



Reimagining Collective Forms of Day Care Provision for Older People

RESEARCH

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ABSTRACT

Context: There is a view in England that collective forms of day care for older adults are 'out-dated'. However, recent studies in the UK and internationally suggest that these services have the potential to address contemporary policy aspirations.

Objective(s): This paper reports findings from a study that explored the role of collective day care in England in order to consider a reimagining of services.

Method(s): The paper draws on qualitative data collected from 8 case-studies in which 120 interviews were held with older people, their carers, staff and managers of services and local stakeholders. Interviews with managers included questions about the costs and resources used in running services. The reimagined models of care were refined in workshops with research partners.

Findings: Analysis of the data revealed three themes underpinning day care provision: the importance of space, place and transport; inclusive and person-centred practice; and the need for purposeful activities. Three models of reimagined day care were developed: 1) small scale collective care for low to moderate needs, 2) larger scale preventative and social provision and, 3) collective care for people with complex and personal care needs.

Limitations: Recruitment of sites began after Covid-19 restrictions were lifted in 2021, some sites had not reopened or declined to take part, consequently the study may not reflect the full range of day care services that exist.

Implications: The findings illustrate the potential of different models of collective day care services to work together as part of an ecosystem that addresses contemporary policy aspirations.

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INTRODUCTION

While the role of collective forms of day care for older people in England has diminished in recent years ([Orellana et al., 2024](#)), there is an emerging body of research that suggests that this neglected and poorly understood area of practice may have much to offer current social care policy and practice ([Lunt et al., 2021](#); [Orellana et al., 2024](#)). In this work, collective day care refers to community-based services that provide care and/or health related services and/or clubs and activities specifically for older people (65+) with care and support needs. Importantly it is communal and therefore has a social quality. This article draws on qualitative findings gathered from the 'Reimagining collective forms of day care provision for older people' study to illustrate key themes underpinning day care before describing three models of provision that have the potential to support older people, and their carers, in ways that address current policy aspirations. We argue that despite the persistent view that day care services are outdated ([Orellana et al., 2020](#)), there are examples of innovative and person-centred services that challenge this misconception and begin to address the concerns that stakeholders have about day care services. We distil key learning from the study into a typology of alternative models of day care provision. In addition, this paper presents provisional data on resources/costs gathered as part of the study, associating them with the prospective models in order to present evidence about the financial implications of operating day care services for older people.

BACKGROUND

There has been debate in England and internationally about the nature of collective forms of day care for older people ([Lunt et al., 2021](#)). Once a core feature of social care provision in England, over recent years there appears to have been a shift away from these services, particularly from 'social' or 'generalist' services that support all older people, towards ones aimed at those living with a specific medical condition or with complex needs. This narrowing of focus may reflect broader discussion about the value of collective building-based services within a context of personalised services that is often interpreted as prioritising individual over collective experiences ([Lloyd et al., 2014](#)), as well as being a consequence of the financial constraints faced by local authorities as commissioners of social care services ([Hood et al., 2022](#); [Needham, 2014](#)). Consequently, day care services with a more explicit healthcare focus, such as those supporting people living with dementia, may be seen more favourably, whilst the wider preventative role of generalist day care services remains largely unrecognised by policy makers. However, as [Orellana et al. \(2020\)](#) argue, collective day care can support 'aging in place' for all, providing opportunities for older people to socialise and engage in meaningful activities whilst living independently. Through

prioritising the voice and experiences of older people, day care has the potential to build social connections within 'community, cultural and societal spheres' contributing positively to feelings of belonging and living a purposeful life ([Fang et al., 2016, p. 223](#)).

Research exploring day care services for older people has consistently emphasised a lack of evidence about impact and outcomes ([Caiels et al., 2010](#)). In part this reflects the lack of consistency in the aims of day care, as well as the heterogeneity of provision ([Lunt et al., 2021](#)). However, a systematic review of studies exploring day care provision for older people with long term conditions demonstrates some impact, including improvements in perceived psychological health as well as reductions in levels of depression amongst those attending ([Lunt et al., 2021](#)). The review also identified that outcomes for carers improved, suggesting that day care can provide effective respite for those caring for older people with long-term conditions. In England, there is also growing recognition of the value of collective forms of day care to a number of current policy and practice priorities including loneliness and social isolation, wellbeing and prevention ([Orellana et al., 2020](#)). Loneliness and social isolation have increasingly been recognised as a priority by policy makers. The UK Government published its Loneliness Strategy in 2018 ([DDCMS, 2018](#)) which recognised the civic importance of community activities such as classes, clubs and groups, as well as funds for community spaces, such as community cafes. A research study published as part of the strategy found that social groups and collective activities can help prevent and reduce loneliness ([MacIntyre and Hewings, 2023](#)). These findings are important because the Care Act 2014, landmark English legislation setting out the rights and responsibilities of service users, carers, local authorities and care providers in relation to care and support for adults, emphasises the principles of prevention and wellbeing and places a duty on local authorities to ensure the availability of services that prevent, reduce and delay needs as well as a duty to consider wellbeing in carrying out their functions. However, notwithstanding this, there is a trend towards de-commissioning building-based day service provision ([Green, 2018](#); [Needham, 2014](#)).

Despite the long history of day care provision, there is no agreed definition ([Lunt et al., 2021](#)), although there is recognition that the term covers a range of different 'social institutions' ([Øye et al., 2023](#)) and that these provide a range of different interventions and activities ([Bulsara et al., 2016](#)). For this study we defined collective day care as community building-based services that provide care and/or health related services and/or clubs and activities specifically for older people (65+) with care and support needs, which people can attend for a whole day or part of a day, and which support wellbeing and health, and/or support people to remain living at home and/or enable informal carers to sustain care (adapted from [Orellana et al., 2020](#)). In adapting this definition, we recognise that the term 'day care' may be viewed

pejoratively, a point we return to later in the article, being perceived by policy makers and some practitioners as ‘old fashioned’ and therefore unappealing (Lloyd et al., 2014) and associated with an approach at odds with current guidelines. Consequently, some services are choosing to label themselves as ‘clubs’ as a means to counter these (often ageist) stereotypes and broaden their appeal (Fawcett, 2014). In England, collective forms of day care are accessible not only to those receiving publicly funded care but also to growing numbers of self-funders.

METHODOLOGY

This paper draws on qualitative data gathered in a funded mixed methods study, the methodology of which has been published elsewhere (Cameron et al., 2024). The overarching aim of the study was to explore the current role and models of delivery of collective forms of day care for older people (65+) in England, including to explore innovative models of local authority funded provision and contribute to broader discussions about the role of local authority funded day care in meeting policy objectives across the social care and health sectors. In brief, qualitative interviews were conducted as part of eight case studies of day care services. Ethical review was provided by the National Social Care Research Ethics Committee, reference 20/IEC08/0038. The day centre sites were recruited after COVID-19 restrictions were lifted in July 2021 (details are provided in Table 1), and fieldwork took place between September 2021 and July 2022.

At each setting we interviewed participants with a range of perspectives. In total we conducted 120 interviews: older

people who were 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 activities undertaken as well as perspectives on what they would regard as ‘ideal day care’. Interviews with those working in, or managing, services focused on how services operated and how they could be developed further to meet the changing aspirations and needs of members. Meetings with managers and finance staff also included a series of questions about the costs and resources associated with running day care provision for older people informed by a rapid review of the literature (Thorn et al., in preparation). In addition, we interviewed local stakeholders including commissioners of adult social care services and key referral agencies including health partners. These interviews focused on the place of day care provision in the local landscape of services and the potential contribution of day care provision both locally and nationally. Finally, having reviewed our sample we carried out additional interviews to ensure that the views of older people who may be marginalised from mainstream services were represented. These additional interviews took place at two centres run by, and for, minority ethnic communities and at a charity supporting LGBTQ+ people 50+ years.

ANALYSIS

All interviews were audio recorded and transcribed in full. The primary analysis followed the thematic analysis approach developed by Braun and Clarke (2013). Two members of the team read and independently coded a sample of eight transcripts, drawn from interviews across three sites. This informed the development of a coding frame which was supplemented with additional codes as

SITE	FOCUS	LOCALITY	ORGANISATION	BRIEF DESCRIPTION
1.	Dementia	Urban	Local charity	Based in a Victorian villa. Provides range of activities including music and art. Personal care available.
2.	Parkinson's/dementia men only	Rural	Local charity	An adapted farm providing ‘agricultural type activities’ including feeding animals and tending vegetables.
3.	General activities & support	Urban	Local charity	Based in a purpose-built centre. Provides a range of traditional activities including bingo, quizzes and exercise sessions.
4.	Dementia	Rural & 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 & support	Urban	Charity	Based in multiple repurposed centres. Provides an extensive programme of activities in partnership with external organisations including art, singing and exercise.
6.	General activities & support	Urban	CIC	Based in a repurposed building in a public park. Provides a community cafe 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 and culturally specific activities.
8.	General activities & 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 and exercise. Specialist groups for people living with dementia that include crafting and exercise sessions.

Table 1 Details of sites.

they were subsequently identified in the data. The analysis focused on developing themes across the case study sites as well as explaining the differences between them. NVivo (version 12) was used to manage the qualitative data analysis. Data relating to resource use and costs (in 2021/2 pounds sterling) were extracted from the relevant interview transcripts and rounded to give indicative costs.

MODEL DEVELOPMENT AND REFINEMENT

This paper draws on the perspectives of members and carers, as well as managers and staff related to aspects of provision and ideas about future provision that would enable the research team to develop models of reimagined day care. The models were informed by the different perspectives of participants as well as the impressions formed by the researchers (LB, AC) whilst undertaking the fieldwork. Analysis of the data suggested three models of day care that incorporated features from across the sites we visited, which were: 1) small scale collective care for low to moderate needs, 2) larger scale preventative and social provision and 3) collective care for people with complex and personal care needs. Two workshops were held with our research partners to discuss the models in light of their knowledge and experience of day care provision. These discussions helped to refine the models by questioning how they could support the different needs and goals of older adults as well as how they might work together in an eco-system of services thus enabling members to transition between services when their circumstances and preferences changed. We then report relevant costs derived from the qualitative interviews to the different components of the re-imagined models to inform estimates of providing the re-imagined provision ([Tables 2, 3 and 4](#)).

FINDINGS

Before presenting the new models of reimagined day care we discuss three themes that informed the development of these models: the importance of space, place and transport, inclusive and person-centred practice and the need for purposeful activities.

THEME 1: THE IMPORTANCE OF SPACE, PLACE AND TRANSPORT

The space and environment of day care is an important aspect of the experience of attending. Across all sites there was agreement that the physical space should be appropriate to the aims of the individual scheme. Site 2, the adapted farm, was set-up to appeal to men from a farming/rural background, living with Parkinson's and/or dementia, who may be reluctant to attend traditional models of day care. Echoing Milligan et al. ([2015](#)) comments about the significance of everyday spaces in encouraging men to attend collective forms of support. Staff at this site described the importance of the farm being authentic to

the experiences of those it was set-up to support. For that reason, there was no purpose-built building, rather, the men gathered in a barn that was open to a small farm yard that included secure animal pens. A carer described, 'He just likes being everywhere because it's outside and in the muck. You know, they come home dirty, chuck them in the shower, putting their clothes in the wash. It's brilliant' (S02CO1). In a similar vein the day care service provided by site 4 was small-scale, based in the home of a 'host' and aimed at people living with dementia for whom larger and busier centres were not suitable. The model was predicated on providing a homely, domestic environment that supported collective activity, such as crafting and conversation.

Staff at several larger centres spoke about the need for a homely setting, suggesting that they didn't think centres should have an overly institutional or clinical feel. Site 8 operated a peripatetic model of day care, held at different locations within the city, not all of which were thought to be appropriate. The manager noted the difficulties of providing personal care in a church hall describing it as 'not the best place', because rooms were large and impersonal. He went on to describe an alternative purpose-built bungalow used by a different provider which 'Because it's purpose built, they've got the space and the equipment, so they can provide that personal care to people who want that' (S08M01).

Local identity was another important factor at some, but not all centres, offering opportunities to foster friendships and 'community-building' ([Rantala et al., 2024](#); [Walbaum et al., 2024](#)). At site 3, members told us that it was important the centre was based in their neighbourhood because it helped nurture local friendships that could exist independently from the centre. At site 6 the manager emphasised the importance of 'galvanizing that kind of community asset' (S06M01). In contrast at site 7, the faith-based centre, members and staff reported it was important that the culture and identity of the community was at the heart of the centre, reflected in the physical design and decor as well as in the refreshments and activities available.

For site 5, the large-scale activities club, location was critical. A stakeholder described 'I think you've got to have the right facilities in appropriate locations because if things are convenient for people to attend then you're going to get higher engagement' (S05SH01). Site 5 was organised across several sites with excellent public transport links and drop off points for anyone requiring transport. The provision of transport was an important theme at other sites, particularly for carers. A stakeholder at site 4 described 'The biggest benefit [of day care] is transport because it makes it a longer day [...] transporting somebody with dementia can be, that's a tricky part' (S04SH03).

THEME 2: INCLUSIVE AND PERSON-CENTRED PRACTICE

Our study highlighted the importance of members feeling welcomed and included within the setting. Across sites

there was appreciation ‘That older people are not this homogenous group [...] everybody brings their own life story into the mix and different experiences’ (S03SH0304).

Whilst most managers spoke of the importance of inclusive practice the manager and staff at site 5, which was based in a large multi-cultural city, offered a particularly nuanced discussion of how they made this a reality. The centre exemplified different elements of inclusive practice identified by Willis *et al.* (2022), including ensuring that staff and tutors employed to run activities reflected, where possible, the ethnic diversity of its membership and local community. In addition, a staff member explained ‘So it is about using the resources, the images, the language that is representative. [...] we want to erase all those stereotypes of older people, regardless of your race or gender or sexuality’ (S05CW05). This point was affirmed by a manager who emphasised the importance of having a members’ behaviour policy, which empowered members and staff to challenge oppressive behaviour. The importance of inclusive practice was also raised in our interviews with people attending an LGBTQ+ group, many of whom had found ‘traditional’ day care services unwelcoming and difficult spaces. We were told that questions such as “‘Are you married?’” and “‘What’s your husband’s name?’” [...] make assumptions about who you are [...] they are so loaded for people from our community’ (AddOP02). Not surprisingly, people chose not to attend and instead, sought out opportunities that were run by, and for, their community.

Managers and staff from across the sites described how they worked to ensure services were person-centred. Echoing Wilberforce *et al.* (2016) these descriptions included ensuring services responded to an individual’s unique experience and empowering members by providing choice and control in what they wanted to do. Staff described how they tailored activities to individual ambitions and interests. The manager at site 2, the adapted farm, took a life story from new members ‘[s]o, we know their backgrounds, and a lot of people will say, “[...] I’d like to build a bird box”, or whatever. [...] We have got all of that recorded. And we try and keep that fluid [...] they are all keys to helping that individual achieve the best time possible while they’re on the farm’ (S02M01). A care worker at site 1, a day centre for people living with dementia which was renowned for its musical activities, described a new member who ‘used to sing in a male voice choir. So that became more of an activity, singing without any accompaniment. So, yes, we try to tailor it to [members]’ (S01CW02).

Having a choice of activities and being flexible was important to support person-centred services. At site 2, the adapted farm, the manager described how ‘[t]he activities, although we’ve planned different things, the men will do what they want to do when they’re here. We don’t believe the men should have specific 15-minute slots. [...] If it seems like something is going on longer [...] and they’re just chattering there, well, that’s fine’ (S02M02).

THEME 3: THE NEED FOR PURPOSEFUL ACTIVITIES

One of the criticisms of day care suggests that activities offered are limited and do not meet the ambitions of individuals attending (Orellana *et al.*, 2020). Participants from across most sites spoke of the importance of activities being purposeful rather than feeling ‘artificial’, for example contributing towards completion of a task or project. ‘Hands on’ activities were highly valued, particularly amongst men (Milligan *et al.*, 2015). A worker at the adapted farm reported that members wanted to participate in activities that are ‘meaningful and enjoyable’ and not feel ‘like it’s been made up for you’ (S02CW02).

Some members welcomed having an opportunity to use skills they had developed during their working lives, whilst others valued learning new skills. For example, one member described learning to use social media ‘I’ve watched [my grandchildren] grow up on Facebook because I learned from [site 5]’ (S05OP02). For members attending site 4, the small-scale provision for people living with dementia, activities were designed to foster domestic tasks and experiences. A manager described, ‘So most of what you have done in your life has been taken away from you, so by giving people something back again to do and take responsibility for in our groups is, probably one of the most defining things about the [site4] model of care because it makes people feel that they have a role again [...]’ (S04M01).

Many of the purposeful activities available to members had a preventative focus. Site 3 for example, ran various groups, including guided walking, digital inclusion, and diabetes awareness, funded by health partners. Site 5 had an extensive physical activities programme that included ‘everything from Pilates, Yoga, boxing, ballet [to] chair exercise’ (S05CW01). These activities were enjoyed by many, although walking sports were particularly popular amongst older men for whom these sessions acted as a gateway to the wider offer. The site also had a health and wellbeing programme, including a stability course for members who had poor balance, as well as general exercise classes. A member told us ‘I’m doing two classes a week, seated chair exercises, that are now helping me. I’ve noticed a huge difference since I started these two classes’ (S05OP02). Whatever the nature of these ‘purposeful’ activities staff and carers reported that they appeared to contribute positively to physical and mental wellbeing and maintaining independence and were highly valued.

THE MODELS

The data collected through interviews with members of day centres, carers, managers and staff informed the three models of reimagined day care presented below which incorporate features from across participating sites. Detail of each model is organised around the key themes previously discussed and information about resources

and indicative costs for each are provided in separate tables. All models require managerial/administrative operations including, for example, insurance, IT, and human resources functions.

DISCUSSION

In 2014 Lloyd *et al.* argued that despite the prevailing view that day centres were 'old fashioned', they had the potential

MODEL 1 – Supportive, small-scale collective care for low to moderate needs

Model 1 provides day care for older people in small groups and is aimed at those with more complex needs, for example early to moderate dementia. However, no personal care is provided.

Space, place and transport: A relaxed, homely environment is central to this model. Day care is predominantly based in the home of hosts. Hosts may have pets and family around contributing to an informal and friendly environment.

Hosts are required to have a home or suitable environment with level access and an appropriate vehicle. Older people are picked up and dropped off by hosts in their vehicles. Outside space is available.

To broaden the appeal of this model it could be applied to non-traditional settings such as a farm or workshop and could be supported by additional volunteers and care workers where necessary.

Inclusive and person-centred practice: Hosts take a life story from new members to gather knowledge of members interests and skills to ensure personalised activities are supported. The day would run from mid-morning to late afternoon with a home-cooked meal provided, which attendees could participate in preparing, if they would like.

Hosts are employed by the 'umbrella' organization and covered by their liability insurances. Training is provided to hosts, who are supported by area co-ordinators and other local hosts, as well as having connections to wider services and community organisations.

This model may be more suited to rural locations where there may be limited opportunities, but it could supplement provision in urban areas for individuals who may not want to socialise in larger busier settings.

Purposeful activities: Non-traditional and purposeful activity is central to this model. In some settings this will include the group working together to prepare lunch, set the table and tidy-up afterwards, in other settings this will mean farm or workshop tasks and responsibilities. Smaller groups mean people are able to enjoy socializing and getting to know each other over time. Personalised activities are developed based on knowledge of each member. Crucially there is flexibility in the provision of activities enhancing the choice people have over the activities to take part in during the day. Opportunities are provided to link with wider community organisations and activities.

	BASIC ELEMENTS	RESOURCES AND INDICATIVE COSTS (2021–22)	VARIATIONS
BUILDING	Held in hosts' homes or another suitable environment.	Home environment included as standard in day payment to host. Central office space for administrative and managerial functions may be rented (e.g. £700 per month).	Venue rental for special events, meet ups and trips
STAFF	Hosts are employed and paid depending on the number of attendees they host. Training is provided.	Day payments were reported to be approximately £100 to a host with four clients. Central administrative and managerial staff costs could cost £50 per client per month. Training of staff may be £50 per staff member per year.	Personal care is an add on and additional staff are available as required.
TRANSPORT	Attendees are picked up in hosts cars which are covered under company liability and insurance.	Hosts are paid a mileage rate (e.g. 50p per mile).	Adapted transport is available for people who need it.
ACTIVITIES	Activities are informal and organic and include helping prepare lunch, clearing up and/or crafting. Activities facilitate attendees getting to know each other and developing friendships.	Activities typically attract no or low costs (e.g. crosswords).	Older people have a choice of activities they would like to take part in during the day and may include meeting with other hosts and groups and linking with activities offered by wider community organisations.
FOOD	Tea and cake/biscuits is available on arrival and mid-afternoon. A home-made lunch is provided with involvement of attendees in deciding the menu, preparing the meal, setting the table and clearing up.	Hosts are paid a fixed price per head to supply a cooked meal (e.g. £5)	

Table 2 Model 1 Supportive, small-scale collective care for low to moderate needs: resources and indicative costs.

MODEL 2 – Large scale, preventative and social provision for all older people

Model 2 is a membership organization that provides a large and varied programme of activities and groups for older people, in partnership with local organisations such as gyms, theatres and sports clubs. Personal care is not provided.

Space, place and transport: The centre has a building of its own but also utilizes other community venues as part of its wider partnerships. Centres have a reception area that is staffed to welcome people and where bookings onto activities and programmes are managed. There are several rooms to accommodate concurrent activities. Transport is not provided but there are drop-off points and easy access to local transport. The model works particularly well in urban areas.

Inclusive and person-centred practice: This model is for all older people, who choose activities and groups for themselves. Groups and activities reflect the interests and aspirations of members who are actively involved in co-producing the programme. Groups and classes are staffed by high quality tutors who are self-employed and paid on an hourly basis, many are older people. Groups are available to enable older people to connect with others, for example men's groups and carers' groups.

There is support available to enable members to participate, whether this is limited 1:1 support to access a session or via groups for particular needs, such as carers.

People often attend for multiple activities over the course of a day. Tea and coffee are available. Lunch is not provided although cooking classes are on offer that include an option for a shared meal for those involved.

Purposeful activities: This model provides a range of activities that include physical activities, arts and culture and adult learning. Many of the activities are organized as time-limited programmes.

Central to the model is investment in infrastructure and resources to build an 'eco-system' of opportunities that meets the goals and needs of older people and is based on local partnerships. In some localities this may be a collection of smaller organisations working together. Volunteer opportunities are a strong element of this model e.g. people working on reception or leading some of the activities.

A nominal fee to attend activities is an important part of the model to create a non-stigmatised culture. Availability of tea and coffee at a nominal fee provides further opportunities to connect.

Model 2 offers specific programmes for wellbeing and health including falls prevention, rehabilitation and condition-specific. People are often referred on to the wider activity offer after completion of these programmes.

	BASIC ELEMENTS	RESOURCES AND INDICATIVE COSTS (2021–22)	VARIATIONS
BUILDING	The model has a centre of its own with sufficient space, rooms and equipment for a variety of activities and groups to be held concurrently. There is a reception area for members to wait before activities start. The model also uses other community venues as part of its partnerships.	Venue rental costs were reported to range from peppercorn rents or no cost to >£40000 per year.	In some settings e.g. large cities there may be multiple centres.
STAFF	A small back office team coordinates and manages the centre and its activities including developing local partnerships. Volunteering is an important element of this model e.g. admin and reception roles.	Training can be conducted mostly on the job. Volunteer expenses should be covered e.g. transport and subsistence.	
TRANSPORT	No transport is provided.		Transport is available for those who need it e.g. for specific programmes.
ACTIVITIES	Activities are run by self-employed tutors and paid per session. Community partners also provide activities e.g. venues and programmes. Members pay a nominal fee to attend activities. Social time for tea and coffee and opportunities to connect are included as part of activities.	Tutors are paid per session. Costs could range from zero to £150 per session. Material costs might add an average of £2 per session	A programme of online activities is an additional offer and may be particularly suited to some groups e.g. carers.
FOOD	Not provided as standard but is an option available for some groups. Tea and coffee are available for a nominal fee.	Refreshments provided at cost.	

Table 3 Model 2 – Large scale, preventative and social provision for all older people: resources and indicative costs.

MODEL 3 – Collective Care For People With Complex And Personal Care Needs

Model 3 provides day care for people with moderate to complex needs. Personal care is available. People attend for the whole day and a shared and social meal is a part of the day.

Space, place and transport: The building is an accessible, authentic and homely environment that meets the needs and preferences of attendees. The building may be purpose-built or a re-designed existing building. It has a reception area to welcome people. The building has a variety of spaces such as a crafting room, dining room, lounge and reminiscence room. Soft furnishings and personalized decorations create a relaxed, informal and homely feel. There is access to well-designed, safe outdoor space for attendees to enjoy independently if they wish. The centre is a part of the local community, geographically and in the way that it operates.

Transport is provided in accessible vehicles with trained drivers.

Inclusive and person-centred practice: Staff get to know individuals through collecting life stories and build personalized activities and opportunities for connection based on their skills, experiences and interests. People have choice of activities including opportunities to spend time independently and opt out of group activities if they wish. Links with community organisations provide additional opportunities e.g. intergenerational sessions with local school children.

The centre is staffed by skilled staff who have training opportunities.

Purposeful activities: Older people are involved in activities, for example singing groups, leading discussion groups or other activities. The programme of activities is developed with a focus on meaningful activities and building friendships.

	BASIC ELEMENTS	RESOURCES AND INDICATIVE COSTS (2021–22)	VARIATIONS
BUILDING	The model has its own centre that is owned by the organization and is an accessible and homely environment that meets the needs of those who attend.	Costs associated with owning a building include maintenance (minimum £1000 per month, plus large one-off payments), garden maintenance (£300 per month)	
STAFF	The model is staffed by skilled and trained staff who are able to provide personal care. Continuing training opportunities are available.	Staff costs are higher in this model, consonant with the increased skill level. Ongoing training could be mostly in house, with additional courses £400.	
TRANSPORT	Transport is provided via accessible minibuses with trained drivers.	Leasing and running adapted minibuses is reported to be in the region of £2500 per month.	
ACTIVITIES	Attendees have a choice of activities. Staff are able to build personalized activities and opportunities for connection based on individuals' skills, experiences and interests e.g. men only sessions designed around purposeful activities or groups focused on shared interests.	Activities may be free to organise. Some requiring external input might be up to £50 per session. Consumables might add another £200 per month.	
ADDITIONAL SERVICES	Additional services, such as podiatry, can be facilitated on site.		These services will be paid for by clients.
FOOD	A shared and social meal is provided. Older people are able to be involved in preparing lunch, setting the table and tidying up if they wish.	Meals could cost £10 per head to make.	

Table 4 Model 3 Collective care for people with complex and personal care needs: resources and indicative costs.

to adapt and respond to the changing aspirations both of older people attending them and of policy makers. One decade on and little has changed in England, the potential role of day care services has not been fulfilled, yet there is a growing body of work suggesting that many older people welcome the opportunity to attend day care (Orellana et al. 2021) and, that day care centres have much to offer in support of the principles of the Care Act 2014, particularly

with regards to prevention and wellbeing. As Orellana et al. (2024) have argued, one of the consequences of this lack of attention is that day care services rarely feature in discussions about how social care services can adapt to meet the challenges faced by the sector. This would seem the antithesis of place-based commissioning that aims to supports greater choice and control for those drawing on social care services (SCIE, 2022).

Despite the persistent view that day care services are ‘old-fashioned’, this study found examples of innovative and person-centred services that challenge this misconception and begins to address the concerns that stakeholders, including commissioners, have about day care services (Orellana et al., 2024). The findings demonstrate how day centres can provide a strong sense of place, both geographically and culturally which can support ‘aging in place’ (Fang et al., 2016). Whilst several of the services that participated in this study marked a clear departure from traditional forms of day care, others were adapting ‘traditional’ models so that they were more inclusive of a wider range of interests and experiences. Person-centred practice was crucial to these developments. Whilst this finding is unsurprising given recent social care policy on person-led service provision (DHSC 2021), it was interesting to see how this approach was applied within the different day care contexts. For larger generic settings, person-centred care was ensured by involving members in the running of the day centres, giving them a voice in what activities were provided as well as opportunities to lead activities. Members were regularly invited to give feedback on their experiences. In the smaller day care settings staff used a life stories approach to ensure that activities were available that mirrored members interests and goals. Significantly these were not one-off conversations; staff regularly updated life stories as they got to know members. By working in a person-centred manner, day centres were effectively challenging the stereotyped view of day care, ensuring that they were meeting the needs and ambitions of their members.

The findings also demonstrate the importance of inclusive practice within day care centres, ensuring that all members feel welcome and valued. Whilst inclusive practices may have been more evident at the larger day care centres where staff referred to local policies and visual cues were most obvious, for example members’ policies displayed on notice boards and resources used in sessions being attuned to the different ethnicities and cultures of members and staff, they were also evident in the practices of some of the smaller centres that participated in the study. However, the findings also highlight the importance of day centres that are run by, and for, people from minoritized communities, such as LGBTQ+ groups and minority ethnic communities for whom specialist day centres where members and staff share similar experiences remain highly valued (Walbaum et al., 2024). Although this position may appear contradictory, ensuring all day centres recognise the intersection of different social characteristics irrespective of whether or not the centre is run by and for a specific group would enable people to make an active choice about where and with whom they spend their day. In addition, the findings also support previous work which suggests that older men may be more inclined to join clubs that are based around ‘everyday practices’

that they are familiar with and that provide purposeful activities (Willis et al., 2019).

While the findings of the study illustrate the different sorts of day care that currently operate, the data also informed the development of our models of reimagined day care presented in this paper. It is our contention that these models complement each other and exist as part of an eco-system of provision where collaboration between organisations is encouraged. Collaboration could have many benefits, not only for those who attend services but also for the organisations themselves, as well as for commissioners. Having closer working relationships between different day care services may make it easier for people to transition from one model of day care to another when needs and aspirations change. For example, when a quieter and less busy environment is preferred or when personal care is needed on a regular basis. By working together, it might be possible for organisations to share the resources we have identified day care services requiring, including physical resources such as minibuses or elements of staff training. In addition, there may be opportunities for day centres to manage their assets more innovatively, for example hiring out the venue to the local community (Pitt, 2010). For commissioners, having an eco-system of different community-based day care services helps make a reality of the requirement to provide choice, as well as unlocking the potential of day care services to deliver preventative health and social care services in local neighbourhoods. In doing so, it would also contribute to the architecture of the local integrated care system and reflect the spirit of place-based commissioning. However, the findings also suggest that to support the development of an eco-system, local policy makers, including commissioners, should adopt a collaborative learning approach (Fang et al., 2016) that prioritises the voices of older people as a means to challenge longstanding assumptions about so-called ‘out-dated’ day care services.

STUDY LIMITATIONS

Recruitment of sites began shortly after COVID-19 restrictions ended in 2021 and although recruitment was staggered over 12 months, some sites had not reopened or declined to take part. Consequently, the study may not reflect the full range of day care services that exist.

The costs reported in this study are broad estimates based on site self-report and will inevitably not be fully comprehensive. In addition, variations in the number of clients supported and the geographical area in which the service was located, meant that it was not possible to derive a meaningful per-person cost. Our intention was to provide an overview of the resources required to run day care services, and the interview methodology employed was very effective in eliciting details from sites.

CONCLUSIONS

The reimagined models of day care developed in this study, along with the information on costing, aim to contribute to the wider agenda of community-based social care provision. Preventative day care services offer the potential to avoid or delay costly institutionalisation and, at a time of reduced public funding of services, could contribute to wider health and social care policy ambitions. However, there is a need for further research not only on the costs of provision but also on the outcomes of day care attendance. Without robust outcome measurements (for example, social care related quality of life), it is not possible to assess the cost-effectiveness of day care provision. It is therefore essential that methods for assessing outcomes (including for carers) are applied to existing provision.

Despite the persistent view about the out-dated nature of collective day care services in England, the evidence presented in this article suggests that they have the potential to play a pivotal role in the health and social care landscape. A reimagining of a day care eco-system would not only help support the aspirations of the 2014 Care Act to provide greater choice but also by helping local authorities to meet their responsibilities including exploring the potential of day care services to address well-being, isolation and loneliness (Green, 2018).

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The authors have no competing interests to declare.


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