

## **Outcomes for day-care for older people**

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The issue of outcome-focused approaches to care is an important one in adult social care. There has been work done on this topic for quite some time by the Social Policy Research Unit at the University of York, but it has only more recently been adopted by policy-makers in the "Independence, well-being and choice" Green Paper (2005) and the "Our Health, Our Care, Our Say" White Paper (2006). There is not a great deal of information about outcome-focused approaches, maybe because it is quite closely related to the concept of person-centre care about which there is written a great deal. When searching for information about outcomes and day-care, there is even less information to be found. There has been work done on modernising day care services which in some cases includes an outcome-focused approach (of sorts), but there is little evidence of models of day care which emphasise the outcome-focused approach.

This summary will start by outlining what an outcomes-focused approach is before moving on to look at the key factors which help or hinder such an approach, and then looking at how this applies to day care. It will then finish with examples of new approaches to day care services from some local authorities whose modernisation programmes include aspects of such an approach.

### **What is an outcomes-focused approach?**

A good starting point for this discussion about outcomes is to look at what the supporting policy documentation states.

*We propose clear outcomes for social care derived from what people tell us they want. The outcomes will be used to test and challenge how far social care is moving towards delivering the vision (DoH 2005)*

In this statement, the Department of Health is placing outcomes firmly in the domain of the service-users, focusing on outcomes as being those identified by the people using the services. This was set out relatively recently, although other such as the Social Policy Research Unit (SPRU) have been looking into how service-user proposed outcomes could be used for some time, as a way to create a more service-user centred set of social services. An important definition, repeated in many pieces of literature, is that given in the SCIE document.

"Outcomes-focused services... aim to achieve the aspirations, goals and priorities identified by service users – in contrast to services whose content and/or forms of delivery are standardised or are determined solely by those who delivery them. Outcomes are by definition individualised, as they depend on the priorities and aspirations of individual people." (Glendinning et al for SCIE 2006)

There are of course outcomes identified by those delivering services, and these tend to be outcomes used as indicators of change for service assessment. However, a truly outcome-focused approach focuses on service-user generated outcomes. The focus is on creating a person-centred approach, using an individualised set out outcomes which can be worked with in defining care.

In practice, what this means is a shift in focus of service delivery, from looking at what is available as input to looking at what the desired outcome is. Where previously service plans would start with the input, looking at what is available as input, working out how to work with it and what could be hoped to be achieved, the focus now is on identifying desired outcomes and working backwards from there. The task becomes one of identifying the plan which will ensure that those outcomes are achieved. This of course has implication in terms of care planning and resources allocation, particularly in terms of the need for flexibility of resources (finance, time and staff) and cross-sectoral working and planning. This will be examined further later on.

## **What are outcomes for older people?**

Although an outcome-focused approach emphasises service-user defined outcomes, there are also sets of policy-led outcomes which are supposed to reflect the wishes of service users. The Department of Health has identified key outcomes for adult social care (including older person care) which are included in this category. These are:

- **Improved health:** enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
- **Improved quality of life:** access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.
- **Making a positive contribution:** active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision making.
- **Exercise of choice and control:** through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
- **Freedom from discrimination or harassment:** equality of access to services. Not being subject to abuse.
- **Economic well-being:** access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
- **Personal dignity:** keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

(DoH 2005)

Research undertaken by the Social Policy Research Unit has demonstrated that in fact these outcomes reflect quite closely those defined by older people.

These outcomes could also be defined as factors that impact on quality of life, as when older people are questioned about desired outcomes of social care they phrase their response in terms of what will improve their quality of life. (JRF 2004) Research shows that older people view social services through an outcome-focused lens, expecting their desired outcomes to be met. (Qureshi 1998) There is evidence that if these outcomes are not met, then older people may look elsewhere to try and meet these needs, and will feel dissatisfaction with the social service available. Identifying and acting on outcomes is therefore very important.

The work done by the Social Policy Research Unit has divided service user led outcomes into three categories – change outcomes, maintenance or prevention outcomes and service process outcomes.

Change outcomes relate to “improvements in physical, mental or emotional functioning that are achieved through service interventions.” The change outcomes identified by older people are:

- Improvements in physical symptoms and behaviour
- Improvements in physical functioning and mobility
- Improvements in morale.

The largest group of outcomes relate to maintaining well-being or preventing ill-health or deterioration in quality of life:

- Meeting basic physical needs
- Ensuring personal safety and security.
- Having a clean and tidy home environment.
- Keeping alert and active.
- Having social contact and company, including opportunities to contribute as well as receive help.
- Having control over daily routines.

The last group refer to the processes involved in accessing and using services. They are very important, as negative experiences of these processes impact upon experiences of other outcomes, possibly resulting in deterioration of quality of life.

- Feeling valued and respected
  - Being treated as an individual
  - Having a say and control over services
  - Value of money
  - A good ‘fit’ with other sources of support.
  - Compatibility with, and respect for, cultural and religious preferences.
- (Glendinning et al 2006)

Another issue regarding implementation of an outcome-focused approach is that there is general emphasis on outcomes as being change outcomes. In other words, the services being delivered tend to focus on those that produce “improvements in physical, mental or emotional functioning” (Glendinning et al 2008) Whilst it is true that these are the most obvious type of outcomes, building as they do on a health-type model of assessment, evidence has shown that process outcomes in particular, are very important as they have a great impact on an individual’s experience of care. In assessment, it may be easier for both service user and staff to think of change outcomes, and this needs to be taken into consideration in the design of an assessment system.

The list above can provide some guidance to the outcomes that will be defined by service users. And whilst in practice, individual preferences may differ to a certain extent from those listed above, research shows that these outcomes are valued by a wide range of different older service users. The priorities given to the different outcomes may differ according to age, living circumstances and type of impairment.

## **Implementing the approach**

Research has identified particular factors key to ensuring an outcome-focused approach (Qureshi 1998, Glendinning et al 2008). These, although not relating solely to day care, provide the framework within which to produce positive models of outcome-focused care, and are therefore important to examine. They key points are:

- Integration of services
- Different approaches to commissioning
- Flexibility of resources
- Appropriate assessment system.

### **Integration of services**

As regards all services for older people and outcomes, there is a strong emphasis from those calling for a greater integration of services. (Audit Commission 2002, Glendinning 2008) For service delivery to be truly outcome-focused requires collaboration across sectors and across type of care (e.g. hospital day service, day care, home-care etc). This requires an holistic needs assessment and a mechanism for feeding monitoring data into the system, so that everyone knows what is happening. It requires good communication between health and social services and between care providers. Within this framework, for day care to be truly outcome-focused requires it to be part of an integrated care delivery system.

As mentioned above, integrated care is an important aide to ensuring outcome-focused care. If there is a system in place which can meet the holistic approach to care needed by the individual, whilst ensuring that everyone is aware of the care needs of that individual, then that goes a long way to ensuring an outcome-focused.

### **New approaches to commissioning and flexibility of resources**

Resources and commissioning go hand-in-hand to a certain extent. Firstly, with regards commissioning, an important issue to bear in mind is that research shows that many of the outcomes desired by older people do not fall into the remit of social care services and so require more partnership with statutory and voluntary agencies. (Qureshi 1998)

This then means that there needs to be a mechanism in place to ensure that the approach taken by statutory and voluntary agencies meets an outcome-focused approach. Once services move away from being "in-house" as many day care services have, it may be that trying to influence an outcome-based approach may be difficult. There have been examples of local authorities, who have reviewed their contracts with voluntary day care services to transform them from output to outcome focus (Glendinning 2008). This is intended to provide a fresh incentive to maintain a focus on outcomes. This does not, however, ensure that the outcomes are service user driven, or that the assessment and plan is carried out in a person-centred way. This a key area to consider when commissioning services.

Again in terms of commissioning, there is a need to think more flexibly, something which is already required by the direct payment approaches being used across the country. Desired outcomes very rarely fit into pre-prescribed and commissioned boxes. The care plans resulting from an outcome-focused assessment will probably involve a wide range of services, in ways which may not be already in place. An outcome-focused approach requires flexible commissioning and probably changes to existing commissioned services. Direct payments are very helpful, as they enable the individual to act on their own wishes, buying in their own services and meeting their own needs (Quereshi 1998, Glendinning 2008).

As regards staff working with the approach, their attitude is key to the success of the approach. Staff need systems in place which allow them the flexibility to work within an outcome-focused system, and the support to understand how such a system works. Likewise, service users and carers need to be helped to understand where they fit into the system, and not to feel they have been set adrift to make their own choices with little support (Glendinning 2008).

The attitudes of service users and carers, and those of staff are recognised as important factors in causing an outcome-focused approach to fail. The culture within which staff have to work, with limited resources and resource flexibility can also have a negative impact as can barriers between service sectors. Without the freedom for the care package to work across boundaries, a truly outcome-focused approach is not possible (Glendinning 2008).

### **Assessment systems**

Lastly, and probably most importantly, the Single Assessment Process has been found to make an outcome-focused approach very difficult. This has been reported as being because it focuses on needs and problems rather than on positive outcomes. So it is more about how to live with the problems rather than how to look at something different and plan for that. There have been examples of people getting around this, however, by carrying out a second, outcome-focused care planning process which is building on the positives and works cross-sectorally (Glendinning 2008).

### **Issues particularly relating to implementation in day care**

All of the above wider issues relate to day care services, but there are also issues of particular relevance to outcome focused day care services.

The issue of assessment and planning is more likely to be overlooked in day care. In many cases, day care services tend to carry out minimal assessment, maybe using rather records from a GP or social service referring agency. **Care planning is also not a strong point in day care**, although research has shown that day services in hospitals are more likely to put together care plans that non-hospital based day care, and that these care plans tended to be of better quality (Reilly et al 2004). An outcome focused approach needs a thorough personalised assessment and personalised care planning process, and so it is important that day care services put these in place.

The process needs to start with an assessment which identifies and summarises the older person's desired outcomes. This needs to be done in a way which emphasises the positive (focusing on strengths to be built on rather than problems to deal with) (ibid, Powell et al 2000). The resulting care plan needs to

be concise, easy to use and be made available to everyone else working with that individual. All staff need to be briefed on the outcomes and the care plan.

The literature does mention the importance of a **long assessment process** in day care. If the individual is not there very often it will take a while to get to know and understand them. By taking a six week period in which to get to know the person and for them to get to know the setting, outcomes can be discussed and a plan set, with the service user feeling they are comfortable with what is going on. In particular, day care centre users have mentioned how they appreciate being linked with a staff member with similar interests, and this can only be done with a long "run-up" time (Glendinning et al 2008).

The issue of integrating day care with other services is mentioned above, and it is true that there is little evidence of day care service providing a package of care which involved services outside of those provided by the day care service provider.

In other works, **the plan built up for the individual tends to be limited to within the walls of the day care centre** – focusing only on the time the individual is there, and failing to look at what happens when they leave. SCIE found evidence of good quality day care which addresses maintenance and process outcomes (for example, keeping people busy and socially engaged and involved in the running of the centre), but which do little to assist the person in their life outside of the day care centre (Glendinning et al 2006).

## **Examples of new approaches to day care**

There is much evidence in the literature of the potential importance of day care to older people, helping as it does to ensure people maintain friendships, keep socially active and stay alert (Community care online 2008). Other reports (Findings 2004) highlight how leisure pursuits and daily activities were vitally important to maintaining a good life in old age. As were friends – who were described as the "mainstay of most people's daily lives." (JRF 2004)

There is also, however, evidence that many day services have a bad reputation, with people feeling that they fail to provide a stimulating environment, and result in sessions for people to just sit around complaining (Suffolk Council 2009). In response to this, as well as in response to new approaches to budgets for day care, and the need to produce more personalised services, some authorities are modernising day care. In some cases, these modernisation approaches fit an outcome-focused model.

These different models tend to see a shift from traditional authority run day care centre to day services provided by the community and voluntary sectors. Authorities are now moving towards a mix of in-house provision and more flexibly commissioned services to meet the identified needs of older people.

In order to identify these needs, a number of councils have commissioned studies to talk to older people and find out what they need, as well as consultations on proposed models for modernised day services. These include the West Suffolk's "What shall I do today" project.

In response to government calls for greater consultation with older people, the West Suffolk Older People's Panel was set up in August 2003. The panel consisted of a wide range of older people from across the area, to whom were put a number of key questions. One of the questions asked concerned day-time activities, asking the panel what they would like to do with their days. Key

points emerging were that people wanted to participate in their community, to be given choice and to feel valued in what they are doing and not just be a burden for the day. A high percentage (75%) wanted to contribute to the running of any day care services. People were very keen to avoid the stigma associated with day care – saying that they wanted it to be positive rather than a place for people just to moan. They wanted to meet a wide range of people and try new things, and for there to be the flexibility to meet the needs of a good cross-section of the community. (Suffolk Council 2009)

This is interesting as it was a very thorough assessment of needs and wishes, which reflects other research done. **It fits with an outcome-focused approach in expressing the need for emphasis on process outcome** (to feel valued, to be involved in the running of the centre) as well as other outcomes, and the need for flexibility to meet individual need.

### **Examples of day care**

**Durham Social Services** are working on a modernisation model for all older person's services which use a mix of in-house and commissioned services. There will be establishment of "core resource" centres and partnerships with other agencies to enable multi-agency working. The day service aims to meet individual need through personalised care planning with feedback to referrers and other involved agencies. Goals will be set with the service user on admission and the service user will have a named Key Worker to work with (Durham Council 2009).

**Scottish Borders:** The Scottish borders social services have carried out a consultation on the future of day care service provision as there is a recognised need to move away from current systems which are seen as being inflexible and not meeting the needs of service users. The key features of any new approach chosen will be better assessment and planning procedures, and multi-agency working. Shared assessment tools will allow easy access between services.

The four options

#### **Option 1: Joint Day Hospital/Day Service model, with four components:**

- A joint NHS Borders/SBC service that would focus on treatment, rehabilitation and short-term needs
- Provision for users with long-term support needs
- Specialist dementia services
- Voluntary Sector social support services, e.g. lunch clubs delivered in local communities

#### **Option 2: Community Care Resource Centre model, with three components:**

- Retaining day hospitals as a separate service
- Community Care Resource Centres where services for different user groups would co-locate
- Voluntary Sector social support services as in Option 1

#### **Option 3: Community Outreach model, with three components:**

- Retaining some day hospital provision
- Multi-disciplinary community outreach teams supporting users at home, similar to the NHS Borders' service in Coldstream
- Building-based social care day services would be phased out

#### **Option 4: Existing Service model, maintaining the status quo in most localities but offering improvements through:**

- More efficient transport arrangements between NHS Borders and SBC
- Clearer roles for all services
- A focus on outcomes for users

Interestingly, those who responded to the consultation were not particularly happy with any of the models, although a mixture of three and two was thought to maybe work best. Many of those who responded were happy with existing services, but felt that they needed more flexibility to respond to individualised needs. So once again, putting in place an efficient assessment and planning system with a flexible approach to resource allocation may be most suitable (Scottish Borders Council 2008).

**Torbay Care Trust:** In early 2009, Torbay Care Trust initiated a review of day care services and found that those available failed to meet the needs of the population. In particular, "Traditional" day services did not meet the needs of those who wanted more than just lunch and a chat. Older people interviewed wanted fun, good social interaction, stimulating activities and lunch. A model is currently being developed based on these findings and findings from other local authorities. The following examples were identified in the Torbay report.

### **Devon County Council**

Devon County Council currently provide in-house day centres for Older People and day care within existing in-house care homes.

They have developed a community mentoring project which is a personally tailored, goal oriented service for people aged 50 and over, aimed at tackling the social isolation, and consequent exclusion which frequently follow on common events in later life, such as bereavement, illness or disability.

### **Somerset County Council – Active Living Centres**

Following a review of day care services and a successful bid for POPP (Partnerships for Older People Projects) in 2007, in partnership with the NHS and Age concern, Somerset County Council set about developing 50 active living centres in the area that provide opportunities for older people to stay:

- Full of life: Access to information and advice on looking after your health and wellbeing and feeling good about yourself
- Full of energy: Taking part in local activities which help keep you fit and well
- Full of fun: Enjoying the company of others, an opportunity to try out a new activity, feeling part of your local community and speaking up for yourself
- Full of knowledge – learn a new skill; use your skills and knowledge to support others through volunteering. Access information on local services and feeling part of your local community

Somerset County Council do not provide any traditional in-house day care facilities for older people.

### **Cornwall County Council and Age Concern**

Fit as a Fiddle is part of a nationwide initiative funded by the Lottery Wellbeing Fund. Its aim is to enhance the health and wellbeing of people aged 50 and over. The idea is to set up or expand programmes covering different events, from gentle exercise classes to social meetings. This all helps enormously for an older person to make new friends, reduce the feeling of isolation and improve mental wellbeing.

In Cornwall, the venture is called At My Age and focuses on using venues in the local communities to create opportunities for people to access events and classes. These can be anything from healthy eating courses, dance classes, memory clinics and even Tai Chi. This is an exciting project and the plan is to help develop

new schemes in different areas of the county. " (Torbay Care Trust 2009).

## **Conclusion**

The main finding from this study is that there is little evidence of councils producing models of day-care which directly emphasise outcome-focused approach to day care. There are, however, examples of modernisation of day care services which go some way to ensuring that service-use outcomes are identified and acted upon. Consultation exercises go some way to ensuring this, although there is clearly a need to go one stage further and put into place some sort of individualised planning system.

Lessons can be learnt, however, from the wider literature on outcomes-focused approaches. Day care services need to address certain issues if they are to become outcome-focused.

- They need to be part of an integrated approach to service delivery, which is multi-sectoral and provides a holistic approach to care.
- Flexibility needs to be built into commissioning and resource allocation to ensure that the needs of the individual can be met.
- There needs to be a thorough outcomes assessment carried out when the individual starts attending day care.
- Building on this there needs to be a care plan which maps out how the outcomes can be met. This care plan should be shared widely.
- The care plan needs to go beyond the activities of the day care, looking at how the day care activities and support can build into the wider circle of care being provided.
- Day care activities need to go beyond the traditional approach, which has tended to be the provision of somewhere for people to sit around and do little other than have lunch. There is a stigma attached to this which may put people off attending.
- New activities need to be determined by individual assessment and assessment within the wider community.

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