



# Evaluating Day Opportunities in South Lanarkshire

Integrated Day Services in Stonehouse Lifestyles

Intermediate Day Care in McClymont Resource Centre

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## 1. INTRODUCTION

South Lanarkshire Health and Social Care Partnership (SLHSCP) identified a need to evaluate aspects of their day opportunities (used as an umbrella term). These related to developments at South Lanarkshire Lifestyles in Stonehouse and McClymont Resource Centre in Lanark. The SLHSCP Transitions Manager had been working with key stakeholders to test an 'Integrated Day Services' model at Stonehouse and 'Intermediate Day Care' provision in McClymont. These are defined as:

**Stonehouse Lifestyles - Integrated Day Services (IDS)** – A flexible and accessible model of day opportunities available to Older People and Adults with learning and/or physical disabilities (referred to as 'Adults' from here on), offering a person-centred and meaningful programme of activities that may include personal care and clinical support, but provided via shared staffing and other resources such as transport, if required. Integration extends beyond statutory provision to carers and the third sector where possible

**McClymont Resource Centre - Intermediate Day Care (IDC)** – Support for older people with complex health and social care needs to enable them to remain at home, where possible, and improve their quality of life. People attend for four to six weeks of holistic needs assessment, re-ablement, and onward referral/signposting to a range of statutory and/or third sector supports

## 2. EVALUATION PLAN

The Stonehouse and McClymont evaluations were undertaken in parallel using the same methodology. This was not due to any relationship between the two services, rather their combination in this report is simply to enable any joint learning to be surfaced. Although the results are presented separately, the main components for both were:

### Phase 1 (March to June 2018)

- Information gathering initial interviews with the Transitions Manager and managers of the Stonehouse and McClymont day opportunities
- Review of day opportunities reports and feedback, and peer-reviewed publications
- Production of a brief report to inform Phase 2

### Phase 2 (July to September 2018)

- Interviews with day opportunities staff, current and previous service users/carers
- Analysis of quantitative data from day opportunities
- Production of a brief report, with recommendations for further action (i.e. this report)

## 3. RESULTS

Although there were some common themes across IDS and IDC, the results are presented separately for ease of reference. Any synergies are fully considered in the discussion section.

### 3.1 Stonehouse Lifestyles Integrated Day Services (IDS)

The first phase of this work involved interviews with four managers of the day services who were testing integration (Adults and Older People) and the Transitions Manager responsible for this development. During Phase 2, eight interviews were conducted with day services staff (two each from Adults and Older People) and service users (two each from Adults and Older People). The Adult service users were not very expansive about their views, so some augmentation from the staff has been included, where relevant. The results from both phases have been combined to cover both the strategic and operational aspects of the issues raised. The results of service user surveys gathered by the staff (about integrated activities and transport) have also been layered in, along with what we know from the published literature.

The development of IDS at Stonehouse had been ongoing for 12 to 18 months, becoming a bigger part of the working day in the last 6 to 12 months. All of the staff interviewed had worked in day care services before integration started. Attendance and staffing information is shown in Table 1.

**Table 1 – Attendance and staffing of the integrated services in Stonehouse Lifestyles**

Adult service	Older People's service	Carers' group
38 service users have a place each week * - 12 service users on integrated transport	17 to 22 service users have a place each week *	Typically 10 to 12 carers - 1-3 Older People carers - 2-3 Adult carers - 6-7 carers not involved with either service
5 members of staff in the unit: - 4 staff involved in joint activities - 2 staff involved in integrated transport	5 members of staff in the unit: - all involved in joint activities and integrated transport	N/A
Joint activities run 4 afternoons each week		Group meets monthly
Integrated transport runs Tuesdays and Fridays		

\* They may or may not attend each day, depending on sickness, respite, or discharge from the service

### 3.1.1 Why integration?

It was hoped that Integrated Day Services (IDS) would encourage joint activities, sharing of environments, and pooling of staffing and resources. Interviewees recognised the potential for IDS to promote social cohesion between the users of different services and the wider community, and we know it can maintain the independence of some people who might otherwise be considered for residential care (Curtis, 2010), and enable increasingly disabled participants to continue to live in their own homes (Gross & Caiden, 2000). The interviewees also acknowledged that the previous model of dispersed day care was being accessed by decreasing numbers of service users, which impacted adversely on both the quality of the experience and its cost-effectiveness.

### 3.1.2 What has been good about IDS?

Some of the positive aspects of IDS related to the environment of Stonehouse Lifestyles itself. The building is relatively open and able to accommodate large groups engaged in joint activities, as well as individual service user needs in smaller spaces. This is important to ensure people don't become isolated (Hunter & Watt, 2001) but also because people with dementia can be marginalised in generic provision if their needs are not attended to (Curran, 1996). The facility also has space that can be used by visiting service providers, which would fit with the support/rehabilitation that we know is valued, especially following major life events (Tester, 2001). IDS had also encouraged interaction with the wider community who access the facilities, including young children (for intergenerational activities), who can brighten up the day of older service users. One example was cited of an older service user who previously only interacted with other day care attendees, but who now socialised much more widely than just with his peers. A range of integrated activities were offered in the afternoons, encouraging all service users to exercise choice about what they wished to participate in. This helped to ensure there was something for everyone. Mixing together had also led to some positive behaviour change that had not been anticipated, for example an Adult service user who had been observed to modify his language in the presence of some of the Older People.

IDS had brought benefits for the staff as well, including improved communication e.g. daily discussions around the service users attending and new integrated staff meetings every six weeks. Others highlighted that integration had added a new dimension to their role and provided a welcome variation in their duties. Staff acknowledged the need for change and were enjoying the opportunity to work with different service users and more closely with colleagues.

### 3.1.3 What has been challenging about IDS?

Four main challenges were identified in these interviews, around funding, transport, communication and bringing two distinct groups together. Funding arrangements were different for the two groups whose services were integrated. Older people paid for theirs and had a budget for activities, whereas Adults did not pay but were expected to purchase any activities or food. It had been possible during this test for Adults to join activities paid for from the Older People's budget, but this was not viewed as a sustainable arrangement. Whilst it is known that budget cuts can reduce activity options and in turn attendance at day centres (Fawcett, 2014), there is also a risk that older people may be unable to manage their Self Directed Support (SDS) budgets, or prioritise the pursuit of leisure activities (Glendinning et al, 2008).

It had proved difficult to fully integrate transport provision for the two groups due to key differences in their arrangements, specifically collection times and whether or not a member of staff needed to travel with them. The interviewees were optimistic that this could be resolved in time, but integrated arrangements were being tested on Tuesdays and Fridays at present. Ensuring that any changes to transport provision are sensitively implemented is critical, since many people would be unable to attend without this resource (ONS, 2008).

Some aspects of communication had been an issue at the start of IDS. Staff from the Adult service said they had known less about integration than their Older People's service colleagues and felt that changes to their management arrangements had adversely affected the dissemination of this information. This may have contributed to the Adult service staff feeling unsure about appearing critical of integration for fear of being perceived as overly negative, despite their managers wanting everyone to have an equal say about, and ownership of, the evolving integrated approach.

A number of issues arose around bringing the two different groups of service users together. One member of staff had felt a sense of disapproval if they tried to encourage service users to integrate with members of the public in the café. This is important because we know that staff and service user attitudes and behaviours play a central role in establishing the social environment and atmosphere (Tse & Howie, 2005). Issues around food and drink were not restricted to the café but to refreshments/snacks during joint activities. It was noted that Older People were provided with tea and biscuits, but that Adult service users were only offered healthier options such as fruit. Staff found it difficult to refuse the Adults under these circumstances, even though there were good reasons for only offering them healthier snacks. And the activities themselves could be problematic at times e.g. when the Teddy Bear's Picnic encouraged the Adult service users to bring a toy with them when this was normally discouraged. The ethos of the Adult service is to promote greater independence in the community, something the staff felt might be at risk under integration.

### 3.1.4 IDS staff views and needs

Literature on day care services emphasises the crucial role that staff play in creating the ideal environment and how this goes beyond the daily management of the centre. Relationships with staff can be extremely important in ensuring a positive experience for service users (Tse & Howie, 2005). This means it is vital to address any needs that might be affecting optimal service provision and some interviewees noted that they were still awaiting further training to help them deliver IDS. The operational staff were also well-aware that there were differences between them in pay and conditions. The two groups did not have the same working hours, involvement with personal care or responsibility for the administration of medication. There was also a feeling that staffing ratios were fairly tight, and, although the pool of staff worked better together under integration, the addition of a support post would be helpful, especially during times of high staff absence.

### 3.1.5 IDS service user views and needs

Service user views, and where relevant those of their carers, were captured in a series of meetings. Maintaining this kind of dialogue is critical for understanding service effectiveness, building upon service users' direct involvement in planning, developing and delivering activities (Clark, 2001). On the whole the service users have been happy to integrate with others and have enjoyed their joint activities. In surveys that service users completed, 26 of the 29 respondents enjoyed the joint Christmas Party, most of those who saw the joint pantomime enjoyed it, and 27 said they would be happy to have more joint activities in future. Additional comments included a wish for 'more day trips out' and 'invite others to parties'. There was overwhelmingly positive feedback on the joint Royal Garden Party, buffet lunch provided and music chosen, and nothing about it service users wanted to change. Feedback about transport was not entirely positive, with 13 of 28 respondents saying sharing had had an impact on the service they received. Aspects they were not happy with included noise levels and pick-up/drop-off times, although when specifically asked, two thirds said they were satisfied with the pick-up/drop-off times. 23 service users said they found the journey comfortable and only one wanted anything changed – they asked for a bigger bus with more room.

In their interviews service users said they enjoyed having more people to interact and socialise with and some Adults spoke of making new friends with Older People's service users and staff. This view was reinforced by Adult service staff who were in no doubt that the service users preferred the new approach to the old way, specifically reporting that they had asked them many times and were sure they liked IDS better. The Adults' social circles tend to be restricted and they welcomed the new opportunities to meet people. The Older People interviewed had also mainly responded positively to integration, despite a few having reservations at the outset. These appear to have been linked to lack of familiarity with people with learning/physical disabilities because once they had spent some time with the Adult service users most had become more at ease with the integrated approach.

As IDS has developed, people have engaged in the shared activities more readily e.g. Older People joining in the karaoke sessions which were mainly accessed by Adults previously. But, as hinted above, a small number of Older People have not been entirely comfortable being in close contact with Adults with learning difficulties. We know that careful planning around attitudes is necessary, otherwise divisions can remain within ostensibly integrated services (Tester, 2001). The response of IDS has been to continue to encourage joint activities, whilst ensuring that alternatives are provided for anyone who chooses to engage.

The published literature tells us that participation in social activities have the strongest association with wellbeing, health or survival, stronger than physical or leisure pursuits (Dabelko-Schoeny & King, 2010). It is therefore slightly concerning that the IDS staff identified that a degree of division remained, which was especially evident at lunchtimes. Integration had not extended beyond the joint activities and service users tended to remain within their peer groups for lunch. Staff felt that this could not be forced, but continue to be encouraged.

Those interviewed felt that the search for more middle ground should continue so that activities suited to both groups of service users could be found. Practicalities such as differences in physical ability that might restrict some of the Older People had to be taken into account, as had the provision of a suitable menu, catering for both the higher calorific needs of the Older People and low calorie options for Adult weight maintenance. Older People have been known to become tired being with the Adult service users, and, as previously noted, others need lower noise levels in areas away from crowds. It was suggested that spending more time with the service users involved would help to identify what everyone was capable of and needed. And they would be more satisfied with the experience if able to engage in activities they enjoyed (Everard, 1999). Offering more mentally stimulating activities can also enhance quality of life (Dabelko-Schoeny & King, 2010).

## 3.1.6 Future of IDS

In looking forward, many of the interviewees acknowledged that the practical issues around standardising the staffs' terms and conditions would need to be addressed for IDS to continue long-term. The vision was for people to be offered the option of engaging in day opportunities within their community that suited their needs rather than having to sign up to defined day care services. And there was a definite sense that the learning from IDS in Stonehouse could help shape future delivery e.g. more intergenerational work and harnessing the willingness of other groups using the facility who were open to further involvement with the service users. However, there were also questions around how much further integration could evolve beyond the current model of delivery, especially since service user capabilities may hamper their ability to participate in certain activities. It was suggested that further development should tread carefully and fully consider the impact on potential service users, especially if plans include extending to other service user groups (e.g. more profound disabilities) or other settings (e.g. busier and with a wider range of ages/needs). The position is perfectly summed up by one member of IDS staff:

*'I think it's just learning how people work and taking your time to get to know people ... there have been barriers, but I think we've done well to overcome them.'*

## 3.2 McClymont Resource Centre Intermediate Day Care (IDC)

The first phase of this work involved interviews with the Day Services Manager and the Transitions Manager responsible for this development. During Phase 2, seven interviews were conducted in total, 1 with a day services staff member, 3 with staff referring into the service and 3 people who had previously attended Intermediate Day Care (IDC). The results from both phases have been combined to cover both the strategic and operational aspects of the issues raised. Service data has also been layered in, along with case study experiences and any relevant published literature.

### 3.2.1 Why Intermediate Day Care?

Six IDC places are currently offered free of charge, designed for older people who have recently been discharged from hospital or are at risk of hospital admission. Many are experiencing social isolation and would benefit from intensive interventions to sustain them in their communities (Gross & Caiden, 2000). IDC has been running for 18 months and takes referrals from Lanark and Carluke. The referral process was simplified to ensure that the Resource Allocation Group could reach a quick decision about the person's suitability for IDC. Each service user agrees goals that they wish to achieve in their 4-6 weeks and support staff measure whether or not they have been achieved. Transport to and from their home is provided for the duration of their attendance.

Most of the people offered IDC have opted to accept the referral, although one interviewee commented that some people 'need a little bit of persuasion' to overcome their reluctance. The characteristics of a typical group of referrals/service users is illustrated in Table 2.

**Table 2** –McClymont Resource Centre IDC service use (n=20 referrals)

Referrals from	Occupational Therapists, Community Psychiatric Nurses
No. times each person referred	1 referral each except two for one person and three for another
No. IDC days allocated/used	Majority allocated and used 12 days, two were allocated 6 days
Reason for referral to IDC	Mainly poor mobility/falls/build confidence, anxiety/depression
Age of IDC service users	Average age = 86 years (range 79 to 96)
Discharge destination	15 went home (with or without day care)
30 day outcome	Details for 7 people – all at home, 4 awaiting day care
Change in mobility	6 of 9 with poor mobility had improved by end (3 not recorded)



In addition to the 20 referrals described in Table 2, details of another service user showed that he had 13 contacts with services in the two weeks before attending IDC (5 telephone calls, 4 home visits, 4 case discussions) taking a total of 580 minutes of time. During the seven weeks he attended IDC, he had 4 contacts (3 reviews of his objectives at the centre, 1 telephone call) lasting only 200 minutes. This demonstrates the reduction in contacts during his time with IDC.

### 3.2.2 What has been good about IDC?

The aspect of IDC most applauded was service users being supported to set goals, the outcomes of which were assessed to determine whether or not they had been achieved. This meant that some people were helped to realise they did not need long-term care, as they had previously thought, and there were many examples of positive outcomes for others passing through the service. One case study described how Mrs C's progressive dementia was manifest in trying to leave her house in the evenings and becoming physically aggressive towards her husband. Although initially agitated in IDC, Mrs C began to engage in a range of activities and by week six displayed no agitation. Despite her communication difficulties, Mrs C smiled when asked how she found IDC and her husband felt that it had avoided the need for long-term care. Another case study concerned Mrs D whose level of anxiety and depression had led to hospital admission. Mr D, who also had health issues, was experiencing considerable carer stress, putting his ability to cope at risk. With one-to-one support in IDC, Mrs D joined the art project and began painting again, which greatly reduced her anxiety and agitation. She decided that she had achieved her IDC goals by week 5, so was discharged home. These two case studies illustrate another positive aspect of IDC, namely that it can help to avoid crises. Because referrals can be processed quickly IDC can offer interventions to service users and/or families who are at breaking point. This was really appreciated by those referring into IDC since they previously had nothing to offer in these circumstances, but they also highlighted the benefits of early prevention compared to someone being left at home and potentially continuing to deteriorate.

The environment in McClymont was felt to be beneficial for IDC in a number of respects. Not only was there sufficient space to undertake all of the exercises recommended for people with mobility issues (which could be difficult in their own homes), but it provided a valuable opportunity to assess service user needs over time. Given the number of professionals involved with IDC, including those using the visiting services room, progress could be informed by a range of views, and any actions reinforced over time. Interviewees also described high levels of social isolation observed when undertaking rehabilitation in people's own homes. They felt that the opportunity to socialise in IDC was a great benefit, often resulting in the motivation to do more to keep up with peers.

IDC staff had benefited from better communication with referrers, and improved relationships with service users, which some said had led to greater job satisfaction (Tse & Howie, 2005).

### 3.2.3 What has been challenging about IDC?

Two main concerns were identified by interviewees, namely that the number of referrals into IDC was relatively low and that there could be a delay between completing IDC and gaining a longer-term place, if required. Although some staff took a positive view of the unfilled places because it gave them more space to work with existing service users, others suggested that it might be linked to referrers holding back from offering IDC to their clients because of the possible delays. Referrers were worried that delays between the end of IDC and onward routes might lead to service users who had improved outcomes experiencing a deterioration while waiting the weeks or months it could take to obtain a permanent place. There was also a risk that expectations were raised during IDC which could not be sustained, both for service users and their families. Some people noted that even short-term deterioration during a delay could result in increased reliance on home care packages. Where the wait was for a community care assessment, there was a feeling that this should be undertaken before the end of IDC, and there was a need for more community supports.

### 3.2.4 IDC staff views and needs

It was noted that some staff were initially concerned that the new service might require them to work with people who were frailer than they had been used to. However, IDC was quickly embraced and staff offered the chance to undertake additional training in several areas. They mentioned gaining a better idea of mental health, diabetes and falls, all of which were new to them. They were also able to benefit from advice provided by staff of the visiting services.

### 3.2.5 IDC service user views and needs

Two of the three former service users were very positive about IDC and although the third had had 'a pleasant experience' he had been looking for a specific activity it was not possible to organise in IDC. All three were complimentary about the standard of care provided, the range of activities and food on offer, and even the transport provided, and one volunteered that they had even been asked what kind of activities they would like (Everard, 1999). The two who had really enjoyed it said:

*"I loved it. I loved going to McClymont."*

*"I just felt happier. I'd get dressed up and, you know, I just waited for the bus. It just felt livelier."*

Some of the referrers pointed out that IDC service users were often assessed as requiring some form of ongoing day care and if they had good family support they were happy to go home. But they also said that most of the time people didn't have anyone to take them out after IDC.

### 3.2.6 Future of IDC

The people interviewed felt that IDC should be extended beyond the current model, moving into other geographical areas to increase referral numbers or offering a similar service from other bases. There would be merit in forging closer links between health and social care to develop a joint strategy for day opportunities, which could include using the visiting services room as a hub to benefit a greater number of service users. This is important because we know what aspects are appreciated by people accessing day services (Tester, 2001). It was also suggested that IDC could provide more 'step-down', as the current model mainly benefited 'step-up' i.e. avoiding hospital admissions for those at risk. This recognised that some people leaving bed-based intermediate care might benefit from a few more weeks of re-ablement, or it may be possible for some people to be discharged home earlier with intermediate day care. Given the potential for expansion and evolving models of care, it was suggested that an IDC Co-ordinator may be needed to ensure future success.

## 4. BRIEF DISCUSSION

This evaluation shows that both Integrated Day Services (IDS) at Stonehouse Lifestyles and Intermediate Day Care (IDC) at McClymont Resource Centre are delivering what they were set up to do and they are well-liked by their service users. There was much to celebrate, including the suitable environments in both centres (with enough space to accommodate all necessary activities as well as room for visiting service providers), the choice of activities which was appreciated by the service users (who also liked being asked about what they were interested in doing), and the improved communication and skills acquired by the staff, many of whom said this had increased their job satisfaction. Direct feedback from service users was overwhelmingly positive, which is important for service effectiveness (Clark, 2001) and health and wellbeing (Everard, 1999 and Fawcett, 2014). Both services offered increased opportunities for socialisation, which is the aspect of day services that has the strongest association with wellbeing (Dabelko-Schoeny & King, 2010). There were a small number of reservations from Older People in IDS about mixing with Adults with Learning Disabilities (which were mostly overcome when they got to know them) and anecdotally from IDC service users who may have had the wrong impression of what it was about. However, both services were commended for ensuring that no-one felt forced to participate and there was always an alternative activity or quiet space service users could choose instead.



IDS had the added benefit of promoting greater community interaction, since there were a number of groups that made use of the Stonehouse Lifestyles facilities. This was useful to promote the Adult service ethos of engaging in the wider community instead of only with peers. It had proved a little more difficult to standardise or synchronise other aspects of the two integrated services, including funding arrangements (Older People have a budget for activities, Adults do not), transport provision (particularly different pick-up and drop-off times), and the food/refreshments on offer (Older people needing higher calorie content whilst Adults are encouraged to eat more healthily). Most of those interviewed did not see these differences as irreconcilable, rather they could be worked through with greater flexibility of approach, indeed many problematic issues had already been resolved. However, it may be that there has not been enough time or creative thinking around issues such as the preference to eat separately at mealtimes and the different Terms & Conditions of the staff within the two services. We know that relationships with staff are critically important to service users having a positive experience (Tse & Howie, 2005), so the need for additional support for IDS and a Co-ordinator for IDC (which could cover both requirements) is worth exploring.

It was felt to be very important that IDC service users were supported to set their own goals and that their progress towards achieving them was regularly reviewed by the staff. This had meant there were numerous examples of positive outcomes, some of which had avoided the need for long-term care or another hospital admission. The main problem with IDC was the delay that service users frequently experienced if it was felt they required some form of continuing support. A proposed solution was to begin the Community Care Assessment at an earlier stage than the end of IDC, but concerns remained that service users regressed from the positive outcomes they had achieved in IDC during any delay and this had the potential to increase their need for home care packages.

### 5. BRIEF CONCLUSION

Having reviewed a considerable amount of information from IDS and IDC, and conducted two separate phases of bespoke interviews, we conclude that both are benefiting service users who rely on day opportunities for most of their social interactions, structuring their days, maximising their outcomes, and, in turn, maintaining their health and wellbeing.

### 6. RECOMMENDATIONS

- The data we have suggests that Integrated Day Services (IDS) and Intermediate Day Care (IDC) should continue and be extended. The roll-out should be to other geographic areas, either setting up similar services in other parts of South Lanarkshire, or increasing the areas that can refer into the existing services
- The potential for adding a dedicated Co-ordinator role for IDC, and possibly IDS at the same time, should be explored to support the expansion of these services
- A joint day opportunities strategy should be developed for South Lanarkshire, covering health and social care provision, but also advocating more supports becoming available in local communities. This may enable local people or third sector organisations to become involved in day opportunities provision, or provide support to augment IDS/IDC
- The Terms & Conditions of staff providing IDS need to be standardised and the integrated transport arrangements need more work to benefit the maximum number of service users
- IDC should be used more for 'step-down' as well as the current focus on 'step-up' i.e. avoiding hospital admission. An additional period of re-ablement may be needed after discharge from bed-based Intermediate Care, or IDC could shorten the length of time someone needs an Intermediate Care bed

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