method was linked to the Three Golden Rules (see section 2.1.1) and then mostly about trying to not ask questions of their loved one.
- The well-being of family carers is a critical element to the success of implementing the SPECAL method. Age UK Nottingham and Nottinghamshire has agreed time and resources to engage family carers including, offering training. The family carers' strategy that has been developed needs to be further developed and implemented. The support which is available needs to be understood by everyone involved.
- A challenge for the service is to enable family carers to understand better how the SPECAL method impacts on their loved ones whilst at the centre and that,

if used at home as well as at the centre, their loved ones will benefit even further.

Users

- Users who attended the pre-SPECAL Sybil Levin day centre (2+ years ago) have shown signs of being more content and happier in a specialist dementia day service using the SPECAL-Informed approach.
- Family carers have commented on their loved ones being less anxious and more relaxed when they return home after attending the day service, compared to before the centre opened and/or when attending other mainstream day centres.
- Staff and volunteers have noticed immediate improvements in anxiety levels and engagement of new users. The improvement in wellbeing is maintained or quickly recovered after a short absence, though it does not seem to increase/improve in a continuously upward straight line, but instead rises and is sustained throughout the day.
- Staff have observed that users whose family carers are trying to use the SPECAL method at home or are attending the centre more frequently than one day a week, are retaining the benefits of the SPECAL method for longer.

Staff/Volunteers

- By starting slowly and small scale, the staff and volunteers have been able to build their SPECAL skills, develop to a stage where they now operate as a well-functioning team and get to know the users well. They have all been wholeheartedly behind the SPECAL method and have seen an instant impact on users when adopting it. A number of staff have noted that the role is an intense experience, but a highly rewarding one.
- Operational challenges over the six months have really stretched the capacity of the staff team from time to time. These issues have/are being responded to, but it is still a work in progress. Part of the response has been recruitment, new roles and changing the shift patterns into morning and afternoon slots.
- Part of the adaptation and learning so far has been the development of the role played by staff and volunteers to support users to interact with each other and with the staff/volunteer team. The art, which is well on its way to being developed, is to maintain an appropriate level of one-to-one support as well. As the confidence of staff and volunteers has increased, so has that of the users to interact too.

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- The constant focus on improving the feelings and the wellbeing of users while at the centre is very impressive and reflect the Riachi¹ observations (Protecting, Reassuring, Empathising Reflecting) in her study (2017). Finding new materials/resources to match the interests of new users is ongoing and is met and fulfilled by the staff. Sometimes the new materials/resources work and are welcomed by users, and sometimes they are ignored. There is staff satisfaction in finding the right key to introducing them.
 - Volunteers are an important resource and they have played a key role over its first six months. When they attend, they add real value to the day's experience for users and staff.
 - More volunteers should be involved in the service now that it is more established, some with interests that match the interests of the users.
 - Volunteers enjoy being involved at the centre. They like the fact that their commitment is less intense and is determined by them i.e. 3 hours rather than 8, 1 day a week rather than 3. Despite not being as emersed in the centre as staff, they have been trained and use the Three Golden Rules when undertaking their volunteering.
 - Having dedicated time to induct and train new staff and volunteers was crucial to the success of the service and should be maintained.

The service model and building

- Sybil Levin has transformed into a SPECAL-Informed specialist dementia day service. It is developing into being an impressive, well-run, exceedingly person-centred service.
- The service model continues to be in a developmental and testing phase having only been set up from new 6 months ago. This developmental phase is necessary and will continue for some time to come.
- The learning points from the Contented Dementia Trust's Friday Group have been successfully integrated into Sybil Levin's custom and practice. i.e. a small core care team, many props and activities centred on the users that day, no lanyards or name badges, no queuing, music playing, refreshments available throughout the day for individuals, a 'restaurant style' food service, written debriefing notes made after each session.

¹ See Appendix 2

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- The delayed start to the centre's opening for a range of practical reasons proved beneficial to the planning and operational delivery of the service enabling a longer lead in time.
 - A level of SPECAL training and briefing for staff, volunteers and family carers was essential to the development of the service and should be defined and developed further.
 - In addition to the training and briefings given, written information for families and volunteers about the SPECAL method needs to be simplified and made more relatable for them. How information about the SPECAL method is communicated and support given should be reviewed and refreshed, in particular, for families and carers.
 - Staff and carers want the SPECAL method to be more widely known and understood by professionals, including carers and GPs.

Conclusions

Everyone involved in the Sybil Levin centre is convinced by the SPECAL method and its benefits to users and family carers. The evidence from the family carers of service users who had been at the pre-COVID Sybil Levin centre or other day care (all mainstream day care), indicates an improvement in wellbeing for their loved ones. Interviews and surveys indicate that users attending the Sybil Levin SPECAL-Informed specialist dementia day service has led to less stress for carers and service users.

Staff and volunteers who worked at both the old and new Sybil Levin have seen the difference in the wellbeing of the original users and new users. Their own personal reward and job satisfaction has increased when using the SPECAL method.

It is more difficult to be certain that the SPECAL method was the reason that all family carers felt less stress and anxiety. Some were trying to use the method at home, and some were not. This same outcome may have resulted if their loved one had attended a regular dementia day service. The benefit they were feeling might be only linked to having time to themselves, particularly after the pressures of lockdown. Without a control group, we cannot prove cause and effect.

Within the fairly narrow parameters and limitations of this study, we can conclude:

- Carers felt less stressed and anxious when their loved ones attend the Sybil Levin SPECAL-Informed Specialist Dementia Day Centre, and the sense of wellbeing continues after the service user returns home
- Family carers have variable levels of interest in using the SPECAL method at home. Those that could see the benefits and have time were engaging with the

SPECAL method and would welcome more support and advice. Those family carers who were quite interested, but with little time available, would welcome more targeted help from Age UK Notts, recognising their individual circumstances

- Family carers and staff/volunteers saw the individual benefits to the service users, in their sense of self and personal confidence
- The SPECAL-Informed Specialist Dementia Day Support model has the potential to be replicated in other parts of the UK. The SPECAL training and tools can work well in a day centre setting and can be used and applied in multiple day settings. Appendix 3 outlines areas for consideration

Glossary

User, Service User, Client	All these words refer to people who attend the Sybil Levin centre for at least one day a week. They tend to be used in an interchangeable way throughout the report.
Family Carer	Someone who defines themselves as an unpaid carer to the service user, but may not live with them and may live some distance away. All the carers engaged in this study are family members.
Loved one	The term used when a family carer is referring to the person they are carer for.
Paid Carer	Someone who provides paid caring support to a user of the Sybil Levin service in their own home.
SPECAL	Specialised Early Care for Alzheimer's (more information below in section 2.1).
SPECAL-Informed Specialist Dementia Day Service	This is sometimes referred to in the study as the Day Centre, the centre and the Sybil Levin Centre. Users and staff frequently call it "Sybils".
P-A-S-T	Feelings of Personal worth, Autonomy, Social ease and Trust.

1. Background to this study

Bath & Main Associates were commissioned by Age UK Nottingham and Nottinghamshire (Age UK Notts) in June 2021 to study the impact on family carers of the SPECAL (Specialised Early Care for Alzheimers) dementia management approach at the Sybil Levin Centre run by Age UK Notts. The Sybil Levin Centre provides the first opportunity for the Contented Dementia Trust (The Trust) to test and develop its SPECAL method in a specialist dementia support day care setting. The SPECAL method has been developed and is owned by the Contented Dementia Trust (The Trust). This study builds on previous research into the SPECAL method, most notably the 'SPECAL Evaluation Project' (1999, Royal College of Nursing²) and The 'SPECAL method of caring for people with dementia' (McCrae et al, 2019, Kings College, London³).

Further information about the Contented Dementia Trust⁴ and Age UK Notts⁵ can be found at their respective websites - see links below.

Further information about previous research into the SPECAL method can be found at The Trust's website - see link below⁶.

2. Context and overview of SPECAL and Age UK Notts' new SPECAL-Informed day service

Before we proceed to the study process, our observations and conclusions, this section introduces:

- The SPECAL method
- Age UK Notts SPECAL-Informed Specialist Dementia Day Service at the Sybil Levin Centre
- The planned service model

Age UK Notts has been connected with the Contented Dementia Trust since 2017. The dementia lead at Age UK Notts is one of a small group of SPECAL practitioners being trained by The Trust worldwide. There has been, and continues to be, a key partnership between The Trust and Age UK Notts as the service develops.

We asked The Trust and Age UK Notts to provide the wording below which describes the SPECAL method (2.1) and the new service (2.2).

² <https://contenteddementiatrust.org/about-us/our-research/>

³ <https://contenteddementiatrust.org/about-us/our-research/>

⁴ <https://contenteddementiatrust.org>

⁵ <https://www.ageuk.org.uk/notts/>

⁶ <https://contenteddementiatrust.org/about-us/our-research/>

2.1 The SPECAL Method⁷

The word SPECAL is used to describe a unique dementia management method that can be learned and used by anyone involved in the care of a person with dementia. It's based on an innovative way of understanding dementia from the point of view of the person with the condition called the SPECAL Photograph Album. Everyone coming into contact with the person with dementia needs to understand the SPECAL Photograph Album.

The SPECAL Photograph Album offers a simple and practical analogy to explain how memory works, what happens to all of us as we age, and the single dramatic change which occurs with the onset of dementia.

Normal memory provides us with a continuous record of what has just been happening in our life, in terms of both facts and associated feelings. Common sense, which we use all the time in our life, is predicated on our being able to access this recent information as we move from moment to moment. Dementia introduces a change to the normal storage of everything that has just been happening. With dementia, new factual information becomes less and less reliably stored, whilst feelings continue to store in the normal way. Feelings become more of a reference point than facts. This is a single change, and the person with dementia has a natural ability to adapt to the new situation in which they find themselves.

However, unless the rest of us understand what the person with dementia is experiencing, and exactly how they are coping, we can unwittingly trip them up. In other words, the single change has the potential to disrupt just about everything to do with the person's life unless we adapt our own actions and reactions to take proper account of what is actually going on. It follows that once dementia is present, common sense is guaranteed to become less and less useful as a starting point.

2.1.1 Three Golden Rules

The Trust has developed SPECAL sense which provides a method of managing the dementia. SPECAL sense begins with Three Golden Rules:

1. Don't ask direct questions
2. Listen to the expert – the person with dementia – and learn from them
3. Don't contradict

Each of SPECAL's Golden Rules is, by definition, counter-intuitive, and each rule has an associated tool. The use of these tools immediately reduces stress not only for the person with dementia, but also everyone else involved. Confusion gives way to confidence, and with the confidence comes a level of competence which is very different from that usually seen along the dementia journey. A sense of well-being,

⁷ Wording of section 2.1 provided by the Contented Dementia Trust

reframed within the SPECAL method as a sense of P-A-S-T, (feelings of Personal worth, Autonomy, Social ease and Trust), prevails for everyone involved.

2.1.2 SPECAL and the family carer

The SPECAL method is rooted in the SPECAL Photograph Album approach and is led by the family in a disability management model which they individualise for their family member with dementia. The family is empowered to adopt a care management role for their person, working positively with the dementia in a way which becomes ever simpler over time. The more the dementia impacts, the greater the use of SPECAL sense and the simpler life becomes. The family team gradually expands to include everyone coming into contact with the person with dementia, since anyone versed in the general principles of SPECAL can play their part.

SPECAL sense support for the spouse or partner carer runs parallel to support for the person with dementia, and preservation of the quality of their relationship is critical in order to ensure that a sense of P-A-S-T for everyone can be promoted and sustained, 24 hours a day, every day, for life.

This outcome ultimately depends on the application of the SPECAL method by the family, ensuring that everyone coming into contact with their person with dementia is familiar with the SPECAL Photograph Album approach.

Further details about the SPECAL method are available via The Trust's website⁸.

2.2 Age UK Notts SPECAL-Informed Specialist Dementia Day Service at the Sybil Levin Centre⁹

The journey to becoming an Age UK Nottingham & Nottinghamshire (Age UK Notts) SPECAL-Informed specialist dementia day service began in 2018 and culminated in the opening of the service in February 2022.

Age UK Notts has delivered day services for over 30 years. During a review of day service provision in 2018, it was agreed that the charity would concentrate on the provision of specialist dementia day service support. This began the search for a method of service delivery which had positive outcomes for people with dementia and reflected the values and ethos of Age UK Notts.

The charity's dementia lead was tasked with reviewing existing dementia service provision and theoretical perspectives and presenting these to the senior leadership team (SLT) and Board of Trustees for consideration. During 2018, the dementia lead was introduced to the SPECAL method via an academic reading list. There was an immediate resonance with the SPECAL method and Age UK Notts' values. The

⁸ <https://contenteddementiastrust.org/about-us/contented-dementia-trust/>

⁹ Wording of section 2.2. provided by Age UK Notts

method had been tried and tested and appeared to have a positive impact on people with dementia. The dementia lead subsequently contacted the Contented Dementia Trust, resulting in her attendance on a professional's training day in early December 2019. This cemented her findings and conclusion that the SPECAL method was the preferred framework upon which to deliver a specialist dementia day service.

Approval was given from the SLT and Board of Trustees; a new dementia strategy was developed identifying the SPECAL method as the preferred method for the delivery of a specialist dementia day service and the development process moved to the implementation phase. A key feature of the implementation phase was to have formally trained staff in lead positions within the service. Consequently, the charity's dementia lead applied for and was accepted onto a SPECAL Practitioner course (delivered by the Contented Dementia Trust) with the course due to commence in June 2020.

The global COVID-19 pandemic hit the UK in early 2020 which led to the closure of the existing Age UK Notts day service (delivered at the Sybil Levin Centre); the centre remained closed until February 2022. During this time, the dementia lead completed the SPECAL Practitioner course ensuring the charity was in a position to open as a specialist dementia day support service. A second staff member commenced SPECAL Practitioner training in September 2021.

2.2.1 The Sybil Levin Centre

The closure of the existing day service provided the opportunity to completely refurbish the Sybil Levin centre over several months and plan for reopening as a brand-new service. Staff recruitment to the new service commenced in June 2021, and following a second recruitment round, the new staff team were in place. It was initially planned for the service to reopen in September 2021, but due to unforeseen circumstances, the opening was delayed until February 2022.

The centre itself is a large, converted chapel, with ground floor space enough to break into two smaller, but still large rooms, with a partition between them available. It has a garden both front and back. It has a well-equipped kitchen and additional smaller rooms which have the potential to be used by the service. The day support facilities are all on one level.

2.2.2 Delay as an opportunity

The delay in opening the centre was used as an opportunity. Staff and volunteer training was key and had to be completed before the service could commence. The new staff and volunteer team started their roles a week before the service reopened. The whole of the week was dedicated to staff and volunteer training, as well as holding a training event for carers.

Following a long journey, the service finally opened on 21 February 2022. The pandemic had a huge impact and delayed the opening of the new service for some time. The lead in time from Board approval to opening a SPECAL-Informed dementia day service proved necessary. It was needed in order to:

- Prepare the building
- Train at least one SPECAL Practitioner with a second practitioner in training
- Recruit, induct and train new staff and volunteers

2.3 The planned service model

2.3.1 SPECAL requirements at the centre

At the outset of this project, Age UK Notts were asked to consider running the Sybil Levin centre at the SPECAL-Led level of engagement. They felt that this was not possible at that time, and so a SPECAL-Informed level of engagement was agreed by both parties. This requires that all staff are trained to understand the Photograph Album and Three Golden Rules, and that there is a qualified SPECAL Practitioner and another person training to qualify as a Practitioner in the service. A SPECAL-Informed service can bring about huge improvements to wellbeing during the hours the service is run, and even extend beyond that, but it won't bring about sustainable wellbeing for life - which is the aim of The Trust - and something which is only achievable at the SPECAL-Led level, where family engagement is the main focus of the service. This is relevant when reading through this report's conclusions of the engagement levels of family carers.

To be a SPECAL-Informed service, Age UK Notts had to meet a number of requirements:

Training and Qualifications – the training and qualification requirements are:

- Attendance at an introductory presentation of the SPECAL Photograph Album is required for all service staff and volunteers
- The employment of at least one qualified SPECAL Practitioner, plus at least one other team member actively engaged in the SPECAL Professional Pathway working towards the Practitioner qualification

Using the SPECAL Method - family, friends and professional carers need to be equipped with tools and techniques to manage the condition of dementia positively, based on an in-depth understanding of the world the person with dementia is living. This understanding is based on the SPECAL Photograph Album, a very simple analogy used to explain how memory works, what happens to all of us as we age, and the single dramatic change that occurs with the onset of dementia.

2.3.2 Staffing

The staffing complement for the centre is:

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- One SPECAL Practitioner
 - One SPECAL Coach who is the centre manager (full time)
 - Support workers x 5 (part time)
 - A driver (part time)
 - A cook (part time)
 - A SPECAL Liaison Officer (part time)

Recruiting and retaining staff in social care is currently a significant challenge for any organisation in the care sector:

“It is clear that the social care sector is competing with other sectors for staff, especially the healthcare sector as well as the hospitality and retail sector, both in terms of keeping the staff they have and recruiting new staff”¹⁰

National Care Forum – Workforce Pressures

Age UK Notts has managed the recruitment processes successfully and continues to operationalise its teams and their shift patterns to fit with the needs of the users and centre.

2.3.3 Planned model of opening

The model for opening the centre begun with a planned slow start – 6 users – with the goal of a new user starting every 2-3 weeks until a total of 20 people were using the centre. The plan was to open the centre for 3 days a week initially (Monday, Wednesday and Friday), moving to 5 days (Monday-Friday). Age UK Notts contacted the families of people who used to attend Sybil Levin day care pre-Covid as their starting point, with initial interest expressed by 25 families.

Some users would attend every day, some a couple or one. They would be a mix of self-funders and people funded by local authorities. The charges for users from the city would be in line with the Framework Agreement in place with Nottingham City Council. Other places were purchased by Nottinghamshire County Council.

The slow start is also reflected in limited promotion of the new service. Most of the initial users are people whose families self-referred because they had an existing connection to Sybil Levin. As the service developed, new users have begun to attend having heard about Sybil Levin mainly via word of mouth and personal recommendation.

The growth in users has been slower than planned. There are currently 10-12 users (August 2022) on three days per week, up from 3-4 users a day in the first few of months of opening. This slow start has proved beneficial to everyone involved; we explain why further on in the report.

¹⁰ <https://www.nationalcareforum.org.uk/voice/workforce-pressures/>

3. The study parameters

This section outlines the terms of reference for the study, the approach and methods used, as well as the process followed.

3.1 The terms of reference

The overall terms of reference agreed at the beginning of the study were:

“What is the impact of the SPECAL method on day service users, family, formal carers and volunteers, with a particular focus on the impact on stress levels and carer confidence?”

3.2 Primary goal of the study

The core of the study was predominantly qualitative. The primary goal was to identify whether there is any impact on the day-to-day stress levels of the carers as a result of using the SPECAL method at a specialist dementia day service. The qualitative study would investigate the physical, mental and emotional health of the carer.

For the purposes of this study, it was agreed with the Steering Group that carers were family members, who care for users of the centre. The study would also look at the impact on users of the centre from the perspective of their family carers.

3.3 Secondary goals

Secondary goals of the study were to:

- Assess the impact of using the SPECAL method on the staff and volunteers at the centre
- Identify what works and what doesn't at the day centre, including ideas/recommendations for setting up a SPECAL-Informed specialist dementia day service from scratch and/or developing an existing day centre into a SPECAL-Informed one. These are included in Appendix 3. Age UK Notts and the Contented Dementia Trust are happy to offer help and advice to interested organisations

3.4 Studying the piloting and development of a new service

Throughout, we have been consistently mindful that the service is brand new and is being piloted, tested and developed; this important fact is reflected in this report.

3.5 A four phase, iterative approach

A four phase, iterative, action research approach to the study was agreed with the study's Steering Group (see below) covering a period of approximately 9 months. This required a degree of flexibility; the process used was adapted as the study progressed.

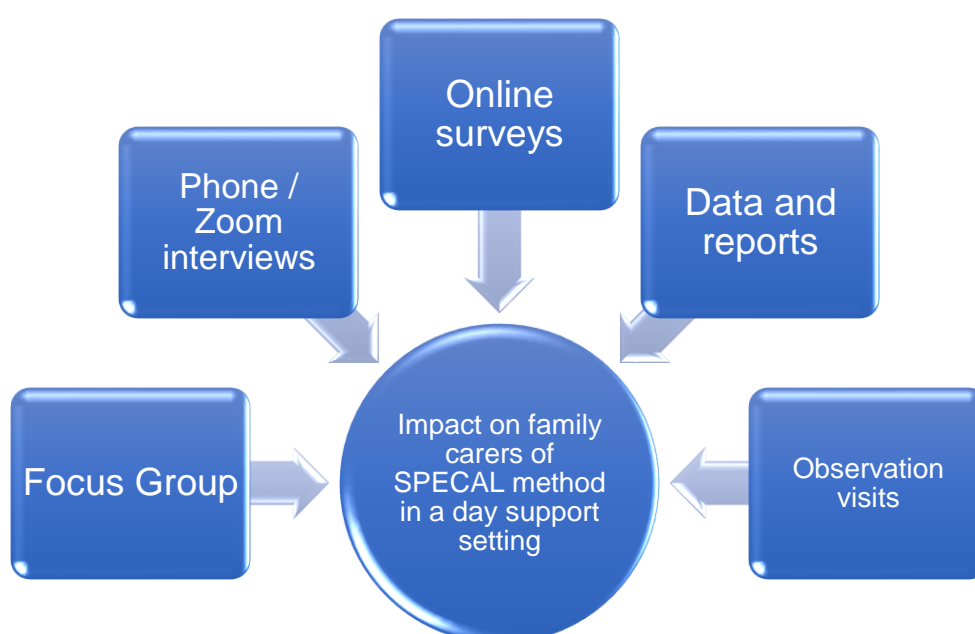
Phases 1 and 2 enabled a level of baseline information to be established and then revisited, re-examined, and assessed in phases 3 and 4. This phased approach was viewed as effective and less stressful for the stakeholders as they become more

engaged and involved in the study process; the aim was to create opportunities for constant review and improvement as the pilot service developed.

The 4 phases were:

1. November 2021-February 2022 - a pre-day centre launch phase
2. February-March 2022
3. April-June 2022
4. July-August 2022 – including analysing the data and findings and writing the final report

Though the focus of the study used qualitative approaches, quantitative approaches were also put into place from the beginning of the study. However, levels of carer engagement meant these were not fully developed.



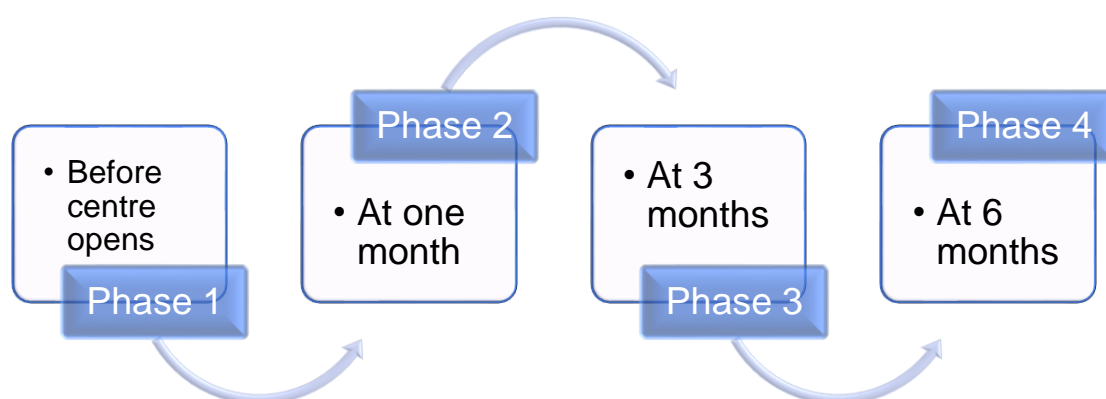
3.6 Study Steering Group

Throughout the study, a small group of people from The Trust, Age UK Notts and Bath & Main Associates met regularly to review progress and create ideas for the next phase of the work. In total it met seven times¹¹.

In addition, prior to a formal Steering Group being established, a virtual meeting between The Trust, Age UK Notts and Bath & Main Associates took place in July 2021.

¹¹ 21st November 2021, 21st December 2021, 5th January 2022, 25th February 2022, 5th May 2022, 5th July 2022, 6th September 2022

4. The study process and timeline



4.1 Phase 1 - November 2021 - February 2022

The first phase of the study was pre-Sybil Levin opening. It centred on:

- **Planning and preparing** – planning the study and its phases including agreeing what data would be collected and testing the methods used, drafting of surveys, initial communication with the stakeholders about the study and how they could get involved etc...
- **Desk-based research** – we undertook desk-based research with the aims of enabling us to:
 - understand the SPECAL method better by reading books, research etc..., plus attending briefing meetings about the SPECAL method for staff, volunteers and family carers, plus also one for Age UK Leicester and Leicestershire staff
 - gather comparative research into dementia day care within a UK setting and the effect of day care on carers (notably their stress levels)

A summary of the desk-based research is provided in Appendix 2.

4.2 Phase 2 - February – March 2022

The key elements of the study activities, a mix of purely observational and collecting individual responses via surveys and interviews, are outlined in the table below.

Date	Activity
February 2022	Online survey – sent to all staff, volunteers and family carers at this time. There were 8 responses (4 staff, 2 volunteers and 2 family carers).
21 February 2022	Attended a staff and volunteers briefing meeting to learn about the SPECAL method at the Sybil Levin Centre.

Date	Activity
23 February 2022	Family carers Introductory Meeting – one researcher attended in person and the other online via Teams. A total of 5 family carers took part. 3 senior staff explained the SPECAL method.
24 Feb 2022	Second visit to Staff/Volunteers briefing / induction – one researcher attended in person.
16 and 30 March 2022	Observation visits - two full day observation visits were made to the Sybil Levin Centre with one researcher at each.
24 March 2022	Structured first interviews – interviews started on 24 March by phone or online.

4.3 Phase 3 - April - June 2022

Due to delays in gaining access to GDPR compliant data, the structured interviews with staff, volunteers and family carers deviated from the initial planned timetable. This resulted in phases 2 and 3 overlapping, with second stage interviews also overlapping between phases 3 and 4.

As well as the activity below, this phase included the writing of a detailed Interim Report submitted to the Steering Group in June 2022.

Date	Activity
24 March - 26 May 2022	Telephone or online interviews – 17 structured interviews were undertaken. Interviewees were a mix of staff, volunteers and family carers.
28 April 2022	Family carer training – attended a second training session for family carers on the SPECAL method. Both researchers joined online via Teams.
6 June 2022	Interim Report submitted
8 and 13 June 2022	Observation visits – a second full day observation visit was made by each researcher to Sybil Levin.
27 June – 27 July	Telephone or online interviews – 18 structured interviews were undertaken with a mix of staff, volunteers and family carers.

4.4 Phase 4 - July - August 2022

As well as the activity below, this phase included the writing of this Final Report.

Date	Activity
July 2022	Second online survey – sent to all carers. 7 responses received - 6 from family carers and 1 who stated that they shared the caring responsibility.

Date	Activity
12 August 2022	Observation visit – a fifth observation visit was made by one of the researchers.
25 August 2022	A Focus Group was held at Sybil Levin with staff, a volunteer and a family carer attending with the main aim of discussing the draft Final Report findings.

In addition to the above activity, the SPECAL Steering Group met a total of 7 times.

5. Stakeholders and the SPECAL method

The following 4 sections are structured to break down the stakeholders of Sybil Levin and to describe the experiences and views they have of the centre and the SPECAL method. The four main stakeholders were:

1. Family Carers - section 6
2. Service Users – section 7
3. Staff – section 8
4. Volunteers – section 9

6. Family Carers

Family carers and service users played a central role to the research and the table below provides anonymised information about them. It is worth noting:

- The mix of user experiences once they leave the centre
- Not all users have a family carer living with them; some are living on their own and some see their family carers relatively infrequently
- The service is SPECAL-Informed

Service users – names changed but linked to Appendix 3	How long at SL (months)	Days per week	Live with family carer	External carers	SPECAL used at home
Doris	6	3	N	N	Y
Stan	6	2	Y	N	N
Frank	6	1	Y	N	N
George	4	1	Y	N	N
Liz	4	2	N	Y	Y
Dot	4	2	N	Y	N
Tony	4	1	Y	N	N
Martin	3	1	Y	N	N
Phil	3	1	Y	N	N

Fi	3	2	N	N	N
Guy	2	1	Y	N	Y
Sarah	2	3	Y	N	N

Relatively few carers engaged actively with the study, though proportionate to the number of family carers engaged with Sybil Levin, the numbers hold up well.

Online survey:

- We received 2 responses from family carers to the first online survey from 5 users of the service at that time
- We received 7 responses from family carers to the second online survey from 10 users of the service at that time

Structured interviews:

- We undertook 17 structured interviews with family carers. 5 family carers were interviewed twice

We can speculate as to the reasons for the relative lack of numbers. Some carers who responded were reluctant to express personal anxiety and stress. They were focussed on the needs of their loved ones and not their own. If we had worked to a longer research timeline, we would have had more opportunity to build trust and engagement and encourage carers to be more honest and open about their feelings. This meant that measuring changes to stress and anxiety levels across a brief timeline proved impossible. There are a number of factors which we identify below that contributed towards this:

- The slow start to the service, with an initially low number of users, contributed towards the lack of engagement by family carers in the study. It had the knock-on effect of fewer family carers being available for two interviews
- Engaging carers in online surveys proved to have limited appeal. There may be a number of factors for this that we can speculate at this stage i.e. a lack of familiarity with online surveys, the emailed requests to get involved ending up in spam folders so never being received by the family carer
- Scheduling a phone or virtual interview into a pressured day proved an issue for some family carers. As the main request to get engaged came via email, the request going into spam folders may also, again, have been an issue. Having stated this, structured interviews proved to be the most effective way to hear the voices of the family carers who engaged with the study
- Despite stating that the new SPECAL-Informed specialist dementia day service was being externally evaluated and information being sent to all families about the evaluation, some interviewees stated that they had have heard about the research until contacted; it could also be possible that in the midst of the pressures many of them face daily, they did not read the materials sent to them by Age UK Notts

6.1 Overall, less anxious and stressed

All the family carers who engaged in the study have been, and remain, at an early stage in understanding the SPECAL method. Their primary response was that they were relieved to have found a place that their loved one liked and with caring and engaged staff/volunteers.

Many of the carers are in a challenging situation at home. Their challenges are varied. Some are dealing with a recent diagnosis of the person they care for; others are longer term carers finding ways of coming out of increased challenges due to COVID restrictions; others are managing behavioural issues with their loved one that impacts on their daily lives.

There is strong anecdotal evidence from both the interviews and the online surveys that family carers feel less stressed with their loved one at Sybil. Robust measurement of reduced anxiety and stress was difficult to do. When asked in their first structured interview to rate their levels of stress and anxiety before their loved one attended Sybil Levin, 5 could not/would not rate it, whilst the 7 that did, ranked their stress level as 8.57/10, so very high.

When the same family carers were asked what their stress levels are like now that their loved one is attending Sybil, only two people could put a figure on what they felt with one stating a 5 now and another stating now 7-8. Overall, the responses stated a decrease in stress and anxiety levels, with no one stating that it had increased.

“The difference is huge. Mood is better, loved one always on my mind in the past. The anguish (her) mum was in was exhausting and (the) change is huge.”

“Still early days, but yes feels positive. Never get very stressed but get a feeling of reassurance when Mum goes to Sybil Levin.”

The decrease in stress and anxiety was confirmed within the second online survey targeted only at family carers. When asked *“Thinking back to when the person you care for first started at Sybil Levin, compare with then, how stressed and/or anxious on a day-to-day basis do you feel now?”*, 100% stated *“a little less stressed and anxious”*.

Significantly for family carers who do not live in the same house as the user, the number of visits and anxious phone calls have fallen substantially.

One daughter used to see her mother twice a day and since her mother started to attend the centre, she now sees her three times a week. Phone calls from her mother have also dropped to only when she goes to bed.

A number of family carers mentioned similar and sometimes as dramatic and immediate responses as the example above. However, not everyone was convinced the positive change was linked to the SPECAL method. As the brother of a carer stated, *“it was just because mum was active all day and fell asleep when she arrived home”*.

“My dad was a lot more relaxed after his first session and for the first time in months I didn’t have the constant questioning I usually get in the evening. This lasted a couple of days.”

“It’s still early days, if he acts in the same calmer way going forward, I will be less stressed.”

In interviews, we asked family carers to state *“three words to describe your experience of SPECAL dementia day care”*. Examples of the responses received is below:

- *Innovative, supportive, caring*
- *Relief, enjoyment, stress-free*
- *More relaxed, happier, more spark to her*
- *Clear, simple, empathetic*
- *Time for me*
- *Safe, positive, warm*
- *Grateful, supported, humbled (by the staff approach and their care)*
- *Wellbeing, calmer, more relaxed*
- *Seeing X happy*

Whilst most chose to answer the question with comments about the care received by their loved one, some answered in the positive about them as a family carer.

6.2 SPECAL at home

We asked the family carers if they were trying to implement the SPECAL method at home. Only one carer stated in their interviews that they were using it at home on a consistent basis. This low level is endorsed by the second carer survey. The majority said they were trying to include it in their day-to-day conversations with their loved ones, but were not achieving it consistently. A staff member estimated that about a quarter of the carers who were interviewed were trying to use the SPECAL method at home. We suspect there was some interview bias, as more carers want to say they are using the SPECAL method, as they know that is central to the research project.

“I’m finding it really difficult, but am trying to (apply the SPECAL method)”.

No carer had heard of the SPECAL method prior to using Sybil Levin.

6.3 Paid carers

A number of service users have paid, professional carers at home. There was a reluctance to try to engage these carers in the SPECAL method. Partly this was because it is still very new to the family members (if there were family members involved), but also because the family were very appreciative of the work the professional carers were doing and didn’t want to introduce, as they saw it, an additional burden on them.

A family carer reported that she had a conversation about the SPECAL method with her mother’s paid carers. They stated the method was the opposite of the training they had received (ask questions, provide choices). They didn’t feel they could adopt it, so the family carer decided to leave it at that. She felt that a simple summary of the SPECAL method that could be given to a paid carer would have been useful, as they could pass it to their manager and a potential discussion could take place. The family carer didn’t feel confident enough to take it further without support or a clear resource.

7. Service users

There were no structured or planned discussions with service users as part of this study. We interacted with some users during our five observation visits and heard from family carers, staff and volunteers about user behaviours and perceived impact. Whilst the impression of staff and volunteers who get to know users well, is important, it is the family carers themselves who witness the more subtle, and not so subtle, changes.

Family carers regularly described immediate improvements in their loved ones’ wellbeing which lasted beyond the time they spent at the centre. When asked in the second online survey *“Think back to when the person you care for first started at Sybil Levin. Overall, do they:*

- *Seem happier and more content*
- *Seem less happy and less content*
- *I’ve not noticed any difference*
- *They haven’t started attending the centre yet*
- *Please describe any other differences in the comments”*

100% of respondents stated that their loved one seemed happier and more content.

Not surprisingly, staff and volunteers commented that users who attend more frequently appear to benefit more from the SPECAL method than those that attend once a week. Also, they commented in interviews that they can tell which family carers are applying (or trying to apply) the SPECAL method at home. Those users settle more quickly back into the centre when they have been away.

Below are some observations made by family carers about their loved ones via interviews and the surveys:

“We’d had a difficult morning, but when I came to pick him up, he gave me a hug for the first time in years”

“In the last couple of weeks (since attending Sybils) I have seen glimmers of my old Mum”

“Her anxiety levels have definitely reduced and last for a few days after going to the Sybils. This hasn’t happened when she’s been to other day centres”

“She seems happier and less lonely since she has been to the centre. Just being able to see people and have a chat”

“He seemed calmer, content and there was less questioning. He seemed to accept what I spoke to him about, without constant repeating and questions”

From our own observations, we have seen examples where staff have boosted the sense of self-worth and confidence in the users (P-A-S-T), purely by observing their body language. By knowing the user’s individual interests, their ‘finest hour’ stories and areas of past expertise, the staff and volunteers emphasise personal achievements. For example, this is done by two staff members dropping into the conversation the fact someone is a ‘*demon at dominoes*’ or a ‘*wizz at snooker*’ or ‘*fantastic at repairing bicycles*’. It is quite often the result of two staff members making the comment to each other within the hearing of the user or while undertaking that particular activity with the user. Invariably, the user will respond, even if non-verbally. Their body language changes (standing or sitting a bit straighter), a smile happens or a modest comment or a confirmation is made. It is enjoyable to see the pleasure this gives users as they feel or sense a level of happiness and greater wellbeing.

It also provides great satisfaction to the staff and volunteers, who can see the SPECAL method is working and making a difference to the lives of the users. It should be noted that this approach is tested by the staff and volunteers so that they know what works

with a user. When a user gives an unexpected response to a statement or questions it, the staff and volunteers are trained to say '*silly me*' and move on.

One user who attended the previous non-SPECAL day centre (pre-Covid) was known by some of the staff. He displayed signs of anxiety when there and was constantly tapping his foot. This was dealt with by removing him from the main group of users and he rarely engaged in any activities.

Two years later, he now attends the SPECAL centre, the same physical space, but a different approach. There have been no signs of tapping. He listens to conversations around him and smiles to himself when he hears something that amuses him. When asked by a fellow user over lunch¹² "*where did you go to school?*", he stated where and the fact he has a degree. This information about him is now mentioned by the staff within his hearing, to boost his P-A-S-T.

7.1 Male users of the centre

A number of family carers of husbands and fathers have commented on how their loved ones particularly like the centre because of the gender mix of the staff. Feedback suggests this adds a level of value. As the interests of all users are discussed, the centre offers interests traditionally associated with men. This is an example of the personalised care offered as male users' interests are acknowledged and catered for.

8. Staff

We interviewed 6 staff (including managers), 4 of them twice. In addition, we interviewed an Occupational Therapist Masters Student who was on placement with the service from the University of Lincoln. Four staff members completed an online survey in January 2022.

Although the two senior staff had received SPECAL training, it is fair to say that all staff have been on a steep learning curve since the centre opened. The team has learned together, and confidence has grown together. Within the first survey, when asked to rate their levels of anxiety and stress in their work lives, levels were low, though there were levels of excitement and apprehension about using the SPECAL method, mixed with being positive about starting a new job.

By the second interviews, staff were expressing a real sense of the team being of equals working on enabling Sybil Levin to be SPECAL-Informed. Whilst there is a flexible 'script' and rhythm to the day-to-day running of the centre, as mentioned above, all staff have to be ready to ad lib or suddenly deal with a new curve ball.

¹² Within the SPECAL method, it is OK for people with dementia to ask other people with dementia a direct question.

All staff commented on the importance of their week-long induction before the centre opened to users. It included training and briefing on the SPECAL method and, critically, a chance to test it and use scenarios to act out transitions within a safe environment without users present.

“There’s a lot to take in as an alternative strategy with a real different approach to communication” week 1 before the Centre had opened to users

To get to the current stage in the centre’s development has taken a great deal of hard work by a pressurised staff team. Confidence in using SPECAL has grown from an, inevitably, low base to a very high level. All stated that they were pleased that the centre started small and is growing gradually, enabling new SPECAL skills to be developed over time, in a calm and safe environment.

As well as learning and implementing the SPECAL method, the centre has experienced all the operational and practical issues of setting up a new day service. This has included managing staffing issues and fulfilling COVID requirements. As a new centre being set up from scratch, the levels of flexibility, adaptability and change management required have been high for all involved.

To implement the SPECAL method well for up to 8 hours a day is an intense experience. To enable the extremely high level of person-centred response, with the issues related to establishing a new service, was described by staff as *“exhausting”*, *“shattering”* and *“challenging”*. However, SPECAL was also described as *“rewarding”*, *“enjoyable”* and *“amazing”*. It’s interesting to note that three experienced staff members describe the SPECAL method as *‘amazing’*.

As with the family carers above, we asked the staff to describe SPECAL in three words:

- *Amazing, revolutionary, effective*
- *Absolutely mind blowing*
- *Joyous, emotional, proud*
- *Rewarding, valuable, enjoyable*
- *Helpful, useful, less stressful*
- *Amazing, beneficial, comforting*
- *Shattering, rewarding, amazing*

9. Volunteers

We interviewed 3 volunteers, 2 of them twice. 2 volunteers also completed an online survey.

Feedback indicates that volunteers provide a critical role in terms of capacity and flexibility during the day. They work together as a team. They bring a richness of experience and interests. All the volunteers started with no knowledge or experience of the SPECAL method, but training and briefing was provided. As with the staff, the volunteers all emphasised the importance of their induction/SPECAL method briefing week rating it 9/10.

The number of volunteers has slowly increased since the centre opened, and it is planned that more volunteers will join the team. Volunteer engagement requires Age UK Notts to continue to make an investment of time and resources in their volunteers, as, when successful and the right volunteer is recruited, they provide a real added value to the service.

In our interviews with volunteers, all commented on the hard work and dedication of the staff, which they are in a unique position to observe. A couple expressed concerns about how the centre will maintain its person-centred focus with 15 or so users. They have seen the staff stretched due to staffing levels. A volunteer stated that she enjoyed seeing the sight of groups of users engaging together and taking pleasure in each other's company. As one volunteer said, *"I feel cheered up when I leave!"*.

10. A Day in The Life of Sybil Levin

Before we move to the findings, observations, and conclusions, we wanted to capture the essence of the day at Sybil Levin, and what we have observed during our visits. This next section tries to summarise how SPECAL-Informed approaches were used, and to try and begin to bring the centre to life. We have amalgamated what we saw and heard from our five observational visits into a 'day in the life of'. It seeks to provide a picture of what happens and how it happens. We have added observations which we think help illustrate how the SPECAL method impacts on everyone's experiences at the centre.

The only way to really see and understand the SPECAL method at Sybil Levin, is to see it first-hand.

A Day in the life at Sybil Levin	Comments/Observations
<p>Arrival and welcome</p> <p>The minibus arrives at the centre at about 10.15-10.30am. Other users arrive at this time by taxi or are driven by a family member. There are usually four members of staff (sometimes five) present. Two (including the driver) are on the bus, one greets users on arrival outside (whilst gardening or undertaking another activity i.e. sweeping the pathway) and one is in the kitchen preparing tea and toast. There is usually, but not always, a volunteer present.</p> <p>This welcome and arrival is carefully choreographed, with agreed signs, timings and communications between the staff and volunteer team. Users are welcomed to the centre, made to feel comfortable, have their coats taken, tea/coffee presented the way they each like it, as they sit down at a communal table with plenty of toast (and other food) available.</p>	<p>Quote from a staff member regarding the importance of the welcome:</p> <p><i>"It never ceases to amaze me the power of the 'welcome' routine for our service users. The thoughtful transition between transferring from the vehicle to the building to the breakfast table is a key influence on how the experience will start and end.</i></p> <p><i>You can see the emotional and physical difference immediately. The way a person "lights up" when they are greeted like a VIP is amazing. They are "set up" for the day and the feeling is shared by everyone in the room - people are happy to be there".</i></p>

A Day in the life at Sybil Levin	Comments/Observations
<p>Breakfast</p> <p>There is background music on and a general sense of calm. One user has her own favourite teacup which comes from her home, and she comments on this fact positively numerous times. Another user got anxious if there were empty chairs (“<i>Where is everyone?</i>”) around the table, so now there are only the number of chairs for users, staff and volunteers that are at the Centre on that particular day.</p> <p>Staff and volunteers sit around the large, communal table with all the users taking turns to make observations/statements to which some users respond, and conversations began. Some users recognise friends and engage with each other.</p>	<p>Everything is done to reassure the service users and when something goes a bit awry, and there are initial signs of anxiety, a solution is quickly found.</p> <p>Watching the scene from the outside in later visits, it has the characteristics of a group of people chatting over a cup of tea. The vocal ones, the quiet ones, the more engaged, the less engaged; it would be difficult for an outsider to tell who the users are and who are the staff/volunteers.</p>
<p>Example of how decisions and choices are made in a SPECAL way</p> <p>Two staff members started chatting over breakfast about what they were going to have with their jacket potatoes for lunch. Nearly everyone got involved, expressing their preferences about what goes well with a jacket potato and a mix of cheese, beans, chilli etc was identified. One user felt very happy because she thought the idea of having baked potatoes for lunch was hers; she was congratulated on coming up with such a good idea.</p>	<p>We saw a level of hesitancy from some staff during the first observation visits at this stage in the day as they got used to applying the Three Golden Rules.</p> <p>This centred on a nervousness about making a 'mistake' and asking a question. However, we watched them develop and improve over subsequent visits.</p> <p>Together they have developed phrases and statements to use that work and an approach to conversations, tested it and applied it.</p>
<p>Morning</p>	<p>The senior member of staff in the room plays a 'host / facilitator' type role. This involves engaging with</p>

A Day in the life at Sybil Levin	Comments/Observations
<p>Breakfast winds down, cups and plates are cleared, and this is the signal for staff and volunteers to start moving around the centre setting up activities. Various potential activities are partly set up on arrival (having been set up the day before), some have already been started by the users who the staff and volunteers know are interested in particular activities.</p> <p>Staff and volunteers know the interests of users attending that day and facilitate a smooth process of engaging everyone. It appears as a well-choreographed 'dance', as staff and volunteers are sensing how their staff and volunteer colleagues are getting on. If a user doesn't seem to want to do an activity, a switch takes place, and another option is presented by a different staff member/volunteer. As staff/volunteers get to know users and their interests, invariably it requires only one initial suggestion for an activity to begin with users actively engaged. The focus is on a positive experience that the users enjoy, but also fishing for new topics or activities that spark an interest or signs of enjoyment. These are noted and become part of the debrief and notes about that individual.</p> <p>Particularly popular are snooker, dominoes, sorting and folding linens, Jenga, chess, and skittles. If the weather is fine, there is gardening and fixing broken things, like a bicycle, outside. There have been great successes with users playing the piano, singing, dancing or snooker after years of not doing so and being surprised and happy, as everyone congratulates them.</p>	<p>users, but at the same time constantly scanning the room and listening to other conversations to ensure everyone is having a good time and doesn't need anything. This is a key skill which all staff play to some extent, however, one member of staff tends to take a lead.</p> <p>The users' collective and individual P-A-S-T (Personal worth, Agency, Social ease, Trust) is raised and remains high. We observed one user trying snooker for the first time and with discrete help, was regularly potting balls, to her obvious delight.</p>

A Day in the life at Sybil Levin	Comments/Observations
<p>Users are spending more time with other users. For example, a dominoes game will start with a member of staff or volunteer, and over a short period of time, become four service users playing together. Or three or four users sit together, but each doing their own activity that they enjoy whilst chatting with each other i.e. flower arranging, drawing and reading. Or listening to another user reading poetry.</p> <p>Whilst this is happening, the staff/volunteers are moving around, communicating amongst themselves, observing the interactions and, if necessary, stepping in to address any issues and supporting one another. As confidence has grown (which all staff have said has happened), this has become smoother and more natural. Sometimes 1:1 engagement is still needed e.g. with playing snooker or if a user doesn't settle into group activities. However, in general, it is the host/facilitation role that the staff/volunteer is playing. A flexible approach is developing and is essential.</p>	<p>As the number of users has grown and as the users have felt comfortable at the centre, the staff/volunteer role has moved from mostly 1:1 activity, with a few clients, to facilitating ways for the growing number of clients to sit together and undertake activities as a group.</p> <p>When something doesn't go quite right or there is the potential for contradiction, the staff member will often say 'Silly me' to take responsibility for any confusion and that resolves the situation.</p>
<p>Lunch</p> <p>Similar to breakfast, everyone sits around a communal table and more chatting and laughter ensues. There hasn't been a dedicated cook recruited in the time of this study, but there is a hot meal and a pudding provided as a support worker has stepped up to the cook role in addition to their support responsibilities.</p> <p>Fish and chips on a Friday are popular. Everyone eats together, staff and volunteers with their own food, and everyone chats about familiar topics. Staff and volunteers share information about their own lives which can prompt a positive response from a user and lead to them talking about an</p>	<p>Staff are familiar with 'Finest hour' stories, something that has been identified as a memory which gives positive feelings to the service user when raised. The stories are casually mentioned on a regular basis and often there is a positive reaction.</p>

A Day in the life at Sybil Levin	Comments/Observations
<p>experience in their past life e.g. holidays, jobs, families. Staff and volunteers know the topics that will get a positive response from different users and build it into the conversation and sometimes will repeat the process again, engaging other users in the conversation. Regular ‘toasting’ takes place, led by the staff to encourage drinking/hydration. Positive comments are made by staff, volunteers and users alike, for example about <i>“how nice it is to be eating with friends”</i>.</p>	
<p>Afternoon</p> <p>Post-lunch, clearing up begins and, as in the morning, each staff member or volunteer tends to take an initial lead in doing some activities. Some users will simply choose what they want to do and start doing that, which could include a rest by the aquarium screen or sitting outside in the garden reading. There is a sense of calm and peacefulness in the room. Three or four small groups, just getting on with something they like doing with staff or volunteers overseeing, responding to any toilet needs and any other individual requirements which can sometimes lead to a raised anxiety level which needs to be resolved.</p> <p>Visits by potential users and their carers take place in the afternoon and last about an hour. The potential user spends time on an activity and the carer sits and observes. These are described as ‘immersion visits’.</p> <p>Staff and volunteers continue to facilitate the flow of activities and movement in the room as well as keeping an eye on drinks. ‘Cocktail hour’ (about 2.00pm) is a sign that the day is drawing to a close and done</p>	<p>The immersion visits have been a learning process for the staff and volunteers. Changes in the visits have been made to reduce disruption levels. There has been a high success rate of visits turning into users of the centre. In interviews, family carers have commented on the impact of the immersion visit, always very positive. As one carer said, <i>‘I’ve found the place I have been looking for’</i>.</p> <p>‘Cocktail hour’ maintains a sense of ‘this is where the party is’ atmosphere and they are at a special/exclusive place.</p>

A Day in the life at Sybil Levin	Comments/Observations
creatively with different glasses and drinks i.e. cranberry juice serves as a Cosmopolitan.	
Queen for a day - One service user is a known ardent Royalist, with strong views about different members of the Royal Family, which she enjoys sharing. Her day begins with a cup of tea in a china cup with the Queen on it. The conversation includes any Royal stories in the newspaper and continues away from the table after breakfast. A 'new' Royal picture book is brought out, along with a special embroidered footstool for her to use. For her, she is being treated like the Queen and has many opportunities to share her views on the Royals.	<p>This is a good example of the many occasions when staff and volunteers are demonstrating the Riachi¹³ communication techniques with 'creativity, imagination and experimentation'.</p>
Leaving At about 3.30pm, people start getting on the minibus and leave with two staff. At the same time, family carers and taxis pick up other users. The leaving transition is carefully managed. As in the morning, it is choreographed, becoming smoother with practice despite the increase in the number of users. Everyone is waved off with a cheery smile. The remaining staff clean the centre and reset the tables with partly completed activities (jigsaws, cards) ready for the next session. With two staff on the minibus, there isn't a formal debrief at the end of the day and instead this should take place on the morning of the next session.	<p>The debrief Is important for the staff team to continue to learn about the users and improve practices, but it is easy when under time pressures to not allocate enough time on learning and planning and to let it slip.</p>

¹³ See Appendix 2

11. Findings, observations and recommendations

Our analysis of the stakeholder data is below. It is in the following categories:

- Family carers
- Users
- Staff/volunteers
- The service model and building

At the end of each category, we have provided a final observation and, if relevant, any recommendations for change or action.

11.1 Family Carers

- Family carers were overwhelmingly impressed by the Sybil Levin dementia day service and the dedication and skill of its staff and volunteers. As a result, they have described how they have felt a reduction in their own stress, and anxiety levels due to their loved ones attending the centre.
- Knowing that the staff and volunteers were focusing on the individual wellbeing of their loved ones made a big difference to family carers. They reported that users that had been to different day centres were noticeably happier and more contented at Sybil Levin.
- Some family carers are living difficult and complex lives (e.g. other caring responsibilities) and are struggling with multiple priorities at home. As a result, it was difficult for them to find time to learn about and apply the SPECAL method at home or encourage other family members or professional carers to use it
- Some family carers are or are trying to apply the SPECAL method at home. We couldn't verify the actual implementation levels. When it was referred to during interviews, using the SPECAL method was linked to the Three Golden Rules and then mostly about trying to not ask questions of their loved one.
- The well-being of family carers is a critical element to the success of implementing the SPECAL method. Age UK Nottingham and Nottinghamshire has agreed time and resources to engage family carers including, offering training. The family carers' strategy that has been developed needs to be further developed and implemented. The support which is available needs to be understood by everyone involved.
- A challenge for the service is to enable family carers to understand better how the SPECAL method impacts on their loved ones whilst at the centre and that, if used at home as well as at the centre, their loved ones will benefit even further.

11.1.2 Overall family carer observations

The SPECAL method is primarily focused on having contented users. The centre is SPECAL-Informed which includes encouraging the use of the Three Golden Rules at home.

Further thought is needed on how to share SPECAL knowledge and tools with family carers and for that to be consistently and appropriately applied beyond the centre which uses a SPECAL-Informed approach. We're not sure if that is possible, but it is something for Age UK Notts and The Trust to consider.

What the family carers have in common is a sense of relief that they have found the Sybil Levin centre; all are happy their loved one is in a place they like. For a range of reasons, most family carers haven't consistently changed their practices at home to accommodate the SPECAL method beyond some trying not to ask questions and not contradicting; we acknowledge that for many carers this is a big step.

So far, the majority of family carers of users at Sybil Levin haven't really engaged with the SPECAL method in the same way that carers in non-day centre settings have done. Some family carers have tried within the knowledge and skills given to them. Some have read the Contented Dementia book. However, all family carers have struggled in practice, and a few remain quite unaware of the SPECAL method in any detail.

From reading about the SPECAL method and the 1:1 family support provided by The Trust, there may be some differences in the life experiences of the family carers based in Nottingham. This might impact on their engagement and commitment levels to the SPECAL method, even if they were interested and recognised its potential benefits. This is just speculative and would need further research to see if it has any basis.

This study has highlighted that family carers feel less stressed and anxious whilst their loved one is at the centre, and many can see positive differences as well in their home lives due to the SPECAL method being used at the centre. How the SPECAL method can be implemented consistently at home within often stressful and potentially complex lives that some family carers lead will be a challenge for Age UK Notts and The Trust.

Family carers who engaged with them, welcomed the SPECAL briefings enabling them to understand the SPECAL method better. The fact that they could join in online as well as in person was successful. It brought SPECAL "*to life*" and increased their understanding of it from a non-existent base.

A reflection would be that family carers need more support and guidance to understand the benefits of using the SPECAL method to enable them to use it with their loved ones away from the centre. This could include meetings of SPECAL family carers.

In many respects, this outcome should be expected, based on the difference (as described in section 2.3.1) between the more limited SPECAL-Informed day service (as at Sybil Levin) and a SPECAL-Led service, where there is a personalised care profile, with significant family engagement, which The Trust uses elsewhere in different care settings.

11.1.3 Family Carer Recommendations

Age UK Notts needs to continue to implement and develop its carers strategy. There is an essential minimum level of initial training and information which most family carers have received which is a great first step.

To really engage more family carers in the SPECAL method, there needs to be a constant, targeted communication and support strategy, which is resource intensive.

Areas for consideration within a carer strategy and plan could include:

- Minimum, regular levels of contact with the family carer (currently every 4-6 weeks)
- Continuation of contacting the family carer if there is something that the staff think they should know, including positive stories, about their loved one.
- More Carer Introductory sessions planned on a regular cycle e.g. third Thursday of every other month
- Understanding better the different categories of carers and how the SPECAL method impacts on them and is used by them. How realistic is it for a professional carer to be asked to use the SPECAL method?
- Consideration to be given to finding ways to support family carers including a Support Group involving SPECAL trained staff
- At a practical level, more accessible information and materials should be available to explain the SPECAL method, both for the family carer, but also for other people who come into contact with their loved one i.e. professional carers and GPs.
- Connect family carers more closely to the other services provided by Age UK Notts. Agree what information to provide to them and be proactive. Family carers are sometimes reluctant to receive the support they are entitled to.

11.2 Service Users

- Users who attended the pre-SPECAL Sybil Levin day centre (2+ years ago) have shown signs of being more content and happier in a specialist dementia day service using the SPECAL-Informed approach.
- Family carers have commented on their loved ones being less anxious and more relaxed when they return home after attending the day service, compared to before the centre opened and/or when attending other mainstream day centres.
- Staff and volunteers have noticed immediate improvements in anxiety levels and engagement of new users. The improvement in wellbeing is maintained or quickly recovered after a short absence, though it does not seem to increase/improve in a continuously upward straight line, but instead rises and is sustained throughout the day.
- Staff have observed that users whose family carers are trying to use the SPECAL method at home or are attending the centre more frequently than one day a week, are retaining the benefits of the SPECAL method longer.

11.2.1 Overall service user observations

Everything flows from the contentment of the service users. If they look forward to going to their 'club' in the morning, the departure is smooth for the family carer. The carer can then 'relax' and enjoy their day or get on with all the duties and tasks that they have been unable to do due to fulfilling their caring responsibilities. If the user has a good day at the centre and shows signs of engaging and enjoying themselves, the staff and volunteers are rewarded with a sense of achievement and a job well done. When the loved one arrives home with their P-A-S-T raised and generally more relaxed and happier, the virtuous circle continues, and the family carer also feels better about their situation.

11.2.2 User recommendations

Some family carers fed back that they would like longer days (9am-5pm), weekend availability, more flexible transport, personal services such as bathing (now available), chiropody and hairdressing. These all need to be weighed up by the management team; there will be pros and cons. The reality is that some family carers cannot afford more than they currently spend. Our recommendation would be to keep family carers informed of these deliberations and explain when and why choices and operational decisions are made.

11.3 Staff/Volunteers

- By starting slowly and small scale, the staff and volunteers have been able to build their SPECAL skills, develop to a stage where they now operate as a well-functioning team and get to know the users well. They have all been wholeheartedly behind the SPECAL method and have seen an instant impact on users when adopting it. A number of staff have noted that the role is an intense experience, but a highly rewarding one.
- Operational challenges over the six months have really stretched the capacity of the staff team from time to time. These issues have/are being responded to, but it is still a work in progress. Part of the response has been recruitment, new roles and changing the shift patterns into morning and afternoon slots.
- Part of the adaptation and learning so far has been the development of the role played by staff and volunteers to support users to interact with each other and with the staff/volunteer team. The art, which is well on its way to being developed, is to maintain an appropriate level of one-to-one support as well. As the confidence of staff and volunteers has increased, so has that of the users to interact too.
- The constant focus on improving the feelings and the wellbeing of users while at the centre is very impressive and reflect the Riachi¹⁴ observations (Protecting, Reassuring, Empathising Reflecting) in her study (2017). Finding new materials/resources to match the interests of new users is ongoing and is met and fulfilled by the staff. Sometimes the new materials/resources work and are welcomed by users, and sometimes they are ignored. There is staff satisfaction in finding the right key to introducing them.

¹⁴ See Appendix 2

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- Volunteers are an important resource and they have played a key role over its first six months. When they attend, they add real value to the day's experience for users and staff.
 - More volunteers should be involved in the service now that it is more established, some with interests that match the interests of the users.
 - Volunteers enjoy being involved at the centre. They like the fact that their commitment is less intense and is determined by them i.e. 3 hours rather than 8, 1 day a week rather than 3. Despite not being as emersed in the centre as staff, they have been trained and use the Three Golden Rules when undertaking their volunteering.
 - Having dedicated time to induct and train new staff and volunteers was crucial to the success of the service and should be maintained.

11.3.1 Overall staff/volunteer observations

The importance of having a team at the centre who trust and support each other, cannot be underestimated. When working under pressure, the staff members saw themselves as all 'equal', with one shared, overall task of making the day as enjoyable as possible for each individual user. Watching the team in action is impressive; there is a calmness and a sense of purpose. The mix of task focus, with constant empathy and awareness, is a skill combination often in short supply.

At the moment, all staff work a full day and there really are almost no opportunities for breaks; the day is full on and intense for staff; most volunteers work a shorter shift and not for three days every week. The plans to change the staff rota system to morning and afternoon shifts for support staff, plus one senior person attending the whole day, was always part of the plan; it was delayed due to the centre initially being open for only three days per week. The new shifts have the potential to work well, making it less challenging whilst maintaining the high level of reward and joy that the staff gain from their work.

11.3.2 Staff/Volunteer recommendations

- Volunteer engagement at the centre has been limited, but impactful. A Sybil Levin volunteer strategy and recruitment plan which has been developed, should be further implemented. Part of that strategy should cover how to attract a more diverse profile. The right level of engagement in the SPECAL method by volunteers needs to be developed and delivered.
- The team feeling is important and needs to be maintained as new staff and volunteers join. Planning together and maintaining the debriefs will help keep that sense of being a team.

11.4 The day support service model and building

- Sybil Levin has transformed into a SPECAL-Informed specialist dementia day service. It is developing into being an impressive, well-run, exceedingly person-centred service.

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- The service model continues to be in a developmental and testing phase having only been set up from new 6 months ago. This developmental phase is necessary and will continue for some time to come.
 - The learning points from the Contented Dementia Trust's Friday Group have been successfully integrated into Sybil Levin's custom and practice. i.e. a small core care team, many props and activities centred on the users that day, no lanyards or name badges, no queuing, music playing, refreshments available throughout the day for individuals, a 'restaurant style' food service, written debriefing notes made after each session.
 - The delayed start to the centre's opening for a range of practical reasons proved beneficial to the planning and operational delivery of the service enabling a longer lead in time.
 - A level of SPECAL training and briefing for staff, volunteers and family carers was essential to the development of the service and should be defined and developed further.
 - In addition to the training and briefings given, written information for families and volunteers about the SPECAL method needs to be simplified and made more relatable for them. How information about the SPECAL method is communicated and support given should be reviewed and refreshed, in particular, for families and carers.
 - Staff and carers want the SPECAL method to be more widely known and understood by professionals, including carers and GPs.

The service model continues to learn from what it does and how it does it, and amends and changes so that it becomes an even more effective and efficient SPECAL-Informed specialist dementia day service. Practical issues such as the referral criteria and systems have been worked through. The addition of the SPECAL Liaison Officer role has helped this process. No one has developed a SPECAL-Informed specialist dementia day service before.

11.4.1 Overall day support service model and building observations

Innovation is important at the centre. New ideas are being developed all the time, some successful and some less so. It is part of the joy of Sybil Levin that they are not afraid to test and try and see what works that benefits users. This innovative and open thinking approach is one of the keys to its success.

Some examples include the vintage looking 1950's TV/DVD player (which seemed a good idea at the beginning) has been replaced with a large SMART TV screen which can act as a live aquarium. The new 'Pamper room' bathing service has been used. A room that is semi decorated is a new idea, ready for users to undertake some DIY painting; an innovative idea which will be interesting to see how well it works.

Some of these new ideas will work and some won't, but the key is to try them out and see the impact. If they don't work, the approach is to then try something else.

12. Conclusions

Everyone involved in the Sybil Levin centre is convinced by the SPECAL method and its benefits to users and family carers. The evidence from the family carers of service users who had been at the pre-COVID Sybil Levin centre or other day care (all mainstream day care), indicates an improvement in wellbeing for their loved ones. Interviews and surveys indicate that users attending the Sybil Levin SPECAL-Informed specialist dementia day service has led to less stress for carers and service users.

Staff and volunteers who worked at both the old and new Sybil Levin have seen the difference in the wellbeing of the original users and new users. Their own personal reward and job satisfaction has increased when using the SPECAL method.

It is more difficult to be certain that the SPECAL method was the reason that all family carers felt less stress and anxiety. Some were trying to use the method at home, and some were not. This same outcome may have resulted if their loved one had attended a regular dementia day service. The benefit they were feeling might be only linked to having time to themselves, particularly after the pressures of lockdown. Without a control group, we cannot prove cause and effect.

Within the fairly narrow parameters and limitations of this study, we can conclude:

- Carers felt less stressed and anxious when their loved ones attend the Sybil Levin SPECAL-Informed Specialist Dementia Day Centre, and the sense of wellbeing continues after the service user returns home.
- Family carers have variable levels of interest in using the SPECAL method at home. Those that could see the benefits and have time were engaging with the SPECAL method and would welcome more support and advice. Those family carers who were quite interested, but with little time available, would welcome more targeted help from Age UK Notts, recognising their individual circumstances.
- Family carers and staff/volunteers saw the individual benefits to the service users, in their sense of self and personal confidence.
- The SPECAL Informed Specialist Dementia Day Support model has the potential to be replicated in other parts of the UK. The SPECAL training and tools can work well in a day centre setting and can be used and applied in multiple day settings. Appendix 3 outlines areas for consideration.

13. Ideas for further study

Below are some initial ideas for The Trust and Age UK Notts to consider about areas for further study.

- How best to invest in more SPECAL training and support for family carers in a way that is relevant to family carers under multiple pressures.
- How to engage paid home care workers and train them to understand and use the SPECAL method.
- How much difference is there between the experiences of a carer and user where the SPECAL method is being applied at home and one that doesn't?
- What is the difference between a user who attends a traditional dementia day centre versus a SPECAL Informed one?
- How to engage family carers within the SPECAL-Informed level of engagement.
- Revisit Sybil Levin in six months to review progress and the findings of this study.

Thanks

Our thanks go to all the people who gave their time to get involved in this study. Their openness and honesty meant we understood the SPECAL method and heard what works at Sybil Levin, as well as what could be improved going forward.

Bath & Main Associates
January 2023

Appendix 1 - Alice's journey

Alice is 87. She first attended the day service in August 2018 where she was described as "quiet". Once the service temporarily ceased in 2020 (due to Covid), Alice was visited at home as part of the community support service. She enjoyed the social interaction and would sometimes do jigsaw puzzles which were left for her to complete.

Alice re-joined the service in February 2022; she appeared a little nervous on her first day. After breakfast, which Alice enjoyed (she had her preferred drink of coffee with one sugar and evaporated milk), she walked past a table with some flowers on it that 'needed arranging' which Alice volunteered to do. Whilst arranging the flowers Alice started talking about her mum who used to make flowers (out of crepe paper) and sell them to 'get money to pay for Christmas'. We told Alice we had some crepe paper and would love to learn how to make flowers like her mum did. Alice proceeded to show us how to make flowers – every step in the process – whilst all the time talking about her mum and how she watched her do this from being a very young child. We could see Alice visibly grow in confidence as she retold the story and taught people how to make the flowers. Alice has repeated this many times and each time it is received with the same positive and encouraging response.

At the beginning, Alice was anxious in the afternoons as she said she didn't know where she lived or how she was going to get home. We tried different answers to her concerns and ranked these to identify which was the most acceptable to Alice. We found the answer which removed Alice's anxiety and she now very rarely asks about her journey home other than enquires how much time she has left before home time. She recently commented "*I can't believe how fast time flies; I could stay for another couple of hours*".

Over time, Alice has become more confident; she initiates conversations with staff, volunteers and other attendees on a daily basis. Alice has told us so much about her life without a single question being asked of her. We know where she worked and what she did; we know about her love of cats, where she was born and went to school, how she did in her school exams, her dad's occupation, her love of lace and how she loves to socialise with others. She is funny, witty, kind, helpful, and caring.

She continues to flourish at the day service. She will take centre stage in discussions and will spontaneously initiate conversations on a regular basis. She often talks about her job as a machinist which she is very proud of. On each of her journeys to and from the service, she will point out the neat hedges and comment on what a big and expensive job it is to cut them. On a recent journey Alice was repeating the comments about the hedges and a member of staff commented that she wouldn't fancy being a hedge cutter or gardener. Alice replied "*I wouldn't want that job either, I'm glad I didn't work as a gardener, I was a machinist working with designers and I loved it*". The conversation about her role as a machinist continued for the remainder of the journey.

A highlight was when Alice played the piano for the first time in decades. She reads music and has since taught others to play tunes. Something as simple as saying “I can’t find middle C” is enough for Alice to get up, show us where it is and then for her to continue playing for some time. Each time Alice plays the piano, her confidence grows. Initially she played for a couple of minutes; now she will play for up to half an hour and may play a number of times a day.

Alice has said numerous times how much she likes attending the service, she has commented:

“I love it here; everyone is so friendly”

“I feel so relaxed – it’s so calm here”

“It’s so lovely seeing your smiling face every morning”

“Hasn’t our family grown”

Comments from Alice’s Daughter

“During a 45 min call with Mum last night, she didn't get stuck in any loops at all and I can't remember the last time we had a conversation like that. Partly I was using the techniques you taught me: no questions, no contradictions and I avoided anything to do with her orientation in time or space, but, also, she seemed less anxious, happier and more positive. Normally after a call, she calls me back about 3-4 times because she's forgotten we've just spoken, but I'm obviously on her mind. Last night there were no call backs. So, I'm guessing she felt less anxious afterwards. This feels like a big improvement in her well-being.

When I visit Mum and it's time to leave, it usually ends up with her crying, as she doesn't want me to go. She doesn't want to be on her own. On a recent visit, when I got up to go, she just said *“oh it was lovely to see you”*, gave me a kiss and said she loved me and then waved me off. She seemed quite content that she was then going to be on her own.”

Appendix 2 - Desk-based research observations

As part of the initial phase of the study, we reviewed existing research literature on the SPECAL method, as well as research into both dementia day care and carers' stress. It became clear very quickly that there was a relative lack of UK based published research into both dementia day care and into carers' stress. Most of what is publicly available is not current i.e. Personal Social Services Research Unit Day Care Services for Older People with Dementia in the North West of England, 2004¹⁵, Mental Health Foundation Carers Checklist, 1998¹⁶.

The limited published studies available indicate positive outcomes from day care for both people with dementia and caregivers, providing important support and positive outcomes for people with dementia, and respite and reassurance for their caregivers. Satisfaction with services related to meaningful activities, getting out of the home, strengthening social connections and careful staff facilitation to create a positive and welcoming atmosphere¹⁷

A 1996 study by Curran indicated that *"the impact of day care attendance on the person with dementia has been relatively neglected. Caregivers of new attenders at a dementia-specific day centre were asked to describe any change noted in their relative since attendance at the day centre had commenced. 42% of new attenders included in the study showed a marked improvement in mood and/or behaviour, attributed by caregivers to day centre attendance, which was maintained in most cases 9 months after initial attendance. All those showing a marked improvement were female."*¹⁸

More recently (2021), the study "Sustaining community-based interventions for people affected by dementia long term: the SCI-Dem realist review" – Morton et al¹⁹ found that *"Community-based support for people with earlier-stage dementia and their care partners, such as regularly meeting groups and activities, can play an important part in post-diagnostic care"*.

The Morton study covered all forms of community-based support including day care. The results indicated the *"Ability to continually get and keep members; staff and volunteers; the support of other services and organisations; and funding/income were found to be critical, with multiple mechanisms feeding into these sub-outcomes, sensitive to context. These included an emphasis on socialising and person-centredness; lowering stigma and logistical barriers; providing support and recognition for personnel; networking, raising awareness and sharing with other organisations, while avoiding conflict; and skilled financial planning and management"*.

¹⁵ <https://www.pssru.ac.uk/pub/MCpdfs/Daycare.pdf>

¹⁶ <https://www.choiceforum.org/docs/demcarerchk.pdf>

¹⁷ Day Care for People with Dementia: A Qualitative Study Comparing Experiences from Norway and Scotland, 2017, Rokstad et al - <https://pubmed.ncbi.nlm.nih.gov/28587483/>

¹⁸ The impact of day care on people with dementia, Curran, 1996 - [https://onlinelibrary.wiley.com/doi/10.1002/\(SICI\)1099-1166\(199609\)11:9%3C813::AID-GPS386%3E3.0.CO;2-I](https://onlinelibrary.wiley.com/doi/10.1002/(SICI)1099-1166(199609)11:9%3C813::AID-GPS386%3E3.0.CO;2-I)

¹⁹ <https://bmjopen.bmj.com/content/11/7/e047789>

The University of Birmingham School of Social Policy's published policy paper, 'Understanding and responding to the needs of the carers of people with dementia in the UK, the US and beyond', Glasby and Thomas²⁰, found that carers have a range of emotional, physical wellbeing, social and practical needs that effective support can help for each individual carer.

'A Road Less Rocky – Supporting Carers of People with Dementia', Newbronner et al²¹, states "*Carers of people, with dementia are likely to have higher than normal levels of stress, and report higher levels of depression than carers of other older people... Consequently, carers' needs for practical and emotional support to relieve the emotional stress are especially high...*" It cites 10 critical points during a carer's journey. For most of these points, day support for a loved one with dementia can be one form of help and support for carers.

Two pieces of research that resulted from working closely with the Contented Dementia Trust were initially with the Royal College of Nursing (1999) study. This was the first time the SPECAL method was subjected to academic scrutiny. The positive findings, in particular, 'offering carers help to continue their relationship with the person with dementia' reflects closely with the findings of this study. Secondly, the Kings College London research of McCrae (2019) described in the article 'The Specialised Early Care for Alzheimer's method of caring for people with dementia'²² also highlighted the empathy felt by carers in understanding the person with dementia.

Riachi (2017)

As part of gaining a good understanding of the SPECAL method, we looked at research by Riachi²³ (2017) which studied "Person-centred communication in dementia care: a qualitative study of the use of the SPECAL™ method by care workers in the UK". Though not in a day support setting, nor with a carers' focus to the research, the study found that "*care workers contributed to client well-being through modifying their communication techniques, expressing a protective, empathetic and reassuring approach, underpinned by reflection. Clients exhibited greater well-being and less anxious behaviour.*"

Riachi's overarching research theme is Maintaining Client Personhood, a theory developed by Tom Kitwood²⁴ (1992). In her research, Riachi uses it to describe the attitude of the

²⁰ <https://lx.iriss.org.uk/content/understanding-and-responding-needs-carers-people-dementia-uk-us-and-beyond>

²¹ <https://eprints.whiterose.ac.uk/76737/1/DementiaCarers.pdf>, 2013

²² McCrae N, Penhallow J, Rees O, Norman I. The Specialized Early Care for Alzheimer's method of caring for people with dementia: an investigation of what works and how. *Scand J Caring Sci.* 2020 Sep;34(3):736-744. doi: 10.1111/scs.12778. Epub 2019 Dec 12. PMID: 31830310.

²³ <https://www.tandfonline.com/doi/abs/10.1080/02650533.2017.1381948>

²⁴ <https://www.cambridge.org/core/journals/ageing-and-society/article/abs/towards-a-theory-of-dementia-care-personhood-and-wellbeing/DE0F3973C5539C0BDC499660609DF96B>

“care workers who had a keen sense of the complex personalities of the clients and the roles they had led in their lives before dementia had taken hold”.

The care staff in Riachi’s research used *“creativity, imagination and experimentation”* to achieve personhood and knew that *“altering the manner, timing and content”* of their communications *“would influence the client’s response and wellbeing and bolster clients’ self-esteem”*. This finding was confirmed in our observations and interviews at Sybil Levin.

Riachi identified four sub-categories of communication technique:

- **Protecting** – avoiding certain topics
- **Reassuring** – keep the client contented at all times
- **Empathising** – understanding the client’s perspective and build a close relationship
- **Reflecting** – continually adapting in order to align with and benefit the client

We found that there is overlap with these identified communication techniques amongst the staff and volunteers at Sybil Levin. We saw many examples of them when observing the day-to-day activities in the centre; in fact, it was continuous and never stopped. The Focus Group also confirmed our observations.

Appendix 3 – Ideas and considerations for setting up a SPECAL-Informed specialist dementia day service

Below is a list of areas to consider if your organisation is thinking of setting up a SPECAL-Informed specialist dementia day service. The Contented Dementia Trust and Age UK Notts are happy to offer help and advice to organisations interested in exploring setting up a service.

Strategic

- The service is a SPECAL-Informed specialist dementia day service.
- There needs to be an identified member of staff in a position of leadership and influence who is able to lead the strategic development of the service and influence the operational detail. The individual needs to take key people with them emphasising that the core of the service is what is best for people with dementia.

Operational

- Agree the monthly cost of the service and the price of the service for users/carers
- Build into the plan the gradual expansion of the service over time (a few months). This enables staff and volunteers to learn about and implement the SPECAL method increasing their confidence.
- Decide how many users the centre can comfortably hold and deliver SPECAL levels.
- Decide how many users are needed per week to, as a minimum, break even.
- In terms of attracting users to the centre, start with existing clients who would transition into the service, and then market the service to new users.
- Be prepared to run SPECAL information sessions for care workers, commissioners and other people/organisations who can either pay for the service or promote the service.
- Prepare, develop and test training and induction programmes with the aim of enabling them to be SPECAL-Informed. All existing/new staff and volunteers need to attend the programmes before the centre opens to users and continue as new volunteers are recruited.
- Prepare, develop and test a training programme for carers.
- Develop a carers strategy as part of the service. It should include how to effectively communicate with them about SPECAL.
- Think about developing support mechanisms for family carers, managed and facilitated by the organisation's SPECAL lead.
- Ensure user care plans and personal information are completed and discussed with carers and also shared with staff and volunteer team in a GDPR compliant way.
- Adapt to your SPECAL-Informed service the up-to-date job/volunteer descriptions/person specifications that have been produced by Age UK Notts.
- Ensure time is allocated for regular debriefs of staff and volunteers as well as the formal supervision of staff

Practical

- Ensure that there are SPECAL trained practitioners who can then lead the training of everyone else involved.
- A suitable building is needed with adequate space so people can undertake a variety of different activities, be in groups and on their own, eat together as though in a restaurant setting and have indoor and, preferably outdoor, space as well.
- There should be a wide range of activities available from the start for users to engage with. These can be added to or amended based on the interests of the users. Examples from Sybil Levin include local football club memorabilia, information about and artifacts from local industries from 1950s i.e. textiles, traditional activities such as skittles, dominoes, a large SMART TV, a pool/snooker table.
- Will the service employ a dedicated cook, share the role amongst support staff or buy in cooked food that is delivered? All are options, but a dedicated cook seems to be the best.
- There are pros and cons of other services being available onsite e.g. bathing, hairdressing, chiropody.
- Agree how service users will attend the centre i.e. by a minibus or two, taxis, carers dropping them off and collecting them. The welcome they get when stepping out of their own home regardless of their mode of transport to get to the service is important, as is the welcome they get on arrival and the send-off when they leave for home.

To find out more about the SPECAL Method and the SPECAL-Informed approach, contact the Contented Dementia Trust on info@contenteddementiatrust.org

If you are interested in learning more about the SPECAL-Informed Day Care run by Age UK Nottingham and Nottinghamshire, contact Di Trinder on di.trinder@ageuknotts.org.uk