

## Research Article

# “I Never Thought I’d See the Day That I Would Be Doing Things on Zoom”: Reimagining Day Care for Older People and Unpaid Carers in the Context of COVID-19

Ailsa M. Cameron <sup>1</sup>, Laura Bennett <sup>1</sup>, Paul Willis <sup>2</sup>, Joanna Thorn <sup>3</sup>, Demi Patsios <sup>1</sup>, Karen West <sup>1</sup>, Ruth Green,<sup>4</sup> and Simon Hankins<sup>4</sup>

<sup>1</sup>Centre for Research in Health & Social Care, School for Policy Studies, University of Bristol, Bristol, UK

<sup>2</sup>Centre for Adult Social Care Research, Cardiff University, Wales, UK

<sup>3</sup>Bristol Medical School (PHS), University of Bristol, Bristol, UK

<sup>4</sup>BS3 Community Development, Bristol, UK

Correspondence should be addressed to Ailsa M. Cameron; [a.cameron@bristol.ac.uk](mailto:a.cameron@bristol.ac.uk)

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This paper considers the role of collective forms of day care for older people and their carers during the enforced closure of services in 2020 due to COVID-19. The study provides a unique opportunity to examine how the sector adapted to these unprecedented times. The paper draws on qualitative data collected from 8 case studies conducted in England, during which 120 interviews were held with older people, their carers, staff, and managers of services and local stakeholders. The findings demonstrate how day centres reimagined their services to meet the needs of older people and their carers in new and imaginative ways. They offer insights into the potential role day care centres could play in the new place-based partnerships envisaged in recent legislation. The study provides an opportunity to consider the importance of day care services in the light of their enforced closure, providing a more nuanced understanding of day care provision. The impact of COVID-19 on the social care sector meant that many day care centres were not fully operational and consequently the samples may not reflect the experiences of all centres.

## 1. Introduction

This paper considers the role of collective forms of day care for older people and their carers during the enforced closure of services due to COVID-19 in 2020, a period when those aged 70+ or deemed to be clinically vulnerable were advised to stay at home and follow social distancing advice. During this period, all nonessential businesses and activities, including day care services, were closed and consequently many day care services adapted their offer to address the needs of older people. For the purposes of this study, collective day care is defined as community building-based services that provide care and/or health-related services and/or clubs and activities specifically for older people with care and support needs, which people can

attend for a whole day or part of a day. Such services support well-being and health, and/or support people to remain living at home and/or enable informal carers to sustain care [1].

## 2. Background

The place of collective forms of day care for older people in England is contested [2]. Although once a core feature of the social care landscape, over recent decades this form of provision has declined. There are several possible explanations for this trend. The first revolves around a lack of agreement about what constitutes collective forms of day care, with no clear conceptual model underpinning it [3] and, as a consequence, a lack of evidence of effectiveness [4].

The second explanation, which is not unconnected, suggests that collective forms of day care provision are out of the kilter with current policy aspirations that services are personalised to meet the needs of individuals [5]. While it may be the case that collective forms of day care do not meet the aspirations of all older people, the drive to personalise social care appears to have been interpreted to mean that collective forms of support run counter to the spirit of that agenda [6]. A more pessimistic explanation for the move away from day care services is that such forms of building-based provision are too costly, particularly when the outcomes of their impact are not well articulated.

Despite this trend, organisations representing older people have argued that day care can address the needs of many people who appreciate the opportunity to participate in collective activities [7]. In addition, there is growing awareness that collective forms of day care may provide a vehicle to address wider policy concerns, for example, offering opportunities to better support people living in the community with multiple morbidities [8]. From an international perspective, collective forms of day care for older people appear to be better accepted within contemporary policy and practice. Gaugler et al. [9] report that in common with England, day care settings in the United States (US) were originally set up in response to a move away from institutional forms of provision, and that they continue to make a contribution in this respect. In addition, services are appreciated for their role in supporting family carers to maintain their health and well-being as well as enabling them to remain in paid employment [9].

An emerging body of evidence from the United Kingdom and internationally records the impact of the temporary closure of day care services due to the COVID-19 pandemic. While such restrictions were understood to be a necessary public health measure, the consequences of these restrictions were not well understood. For example, the closure of day care services, and removal of wider opportunities for social engagement, raised concern about the impact on older people's mental well-being and physical health [10]. In a UK longitudinal survey, Giebel et al. [11] found that the closure of social support services left many older people, people with learning difficulties, and informal carers without vital support. Similarly, Tuijt et al. [12] in a study of people living with dementia and their carers in England found that some people who had previously been more independent found it difficult to adjust to the restrictions of lockdown, while carers noted changes to behaviour including greater levels of irritability and apathy. Not surprisingly, carers were impacted by the closure of day care services. Evidence from a survey of carers of people living with Alzheimer's disease or related dementia in Argentina found that lockdown increased stress amongst carers [13], while evidence from the US demonstrates the impact on carers' well-being of the closure of day care and forced others to reduce their hours of work [9]. To partially mitigate the impact of closure, many day care centres in England provided alternative forms of provision, including regular phone calls and online social activities. However, as Tuijt et al. [12] report, these adaptations were not always successful, particularly with people living with dementia finding the technology off putting and difficult to navigate.

As lockdown measures on older people's services have been lifted and social services start to review how they provide community-based support post-pandemic, this is a timely point to examine the impact of lockdowns on collective forms of day care for older people and to garner what can be learned from these severe and unprecedented interruptions to service provision. In recognition of the policy and practice impetus in England toward greater local integration of health and social care services, including an emphasis on place-based partnerships [14], it is opportune to consider the potential role of community-based day care services as part of efforts to transform health and social care services.

### 3. Methods

This paper draws on data collected in an NIHR SSCR-funded study reimagining collective forms of day care for older people in England. In particular, the study aimed to contribute to broader discussions about the current and potential role of local authority-funded day care in meeting policy objectives across the social care and health sectors, including their role in the post COVID-19 social care landscape. This mixed methods, cross-sectional study was designed in two parts – Element 1 comprised a secondary analysis of existing data sets to understand trends in provision and uptake of services in England over time. Element 2, findings from which are presented in this paper, consisted of case studies of day care services. These were initially to be sampled on the basis that they were provided by a range of provider types including charities, social enterprises, private providers as well statutory providers and, on the basis that they demonstrated some form of innovation in practice. For example, we were keen to include settings offering intergenerational activities or were working with groups that may be excluded from day care settings.

Ethical review was provided by the National Social Care Research Ethics Committee, reference 20/IEC08/0038. The main ethical considerations related to the capacity of older people taking part to consent and the terms of confidentiality. Prior to each interview, participants were given an information sheet setting out the aims of the study and details of the research process. Having had an opportunity to ask questions about the study, participants were asked to sign a consent form. Limited confidentiality was offered to all participants in case they revealed something that suggested they, or someone else, might be at risk of harm. All data are presented anonymously. Recruitment of sites began after COVID-19 restrictions were lifted in July 2021. The first site visit took place in September 2021 with fieldwork completed in July 2022. The impact of the closure of services made the identification of potential sites more difficult than anticipated as many centres had removed details from web pages, while others did not reopen. As a result, only 8 settings were recruited from across England and all were run by charities. Details of the sites are provided in Table 1.

At each setting, we aimed to interview participants with a range of perspectives: older people attending services (called members); carers; paid care workers and volunteers,

TABLE 1: Details of sites [15].

Site	Focus	Locality	Organisation	Brief description
1	Dementia	Urban	Local charity	Based in a victorian villa, range of activities including music and art, with personal care.
2	Parkinson's/dementia men only	Rural	Local charity	An adapted farm providing "agricultural type activities" including preparing feed for animals, feeding animals, and gardening.
3	General activities and support	Urban	Local charity	Based in a purpose built centre. Provides a range of traditional activities including bingo, quizzes as well as exercise and reconditioning.
4	Dementia	Rural and urban	Community interest company (CIC)	Based in a "hosts" home, for groups of 4-5 adults, activities include preparing lunch, quizzes, and crafts.
5	General activities and support	Urban	Local charity	Based in multiple repurposed centres. Provides a large-scale programme of activities/groups.
6	General activities and support	Urban	CIC	Based in a repurposed building in a public park. Provides a community café for all and a lunch club and group activities.
7	General activities for faith community with specific provision for people with visual difficulties	Urban	Local charity	Based in a purpose built centre. Provides a range of traditional activities including art, conversation groups, entertainment, and culturally specific activities.
8	General activities and support + dementia	Urban	National charity	Based in several community venues (church halls and an extra care housing facility). Provides a range of traditional activities including bingo, quizzes as well as exercise and specific days for people living with dementia that include crafting and exercise sessions.

as well as managers. In total we conducted 120 interviews: members ( $n=37$ ), carers ( $n=10$ ), care workers ( $n=28$ ), managers ( $n=15$ ), volunteers ( $n=10$ ), and stakeholders ( $n=20$ ). Interviews with members and carers explored experiences of day care including referral and assessment processes, activities undertaken, satisfaction with services, and the impact of C19 on “normal” service. Interviews with those working in, or managing, services focused on how services had developed over time, funding models, responses to C19 as well as ideas about how services could be developed to meet the changing aspirations and needs of members. In addition, we interviewed local stakeholders including commissioners of adult social care services and key referrals agencies such as social prescribers and health partners. These interviews focused on the place of day care provision in the local landscape of services and the challenges and opportunities for day care provision both locally and nationally.

*3.1. Analysis.* All interviews were audio recorded and transcribed in full by a university approved external transcription service. Thematic analysis of the transcripts was led by LB following the coding approach developed by Braun and Clarke [16]. A sample of eight transcripts, drawn from across the different samples of participants from three sites, were read and independently coded by LB and AC. Discussion of these transcripts led to the development of a coding frame which was supplemented with additional codes as they emerged during coding. Analysis focused on identifying common themes across sites as well as explanation of differences between sites. The analysis of data was managed through NVivo.

## 4. Findings

Although the impact of COVID-19 was not the initial focus of the research, interview schedules were adapted to include questions about how settings and staff had responded to COVID-19 restrictions and, how these developments were received by members, their carers, and staff. The data provide insights into how services had adapted to support members during lockdown and afforded an opportunity to consider the importance of day care services in light of their enforced closure, as well as the impact of closure. Consequently, the data offer a more nuanced understanding of day care that further elucidates discussion of the future role of day care.

This paper reports five key themes: maintaining contact and rethinking support offers; innovation in practice; innovations for carers; reopening gradually; and challenges.

*4.1. Maintaining Contact and Rethinking Support Offers.* All of the sites that participated in this study closed either before or when the national lockdown was announced. At most sites, the majority of staff were furloughed with a skeleton staff kept on to cover the initial period. Immediate responses to lockdown focused on keeping in touch with members and carers and involved weekly phone calls,

emails, and letters. The importance of good communication was highlighted at most sites, as a manager at site 2 said “I think we have all realised the importance of maintaining contact with the families, and being there for them, and being that support.” At site 5, managers developed “a script” for these initial telephone calls so that staff could identify “their (members) immediate needs and anyone that did have safeguarding concerns, or they needed to have, I don’t know, a food parcel sent to them [ . . . ] were then signposted to other organisations such as Age UK” (S05CW04). In a similar vein, site 7, which supported older people from a faith community, had for a long time produced a talking newspaper and this became an important focus of the organisation’s initial activity, ensuring that members maintained a link to their community.

Several centres that normally provided a meal to members began dispatching these to people’s homes. Initially these were seen as vital in ensuring members received a nourishing meal since normal shopping routines had been interrupted. Deliveries also afforded an opportunity for social contact, if only for a brief period, allowing care workers or volunteers an opportunity to see how members were faring. Several sites occasionally delivered afternoon cakes or fish suppers to members’ homes, attempting to match the sorts of experiences and connections that people were missing.

These initial responses were welcomed by members and carers, giving them a sense that they hadn’t been forgotten. For services, they became tangible ways by which they attempted to address the temporary loss of day care services and provided opportunities to provide brief welfare checks. They were made possible by the existing relationships between sites and their members/carers and demonstrate an appreciation of the context in which they lived. The speed of these responses, which were often described as faster than local government responses, also hint at the potential role day care services could play within the wider health and care system.

*4.2. Innovations in Practice.* As time progressed, most centres developed what was called a “Covid-19” offer; for example, several of the sites sent out weekly activity packs which included quizzes or suggestions for activities to do at home, such as crafting and exercises to maintain mobility. Other sites held weekly Whatsapp/Zoom quizzes and/or initiated telephone befriending services. Members were grateful for these opportunities; a member from site 7 told us “while we were closed, (centre manager) arranged to have a quiz over the, I don’t know if it was Zoom or what [ . . . ]. But we had a quiz every week [ . . . ]. We had a thoroughly good time.” (S07OP05 aged 83).

Within a matter of weeks, several sites initiated online activity sessions for members; these were sessions that would previously have been provided in-person but at other sites new activities were developed, specifically designed to engage people within their own homes. For some members, the difficulties of accessing online sessions necessitated ensuring there was someone there, usually

a family member, who could facilitate using the IT. However, several sites began running IT sessions to introduce members to different platforms, while others loaned tablets and laptops to members or worked with local projects to supply them. Members appreciated these new skills which allowed them to stay connected to family and friends. These innovations were viewed positively by staff and members, with a stakeholder noting that one of the outcomes of the pandemic was “a big drive on digital inclusion” (S03SH01).

The development of an online offer was embraced enthusiastically at site 5. Staff at this site quickly linked with a community project who were working prelockdown to improve the use of IT. The site initially trialled some Zoom classes. As a staff member explained “that was with myself and a colleague teaching a class online to 14 members that we’d emailed out to and just said, “Does anyone want to join?” If that went well, we were going to scale it up. That did go well [ . . . ] and the uptake of members wanting to join, was huge. [ . . . ] We had to train the tutors up on using Zoom because a lot of them hadn’t used it before.” (S05CW01). Not only did site 5 offer online exercise classes, they also ran art sessions in conjunction with a national gallery, cookery classes, and sessions on mindfulness.

Such was the engagement with online activities that managing the online offer at this site became a demanding administrative task. Staff quickly learned that sessions needed to open 15 minutes early because members were keen to chat with each other. Many members appreciated these sessions, as one commented “I started to build up a structure through the week, a mixture of physical exercise, cultural stuff, learning stuff and what I call spiritual. [ . . . ] spiritual meaning stuff like Qigong, mindfulness. I noticed that the combination brought me benefit. All of a sudden, I felt better (S05OP04 aged 57).” Another member said “. . . I never thought I’d see the day that I would be doing things on Zoom.” However, they went on to say “It was just fantastic, but I don’t want to do Zoom any more now. I want to do face-to-face (S05OP05 aged 79),” like other members they didn’t find online activities as satisfying.

Over time day centres began to target their efforts. Staff at site 5 began making weekly “welfare” phone calls to members who appeared to be struggling. At site 2, the adapted farm for men with Parkinson’s and/or living with dementia, the staff commented that initially the contact with members was to provide reassurance that the farm would reopen. However, as time passed, they realised that keeping in contact with people who are living with dementia required more imagination and they experimented with making videos so that members could see the animals they had previously tended. In addition, the manager explained how “we even took two vintage tractors with essential supplies and dropped them at the door of some of our group members, just to keep them engaged.” (S02M01). Although these sorts of contacts were infrequent, managers as well as carers told us they raised the spirits of members, enabling them to keep a connection with the farm and those who worked there.

Significantly at site 3, which had a more generic focus and was based in a local government-owned community centre, the service took on a broader role as lockdown progressed. In part, this reflected the opportunity to use the venue for additional activities, for example as an accessible venue for COVID-19 vaccinations as well as becoming a temporary foodbank. But these developments also reflect the organisations’ willingness to reconfigure their resources to support the wider community. For example, the staff used the centre minibus to take local residents, as well as members, to hospital appointments as well as delivering food parcels to vulnerable members of the community. These developments demonstrate the central place the organisation held in the community and the potential to utilise these connections and resources within the wider health and care system.

*4.3. Innovations for Carers.* Across all sites, the staff talked about the impact of day centre closures on carers. This view was articulated strongly, but not exclusively, by participants from the three sites supporting people living with dementia as well as those living with Parkinson’s. Time and again we were told that as a result of the closure of day centres “carers, (have been) absolutely on their knees, totally feel isolated, alone, that there’s nobody to talk to.” (S02M02). Not surprisingly as lockdown continued, managers and staff became aware of the need to offer additional support to this group. This included weekly telephone calls as well as online sessions aimed at carers. At site 5, the staff adapted their existing carers sessions to go online and developed new sessions. These sessions were well received; a carer explained that attending online yoga had been “a godsend for me, for someone that is in lockdown with my mum, so that did help with my mental health as well, it really did.” (S05C01).

Echoing recent research [17] several managers reported that as lockdown progressed, they became increasingly concerned about specific carers who they perceived were struggling, occasionally this involved the staff stepping in to offer practical support. For example, a carer at site 3 told staff she was struggling to care for her husband whose dementia was progressing faster than expected. Staff from the centre regularly visited to have a chat on the doorstep and when restrictions allowed another volunteered to take her partner for a drive. The carer described “they came and took him out for a couple of hours once a week, and it was like heaven. Just a couple of hours away. [ . . . ] I’d have been lost without them” (S03OP01). At site 2, concern about the impact of lockdown on carers led the site to run a weekend coffee morning on the farm. A manager described “we would open on a Saturday and one couple would come [ . . . ] They’d only be allowed to come for an hour and a half, then the next couple would come” (S02M02). These interventions were described as a lifeline by carers and highlight the supportive relationship between services and carers.

*4.4. Reopening Gradually.* After the first national lockdown, most, but not all, sites began reopening. To ensure services were compliant with COVID-19 restrictions, most sites

reopened in a phased manner. Strict testing regimes including temperature checks were enforced, as well as staff wearing full personal protection equipment (PPE) at some sites. At site 4 where older people spent a day at a “hosts” house, the organisation developed a protocol setting out the conditions under which hosts could operate. Most sites restricted the service they provided. For example, following advice from local public health services, site 1, which supported people living with dementia, not only restricted the numbers attending but also arranged their service, including transport, into “bubbles” with members and staff being allocated to specific rooms where all activities including lunches were held. The introduction of multiple bubbles at single sites reduced the number of attendees but allowed the site to manage reopening safely. At site 2, the adapted farm, the organisation made the decision to limit the numbers of members attending each day as well as the frequency of attendance. In addition, they stopped providing lunch for members and withdrew transport. Partly these decisions were financially driven, but they also made the logistics easier to manage in light of COVID-19 restrictions.

On reopening, most settings restricted the activities they offered. Site 1, a day centre for people living with dementia, was well-known for its musical activities but initially had suspended these. However, as restrictions eased, the centre invited musicians to perform to members in the garden. At other settings, activities were less interactive postlockdown, the manager at site 3 commented that clients were encouraged to remain seated for most of the day but, not surprisingly “they didn’t really enjoy that because [...] they were not allowed to get up and move to another table.” (S03CW01).

A key concern reported in the literature [18] and identified in this study is the anxiety amongst members and their carers about re-engaging with services, one respondent called this “Covid-19 reluctance.” Staff reported that anxieties appeared to have evaporated quickly and members themselves reported they were glad to get back. Interestingly having reopened, site 5 decided to continue to offer some activities and groups online. A worker explained “. . . that is where the online programme has been beneficial because they’re still able to engage, but without having that worry of being in centres or community venues with a group of people and contracting it [COVID-19] (S05CW04).”

Unsurprisingly, we were told that carers had initially been wary about the reopening of services. However, all of the carers we spoke to emphasised that they trusted sites, because they had known staff over several years and had been kept informed about how the service was mitigating risks. A carer at site 2 commented “I know the staff are always doing COVID tests,” going on to say “I can go away and trust everyone here that he’s going to be kept safe (S02C0102).”

Across sites, we were told that some members did not re-engage with services either because their health had deteriorated necessitating a move into residential care or that they had died during lockdown. However, the reality for many who re-engaged was that their health had deteriorated, what a manager at site 5 referred to as “. . . an epidemic of

deconditioning among older people.” (S05M01). In recognition of this, several sites were funded by health partners to initiate sessions to address the impact of lockdown. At site 3, these included guided walking sessions in the local area, in which individuals or small groups were supported to regain their confidence. A stakeholder at site 4 described a new sense of collaboration between services, she described how “You can definitely see [...] services are integrating, they’re recognising that they can’t do things alone in silos (S04SH03).”

*4.5. Challenges.* The complications facing day care settings as a result of lockdown were not unexpected but, perhaps to a sector in crisis, their impact might well have long-term significance. Across all settings, participants were aware of the precarious nature of funding; indeed most managers knew of local day care services that had not reopened. Key challenges were shrinking provision in local areas, diminished funding to run services, and loss of volunteers.

At sites that received grant funding or block grants, managers were concerned that local authority commissioners would reduce the level of funding until they were operating at full capacity. A manager at site 8, which received a block grant to run weekly day care opportunities in different venues across the city reported that “. . . because of COVID, we’ve had a huge, huge restructure. So when we did reopen, we’ve actually opened with a lesser amount of clubs than what we had before COVID. Pre-COVID, we were running with 11 groups. Two of them, we actually ran in partnership with another organisation. [...] Unfortunately, that organisation went under with COVID, so we have taken on a number of their clients (S08M01).” Concerns were also apparent at sites that relied on spot purchasing or had high numbers of self-funders. Most members at site 2 were self-funders; a manager described how “we had to cut our numbers down, which again is not cost-effective, because we have had to stay safe obviously.”

Almost all of our sites were reliant on charitable donations which had fallen during lockdown. Site 7, a faith-based centre, aware that they had almost exhausted their reserves during lockdown organised a fund-raising event to finance the reopening. In addition, they raised the attendance fee but remained concerned about the long-term viability of the centre and, in particular, that some members would no longer be able to afford the fee.

Finally, seven of the sites relied on volunteers to support activities and most were concerned that many had so far not re-engaged. Without volunteers, managers doubted how they would provide the normal level of activities. The exception was site 2, the adapted farm, where most of the day was spent outdoors. Staff reported that they had received new enquiries from potential volunteers. They put this down to recent media stories about the farm, as well as the outdoor nature of activities.

## 5. Discussion

This paper reports findings from a study that considers collective forms of day care as a means to reimagine

provision. The timing of the research meant that fieldwork took place as day care settings were reopening post lockdown. Consequently, the study affords a different perspective on day care provision, thereby enhancing the existing evidence base.

Despite the challenges day centres were facing, they were emerging from the period of enforced closure with a renewed sense of purpose. The experience of lockdown appeared to have highlighted the importance of collective forms of day care support/social activities, particularly in relation to concerns about loneliness and isolation. In addition, the experience of adapting services had galvanised organisations to think creatively, and most had decided to continue these new ways of working. For some of the settings, these changes were necessary because of the difficult funding contexts they were facing but for others, the adaptations made as part of their response to lockdown, including offering sessions online or opening at the weekends, demonstrated how services could better address the needs of existing members as well as meeting the aspirations of a wider audience. However, echoing previous research, this study highlights the importance of organisations being attentive to the different needs and aspirations of members and ensuring they develop hybrid services where appropriate [19].

Significantly, the experiences of lockdown highlighted the importance of day care opportunities as support for carers, substantiating the findings of previous literature reviews highlighting the positive impact of day care on carers [20, 21]. Despite policy and practice acknowledging the position of carers and the need to support them, there appears to have been little consideration at the policy level of the role that collective forms of day care could play to support this group. However, the experiences of carers during lockdown demonstrated their dependence on day care services, trusting the staff, and turning to them when they were facing burnout. This is an important message particularly in a context of limited services. Day care is a vital lifeline to carers, helping them to sustain their own well-being and hence their caring role thereby enabling older people to live independently for as long as possible. Arguably, without such support, many older people may enter expensive long-term residential care as a consequence of carer fatigue.

As we have seen, the place of day centres has been contested in recent decades, with some policymakers and commissioners appearing to be ambivalent about their future role. Yet, these services were vital in supporting older people and their carers during lockdown. Knowledge of their local community and the strong bonds between staff, volunteers, and members, as well as their carers, meant that managers were able to respond to immediate needs quickly and effectively. As a “trusted” community resource, these small local organisations used their existing resources and links with community partners, to quickly adapt their services and make a longer term “Covid-19 offer.” In addition, the collective experience of lockdown appeared to improve understanding of the “potential” of day care amongst local networks, particularly health partners, and had resulted in them funding new preventative activities.

The experiences of collective forms of day care discussed in this paper suggest that these services could play a significant role in the newly established integrated care systems, offering potential new ways to contribute to the integrated health and social care agenda. Indeed, the wider value of community-based services, including their formal and informal links within the community and their enduring contact over years with members and their carers, speaks of the potential of day centres to play a more active role in wider preventative health and social care initiatives.

## 6. Conclusion

This paper reports findings from a study exploring collective forms of day care in England; it considers how services responded to the enforced closure of services due to COVID-19 from the perspective of those working in services, members and their carers, as well as from stakeholders. Despite the difficulties encountered in recruiting sites, the paper makes a timely contribution to our understanding of how day centres responded to the challenges they faced. The paper demonstrates how some day care centres quickly evolved to support their members, and the wider community, including working more closely with health partners. Whilst some of the small-scale initiatives discussed may exist in other localities, they demonstrate the ways in which day care services can contribute to the wider policy agenda offering alternative ways to support older people to live independently in the community as well as supporting carers to maintain their role. Adaptations to services demonstrated an appreciation of the needs of members and their carers, as well as a willingness to develop new ways of working that address the needs of those not currently accessing day care services. In the rush to close building-based day care services, local policymakers may unwittingly have missed an opportunity to maximise the potential of these local resources to better address wider policy ambitions. Arguably day care services, such as those discussed in this paper, would appear to be the archetype of place-based partnerships envisaged in recent legislation.

## Data Availability

The data are not publicly available due to ethical restrictions.

## Disclosure

The views expressed in this publication are those of the authors and not necessarily those of the NIHR School for Social Care Research or the Department of Health and Social Care, NIHR, or NHS.

## Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

## Authors' Contributions

AC conceived the study, with inputs from DP, PW, JT, KW, SH, and RG; LB and AC collected the data; LB and AC analysed the data, with inputs from all co-authors; AC led the drafting of the manuscript. All authors provided critical inputs, reviewed the manuscript for content, and approved the final version submitted for publication.

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