Research evidence on day centres for older people

DAY CENTRE RESOURCES HUB - SECTION 3

These resources are for older people's day centres and organisations who may work with them. They aim to support day centre sustainability by improving knowledge about them, supporting their operation and encouraging joint working.

NIHR | Applied Research Collaboration South London

KING'S College LONDON

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About this document

This document forms part of the Day Centre Resources Hub which can be found at https://arc-sl.nihr.ac.uk/day-centre-resources-hub. These resources are for older people's day centres and organisations who might work with them. They aim to support day centre sustainability by raising awareness and improving knowledge about them, supporting their operation, and encouraging joint working.

People who might be interested are those whose roles involve planning, funding, evaluating and referring or signposting to day centres. They might be people working in community organisations or considering partnership working with day centres. Others might work or volunteer in day centres or support other stakeholders, research service provision, or be carers of people who attend day centres.

This Resources Hub contains seven sections.

- About this Resources Hub
- Why research matters
- Research evidence on day centres for older people
- Understanding outcomes and measuring impact
- A guide to marketing communications
- Workforce: staff and volunteer recruitment
- Case studies and inspiration

Each section is available as a downloadable Adobe Acrobat document. Alternatively, you can download one document that includes all seven sections. There are also Word or Excel templates that can be downloaded and used locally.

Documents can be printed in black and white by selecting 'printer properties' and 'print in grayscale'.

Each section is a compilation of useful material. We hope people will dip in to find specific resources relevant to their work and appropriate to their needs. A broad range of day centre stakeholders were involved in developing these resources. They address priority support needs identified by day centres and their stakeholders in various roles. They were created because a survey found that day centres felt unsupported and under-prepared for current and future environments. Day centre providers, professional decision-makers and community groups felt there needed to be more supportive and informative resources, and they had an appetite for joint working.

This work was funded by the National Institute for Health and Care Research Applied Research Collaboration (NIHR ARC) South London, which brings together researchers, health and social care practitioners, and local people under different themes. It focuses on 'applied' research designed to solve practical problems faced by local people and their health and social care services. This work falls within the Social Care theme, which aims to support the sustainability of social care services.

People who 'road-tested' the Day Centre Resources Hub said:

My overall reflection is that this is the type of resource I wish I had when I first started commissioning day services 7 years ago. I can see this being like a 'one stop shop' resource that collates examples of what good looks like and valuable hints and tips that can be considered by professionals from different sectors, whether it's policy makers, commissioners, or providers.
Commissioner

I found the resources really helpful and have already shared some with my team.
Assistant Locality Team Manager (adult social care social work team)

I found it very useful and I am sure that it will be used to enhance understanding and joint working.
Senior Social Worker

I would direct "commissioners" or those looking at local health and social care spending to see these pages and find the evidence to inform their plans for local services.
GP

The website is well structured and offers detailed information. The presentation is clean and easy to read. The content is right to the point on the topics. I particularly like the links to research and marketing.
South Croydon Day Centre for the Retired Co-ordinator

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Table of content

Research evidence on day centres for older people

This document summarises the main messages from some of the recent research about day centre outcomes including the impact of in-person service withdrawal during the Covid-19 pandemic.

1. Introduction to the research evidence

There is strong research evidence that attending a day centre helps maintain quality of life and can be helpful to people attending them and to family and other unpaid carers who get a break. Overall, the underlying nature of day centres is for long-term maintenance and monitoring, rather than being services that deliver specific improvements (e.g. in physical strength, continence, depression, Activities of Daily Living) and from which people are then 'discharged' after a defined period (like post-hospital discharge reablement service support which, typically, lasts for six weeks). However, short-term improvement 'interventions' (e.g. health condition management initiatives, targeted exercise programmes) might also take place at day centres as day centres are convenient community-based locations in which to run these.

Several research studies conducted in the United Kingdom have found that day centres have a positive effect on the older people who attend them and on their carers. Benefits for older people with or without dementia and their carers are both long-term and short-term. Most studies carried out in other countries have reached similar conclusions. Over the years, the amount of research about English day centres and interventions in them has fluctuated. Overall, nationally and internationally, there has been more research about centres for people with dementia and their carers than about generalist day centres.

The following sub-sections present the research evidence in more detail.

See the two-page information sheet for professionals to give to older people and carers: *Day centres for older people: what do people say about them?*

It summarises some of the main messages coming from six recent UK research studies and illustrates these with quotes from some of the older people and family carers interviewed for these studies. It can be downloaded as a separate pdf from the website.

2. The impact of temporary in-person service closure during the Covid pandemic

Day centres for people living with dementia closed to regular users as the impact of Covid-19 or the Coronavirus pandemic unfolded, and lockdown was announced on 23 March 2020.

The withdrawal of regular, structured social contact and stimulation was harmful to the wellbeing of many day centre attenders and their family carers and led to people living with dementia experiencing functional decline and mood problems. This was the case in the UK and elsewhere [1-10]. Furthermore, the Association of Directors of Adult Social Services (ADASS) reported that higher levels of help were sought from other social care services while day centres were temporarily closed [11].

3. Reviews of the research literature

Reading a literature review is a good way to get an overview of a topic. Reviews gather together findings of research articles to answer a specific question. Details and conclusions of the most recent literature reviews about day centres are summarised below, alongside each review's focus. Publication details and url links to the articles themselves can be found in the relevant numbered reference at the end of this document (see numbers in square brackets below). Most literature reviews include UK and international research.

Outcomes of older people with long-term conditions and their carers and types of long-term conditions included in research.

This review covers 45 articles published between 2004 and 2020 and is by Catherine Lunt and colleagues (2021). [12]

- There was some evidence (albeit limited) of improved levels of perceived psychological health, quality of life, perceived general health, physical health and functioning for older people with long-term conditions attending day care services.
- Day care's respite function resulted in positive outcomes for carers.

Perceptions, benefits, and purposes of day centres.

This review covers 77 articles published between 2005 and 2017 and is by Katharine Orellana and colleagues (2020). [13]

- Day centre attendance and participation in interventions taking place within them may have a positive impact on older attenders' mental health, social life, physical function, and quality of life. Day centres make available social contact, activities and interventions that improve quality of life, support the management of existing conditions, and may prevent declining health and function. The group environment is important.

- Mainly in non-UK settings, day centres have proven to be convenient community venues for a range of daily, short- and long-term, preventive and health-related interventions (short-term focused programmes of activity) run by trained staff or volunteers, or by health or social care professionals which are accessible to relevant target groups of people.

- Interventions taking place in day centres that were focused on change or maintenance/prevention mainly showed positive outcomes, including cost-effectiveness and potential for cost savings.

- Day centre models vary between countries.

Effectiveness of day centres for people with dementia and their carers.

This review covers 21 articles published between 1998 and 2017 and is by Virginia Maffioletti and colleagues (2019). [14]

- Day centre attendance by people living with dementia contributed to continued living with family – that is, it delayed a move to a care home.

- The rest (respite) from caring stressors improved carers' quality of life and health.

- Staff support also increased carers' feelings of confidence and self-confidence to postpone a care home move.

The extent to which day centres support the occupational participation of people living with dementia (i.e. opportunities for inclusion and involvement with others through activities that are meaningful and significant both personally and socially), and how day centre attendance impacts on attenders' main carers.

This review covers 16 articles published between 2011 and 2016 and is by Janice Du Preez and colleagues (2018). [15]

- Day centre attendance positively impacts attenders with dementia through their social engagement and participation in activities with peers with whom they feel safe, understood and comfortable.

- Feeling validated by staff improved attenders' mood; this supported better relationships at home.

- Family carer outcomes are better and moves to care homes are delayed when service providers actively invite carers to be involved in activity planning and provide education and counselling support to carers.

Health-related outcomes for attenders and their carers, and how day centres can contribute to health systems.

This review covers 76 articles published between 2004 and 2014 and is by Moriah Ellen and colleagues (2017). [16]

- Day centre attendance leads to positive health-related, social, and psychological and behavioural benefits in people receiving care and for their carers. Both people receiving care at day centres and their carers were highly satisfied with these services.

- Overall, day centres appear to offer varying services that can address challenges in the health system such as providing appropriate care for older people, enabling them to continue to live at home (age in place), while also providing low-cost services for this growing group.

The impact of day centre use by people with dementia on their family carers.

This review covers 19 articles published before 2013 and is by Signe Tretteteig and colleagues (2015). [17]

- Family carers of people living with dementia experienced their relatives' use of day centres as:
  a) respite (i.e. they benefited from having a break from caring) and
  b) as a support service which helped to improve their competence in caring for their relative with dementia. Carers experienced feelings of safety and relief, a reduced caring burden and improved motivation to continue caring.

- Outcomes depended on the quality of treatment of their relative at their day centre and how the service met the carers' needs for flexibility, support, information, and responsibility sharing.

Service effectiveness with a focus on carer and attender outcomes and health care use.

This review covers 61 articles published between 2001 and 2011 and is by Noelle Fields and colleagues' (2014). [18]

- Day centre attendance has more positive impact on emotional wellbeing than physical functioning. Attenders experience improvements in:
  a) overall wellness, improvements in physical and emotional, perceived psychosocial wellbeing, and positive changes in social support and quality of life
  b) overall wellbeing and dementia symptoms, and
  c) in intergenerational day centres, feeling needed.

- Attenders who were cognitively impaired benefited from music therapy and art-based activity 'interventions' (programmes of activity).
- Physical 'interventions' improved gait, motor skills and reduced falls.
- The above suggests that day centres are a useful community building in which to deliver evidence-based interventions.
- Attendance can reduce carer burden and stress and contribute to overall carer wellbeing, especially for people caring for a family member with dementia.
- Evidence about how day centre attendance impacts on usage of other services is unclear.

Different types of respite services for carers of people living with dementia and their cost-effectiveness.

This review covers 52 articles about respite services, 21 of which were about day centres, published between 1985 and 2004 and is by Hilary Arksey and colleagues (2004). [19]

- Day care providing respite for carers may be cost-effective in the long term. Four economic evaluation studies were identified. All four suggested that the benefits of day care might be similar to, or greater than, those achieved through standard care. Two suggested that day care might be cost saving and two suggested that it might provide greater benefits than standard care but at a higher cost.
- Many carers placed a high value on day centres and felt there were benefits for themselves and their relative with dementia.
- People with dementia enjoy the company, the sense of belonging and the activities provided.
- Some studies showed clear improvements in carers' physical health, stress and psychological wellbeing; others showed no change.
- Some evidence suggested that day care attendance might prevent a move to residential care.

4. Recent research not covered by literature reviews

Research is constantly taking place and relevant articles about day centre research have been published since the literature reviews summarised above.

Studies about day centres published since the literature reviews appearing above are summarised below. UK research is covered first, followed by international research. The body of research evidence about the impact of day centres on their attenders and family carers outside the UK is larger. There are many different models of day centre but also similarities with some UK day centres, making international research evidence also important to be aware of.

UK research

> **Reimagining collective day care for older people: the current and potential role of collective day services including day centres, clubs and activities for older people in England**

A study by Laura Bennett, Ailsa Cameron and colleagues. [10, 20]

- Older people, carers and local stakeholders considered day care a vital part of the social care landscape. Day care is well-placed to play a central role in local place-based partnerships.
- Day centres support their older attenders' physical and mental wellbeing and health and provide purposeful activity.
- Older people value the supportive opportunities for connection and joy.
- Having a regular extended break benefits carers' mental health and helps them to sustain their caring role. Knowing their family member is enjoying themselves enables the break to be guilt-free.
- Day centres are a source of information and advice for carers.
- The two strongest factors that predict day centre use are not being married or co-habiting and being aged 85 or older (roughly four times more likely to use these services).

The changing role of the day centre for older people in addressing loneliness

A study by Catrin Noone. [21]

- Day centres are places in which genuine engagement and rapport-building can generate trust. In these spaces, older clients and carers feel part of a family and the day centre is not considered a 'service' or 'intervention'.
- Day centre are places in which staff and volunteers observe and demonstrate care, promote inclusivity and encourage participation, by applying a 'person-led' (which is more than person-centred) approach.
- This sort of 'relational practice' that takes place in day centres can transform the lives of the older people attending them in many ways, offering a protected space to connect, learn, feel joy, mourn, and negotiate feelings of loneliness.

Models of community day care for older people with multiple long-term conditions and the subsequent outcomes for service users and their families.

A study by Catherine Lunt and colleagues. [22, 23]

- People with long-term conditions who started to attend a day centre for the first time experienced lower levels of loneliness[i] after 12 weeks compared with when they started to attend.
- A larger proportion of people attending 'Blended' (i.e. run by a mix of paid staff and volunteers) and 'Volunteer-led' services (i.e. with no paid staff) reported a reduction in loneliness (compared with people attending services run solely by Paid staff).
- People with long-term conditions reported a positive change in health and wellbeing over 3 months.[ii]
- People using Blended and Volunteer-led services reported better or the same health outcomes across most EQ5D3L (standardised questionnaire) domains than Paid (i.e. run by paid staff only) services.

The role and purpose of generalist English day centres for older people, including outcomes for attenders, their family carers and staff/volunteers.

A study by Katharine Orellana and colleagues. [24-27]

- Day centre attendance enhanced quality of life for people with mobility restrictions and at risk of declining independence. They supported their mainly socially isolated and

[ii] Measured using De Jong Loneliness Scale.

[iii] Measured using EQ-5D-3L (health-related quality of life scale) and VAS Visual Analogue Scale (global health rating score)

housebound attenders to age in place by focusing on their wellbeing and preventing deterioration and acted on any safeguarding or health concerns.

- Day centres were communities that 'enabled' and offset loss or isolation. They were life-enriching gateways to companionship, activities, the outside world (i.e. away from the home environment), to practical support, information and other services, to the community, and to enjoyment.

- Attenders' quality of life improvements / outcomes were directly because of day centre attendance.[iii]

- The ASCOT (validated tool) domains with the highest gain (outcome) scores were social participation, occupation (the way time was spent) and feeling a personal sense of significance (feelings of dignity). Social participation/companionship and how time was spent were also attenders' favourite things about their day centre.

- Outcomes were achieved despite most people attending their day centres for only one or 2 days a week (i.e. 4.5–12 hours a week excluding travelling time).

- By monitoring attenders' health and wellbeing and providing practical support, information and facilitating access to other services, centres offered added value. This added value goes beyond the purposes for which centres are commissioned or funded, beyond what may be assumed to be covered by an aim of improving quality of life or supporting people to remain at home, and beyond what attenders may have expected, given their reasons for attending.

- Older people had low awareness, generally, of day centres before they started to attend one. Most had not known their day centre existed before attending it.

- People had started to attend their day centre because they had experienced different types of loss and/or wanted something different to do (mainly due to declining health, bereavement, retirement, service closure and the consequences of these). People wanted social contact, something to do, to get out of their home or to improve their mental health, to improve their physical health through exercise and meals, to improve their mental health or to accompany a partner for whom they provided care.

- Carer outcomes included feeling supported and encouraged in their caring role, feeling reassured, respite (free time, emotional respite, time in which to deal with practical matters, time for self-care and a sense of control), an improved relationship with their relative, social participation with people they liked, and useful information. Some described the day centre as a 'lifeline'.

[iii]iii Measured using ASCOT validated Social Care Related Quality of Life scale and reported in interviews.

- Carers' quality of life improvements were directly because of their relative's day centre attendance (i.e. their relative's day centre attendance made a unique contribution to their lives that they would not have experienced otherwise).[iv]

- Day centres made a unique wellbeing contribution to the lives of their volunteers (who were often older people themselves, but younger than attenders) and staff (i.e. added something to their lives that they would not have experienced were it not for their day centre role). They were a source of active ageing for their volunteers.

- Attenders, volunteers and staff particularly valued the group environment and continuity that centres provided which contributed to the development of person-centred relationships and, for staff/volunteer role satisfaction.

> **Older people's reflections on experiences and what happens after the end of a 12-16 week reablement-focused day centre attendance in Northern Ireland (a goal-oriented programme aiming to limit open-ended day centre attendance and dependency by promoting recovery, rehabilitation, confidence and independence, particularly in relation to activities of daily living).**

A study by Robert Hagan and colleagues. [28]

- Older people felt the programme was a purposeful and meaningful experience that also involved valuable social relations and resulted in learning from information presented in group activities.

- Many enjoyed attending their programmes.

- The model included obligatory attendance at each activity (whether educative or simply watching the television news) which some people did not welcome. When activities were not reablement-related, they would have preferred to choose alternative activities (e.g. sit alone or smoke a cigarette instead of watching the news).

- After the programme ended, some participants engaged with other services offering social contact, but this 'step-down' model (i.e. stopping day centre attendance after the programme ends) is not appropriate for everyone. It is important to recognise the importance of maintaining friendships made or rekindled after the programme period.

[iv] Measured using ASCOT validated Social Care Related Quality of Life scale and reported in interviews.

A comparison of Scottish and Norwegian day centres for people with dementia - with strong similarities between the two countries.

A study by Anne Marie Rokstad and colleagues. [29]

- Findings indicated positive outcomes from day care for both people with dementia and carers.
- Satisfaction was linked with doing meaningful activities, getting out of the home, strengthening social connections and staff's careful facilitation of positive and welcoming atmosphere.
- Any initial reluctance to use a day centre later turned into enjoyment. Attendance provided structure, conversations, mealtimes and meaningful activities.
- Day centres provided respite and reassurance for carers. They benefited from time apart from their relative (which supported their relations when together) and from the support they received from staff.
- Day centre attenders' wellbeing increased and their function improved.

Identifying the ways in which volunteers participate in social care provision. Two of the seven organisations involved were day centres.

A study by Ailsa Cameron and colleagues. [30]

- Volunteers were involved with day centres in a variety of ways. They assisted paid day centre staff, including filling gaps in provision particularly if there were staff shortages – but did not provide personal care.
- Sometimes, day centres were reliant on volunteers to open - even day centres employing staff.
- Volunteers joined in with activities alongside older people as well as providing them with support.
- Volunteers brought expertise and experience.

An exploration of factors involved in deciding to make a care home move.

A study by Kritika Samsi and colleagues. [31]

- If a move to a care home is a possibility for the future, using a day centre within, or adjoining, a care home will help to build relationships that may ease the transition for both the person with dementia and their family carer.

International research

An Irish study highlighted how age-friendly day centre facilities are essential to supporting local ageing in place strategies. Older people value their day centres, describing the experience as being home-from-home. Regular attendance offers the opportunity for assessment, case finding, early intervention and health promotion for health and social care professionals. District nurses were the most frequent referrers. [32]

A Norwegian study reported that self-reported quality of life[v] over two years was higher among people with dementia attending day care compared with a group of people with dementia who did not attend a day centre. Although it cannot be assumed that these were directly because of day centre attendance, other similarities between the two groups suggested that day centre attendance might have had a positive impact on their lives. Interestingly, the day centre attenders with lower awareness levels had higher self-reported quality of life scores than those who had full awareness. [33]

Japanese research reported improved cognitive function[vi] among day centre service users with dementia after they had attended a day centre for six months compared with non-users of day centres over the same period. Importantly, improvements were not linked with frequency of day centre attendance. That is to say that cognitive function improved as a result of day centre attendance, and the number of days attended each week did not play a role. The conclusion was that day centre attendance is a useful non-drug therapy. [34]

Norwegian research reported that the positive impact of day centre attendance on the daily lives of people with dementia was due to addressing areas of their lives that had been affected by dementia: physical function, cognition, wellbeing, and their home situation. Day centres enhanced the rhythm, activities, and social support in their everyday lives. The staff made the centres a safe place to be by fostering a sense of inclusion and belonging among their attenders. [35]

Norwegian research found that day centres relieved family carers by meeting the person with dementia's needs for social community, nutrition, physical activity, and structure and variety in everyday life. Family members' day centre attendance gave carers a feeling of freedom and increased the time available to be spent on their own needs, to be social and to work or do practical tasks undisturbed. It also had a positive impact on the relationship between the family carer and the person with dementia. [36]

Attenders taking part in a Swedish study of social day centres described them as places that provide a structure and something to do in everyday life. Day centres enable their attenders to create new social relationships and enable a sense of belonging and feelings of being needed by others. Social day centre attendance becomes more important over time because it offers structure for daily routines after losing friends and spouses. Staff help by facilitating

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[v] Measured using the Quality of Life in Alzheimer's Disease (QoL-AD)

[vi] Measured using the Mini Mental State Examination (MMSE)

interactions between attenders. They are places where doing, being, becoming and belonging are facilitated, and thus they contribute to health and wellbeing. [37]

Canadian research with an older people's community centre concluded that these services could make an important contribution to reducing social isolation and loneliness by providing leisure activities that support relationships and lead to feelings of belonging which is integral to wellbeing. Experiencing a welcoming environment and opportunities for meaningful involvement, and the ability of the service to meet diverse interests and needs underpinned contributed greatly to feelings of belonging.

Research about day centre activities in Denmark and Norway reported that day centres function as social spaces where people can share stories and news based on personal experiences from the past and present. Within day centres, facilitating communities that give attenders something new and refreshing to take back home with them can be seen to be person-centred care. Activities – whether or not organised by staff - were meaningful if they involved an enjoyable social element that led to the discovery of 'a touch of fresh news', scandals or gossip as this made people feel connected with the outside world and gave them something to pass on to others at the day centre or outside it. Thus, it was not the activities themselves that were meaningful, but the spin-off effects that boosted a persons' social life. Even when staff used activities for social and rehabilitative purposes, attenders perceived them as purely social. [38]

German research with regular day centre attenders revealed differing leisure activity preferences. Preferred activities included social, learning, productive, resting, play, travel, and physical activities. The most important activity group was revelling in memories and catching up on the news. [39]

An Australian study reported that day centre attendance had beneficial effects on older people's health, well-being and social engagement, with the diversity of activities contributing to happiness. Staff played the important role of facilitating social participation. Availability, accessibility and cost of transport and the cost of service itself were the biggest barriers to day centre use. [40]

A Swedish study reported that day centre staff play an important role in providing opportunities for older people to maintain their health and participation in meaningful activities. Key staff actions are facilitating activities, establishing a good group dynamic while also supporting individual participation and facilitating social interaction. Activities available at centres are affected by other factors, including limitations relating to the premises, activity cost and restrictive guidelines and regulations. [37]

Japanese research reported that the most common reason for attending a day centre (among attenders who were independent and who needed support with the Activities of Daily Living) was to fulfil a need for social participation. Other reasons (among those with physical support needs) were to receive support with personal care and exercise, and carer relief. No particular reason prompted attendance by one-fifth of attenders; they simply wanted to start attending. [41]

Japanese research concluded that day centres provide a place to stay (that is safe and provides the opportunity to socialise) in which staff facilitate activities, rehabilitation, relationships between people, encourage eating and drinking, provide personal care, monitor their attenders' physical and psychiatric status and speak with carers. Key to attender outcomes was feeling a desire to revisit the day centre (i.e. continuity and familiarity were important to outcomes). Outcomes included maintenance of physical and mental health, alleviation of loneliness and reduction of family caregiving burden. [42]

Japanese research reported that day centres for older disabled people provide an age-friendly and disability-friendly safe place in which people enjoyed spending time with other people who may share similar experiences as themselves and interacting with staff. Making new friends and enjoying new interests made people feel happy and energised. Some people found that being surrounded by others with similar or worse disabilities affected their self-image positively and others found the reverse, or found it uncomfortable. [43]

A US study reported that day centre staff's expertise is under-recognised. Day centres are flexible social environments in which staff manage the behavioural and psychological symptoms of dementia in an evidence-based and person-centred way. They personalised the way they worked with individuals – monitoring, engaging, socially stimulating and, when necessary, de-stimulating them. [44]

A US study found that black carers of people living with dementia who attended a day centre over a 6-month period experienced fewer depressive symptoms than a similar group whose relative did not attend a day centre. [45]

A US study concluded that updating and broadening activity programmes and introducing technology to day centres would help support ethnically diverse older people with a sense of purpose. Such changes would necessitate financial investment. [46]

Chinese research found that day centres provided a place for people to socialise, eat meals and bathe, compensating for difficulties in doing these things at home or elsewhere. However, the concept of 'day care' was culturally foreign to many people who made assumptions about types of activities they would be able to do or meals they would be given at centres. These assumptions hindered service uptake, as did costs. [47]

Spanish research found that, overall, (relatively active) older women attending day centres increased their activity slightly compared with women who did not go to a day centre, whereas men attending day centres did less activity than those who did not. Women engaged in more physical activities at day centres, increasing their light activity by 8% and doubling their moderate-to-vigorous activity. Men chose to join sedentary activities (e.g. playing cards, reading the newspaper). [48]

Norwegian research investigated cost-savings over a two-year period. Findings are interesting but should be treated with caution because of the types of services being compared and may be of limited relevance in a UK context (because home care is not part of primary health care in UK as it is in Norway). It compared use of specialist dementia day centres with 'usual care' which, in many cases, included attendance of non-specialist/generalist day centres and day

care in care homes. At the start and after 12 months, overall costs were higher in the specialist dementia day centre group, but there was no difference between the groups after two years. It concluded that specialist dementia day centres offered no potential cost-saving effect as the use of this type of day care did not reduce the use of secondary health care (outpatient clinics, in-patient stays and Accident & Emergency attendance) or primary health care (defined as home care, home nursing and generalist day centre attendance) or informal care, nor did it delay care home admission. It should be noted that dementia among those not attending the specialist day centres was less advanced and many people in this group also attended day centres (albeit non-specialist/generalist ones). **Researchers highlighted that it will be important to balance the non-monetary benefits of day care against its costs for a full cost-effectiveness analysis**. [49]

Research is taking place in Finland to discover the effectiveness and cost-effectiveness of day centres for older people who also use home care services. It focuses on health and wellbeing, maintenance of physical, psychological, and social functional ability, and enhancing social inclusion. It is comparing groups of people who use day centres with those who do not at baseline (before using the service), after 3 and then 6 months. Using validated scales, social inclusion, loneliness, and Social Care Related Quality of Life is being measured. Perceived outcomes and process of the day centre will be explored in focus groups to find out what makes the day centre effective or ineffective. The research runs from 2021-2025. [50]

5. Research about targeted, short-term programmes in day centres ('interventions')

Day centre attenders can benefit from being involved in short-term programmes of activity at day centres. These can be planned or run in cooperation with local partners, for example health services or universities. Such interventions point to the suitability of day centres as venues for many different types of interventions.

Tuohy and colleagues' reviewed 45 research studies (published from 2011-2023) of psychosocial interventions used in day centres for people living with dementia [51]. They grouped these interventions into five types: social, memory/cognitive, physical or sensory, nature, and animal. Benefits of these interventions included increases in functioning (social, cognition, physical activity, activities of daily living), social outcomes, health and wellbeing and enablement.

Many of the interventions in generalist day centres (those not specifically for people living with dementia) reported are social and preventive, such as humour-based activities, self-help programmes, exercise, psychosocial group work, brain fitness activities of the type that may ordinarily take place in day centres, discussion groups or intergenerational work. Some interventions are more focused on physical function, management of health conditions or quality of life and involved external experts, for example a weight-bearing exercise programme, a core stability and flexibility exercise programme, walking with poles at day centres and a programme of education-focused falls prevention. Interventions include blood pressure monitoring, self-management education, behavioural intervention to increase walking and reduce urinary incontinence, pelvic floor muscle training to reduce urinary incontinence, medication reviews by pharmacy students, a lifestyle modification programme delivered by trained lay people, and a programme of low-impact exercise, nutrition education and weight management for people with multiple chronic conditions.

Interventions that have taken place in generalist day centres and may be of interest are listed below. All took place outside the UK. This does not mean that similar programmes have not been undertaken in the UK. Further details about these interventions appear alongside references at the end of this document.

- A humour-based programme significantly improved life satisfaction and led to new social networks that extended beyond day centres. (US) [52]
- Another humour-based programme significantly lowered anxiety and depression and significantly improved psychological wellbeing but did not impact on general health, health-related quality of life and psychological distress. (Israel) [53]
- An eight-week 'life review therapy' programme led to significantly higher life satisfaction for day centre attenders taking part compared with a similar group of day centre attenders who did not. (Taiwan) [54]

- Psychosocial group work lowered mortality and reduced use of health services over a two-year follow-up period. [55] Cognition improvements were also experienced by lonely older people; these remained significantly improved after one year. (Finland) [56]

- Brain fitness activities of the type that may ordinarily take place in day centres improved self-perceived health and improved general wellbeing, perceptions of happiness and living an interesting life. (Canada) [57]

- Discussion groups to promote social engagement and learning improved social engagement, mutual understanding and tolerance and intellectual stimulation. They also improved relationships with staff and bettered staff understanding of attenders. (Ireland) [58]

- Participating in an intergenerational programme supported nutrition, leading to day centre attenders with and without dementia eating more solid food than usual on the days they participated in a centre's intergenerational programme. (US) [59]

- A transport, exercise and self-help programme led to small improvements in levels of depression - although higher with mild depression. New social networks that extended beyond day centres were developed. Although 40% of women reported developing new friendships, men did not develop any. One conclusion was that the model tested was not the most appropriate. (Norway) [60]

- Organised volunteering improved self-perceived health, improved feelings of purpose and self-esteem. However, after intervention had finished, participants' self-esteem and self-perceived health significantly lowered, although this remained above baseline (i.e. before having volunteered) measurements. (US) [61]

- A health outreach programme addressed individual need and targets for both partners (housing provider and public health). (US) [62]

- Hearing screening for people with sight loss improved links with a co-located support programme for hearing impaired people. (Canada) [63]

- An evidence-based, moderate-intensity weight-bearing exercise programme significantly improved lower body strength, agility, balance, walking speed and right-hand grip in older people needing help with one or more Activities of Daily Living (ADLs). (Australia) [64].

- A core stability and flexibility exercise programme improved spinal ranges of motion, but sacral/hip and thoracic flexibility, improvements in the lumbar area were not significant. (Italy) [65].

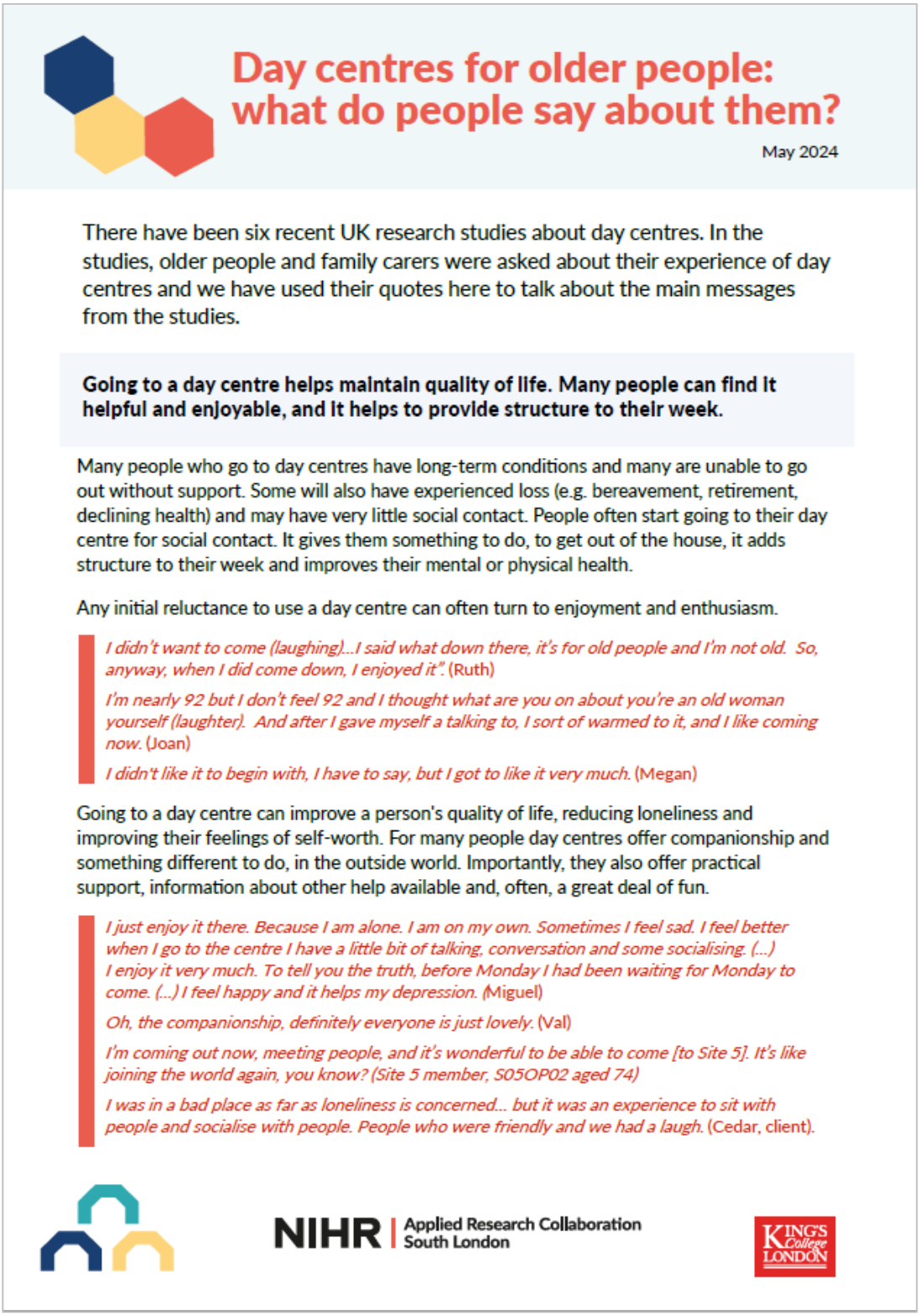
- An evidence-informed, tailored group exercise and walking programme for older attenders without severe cognitive impairment led to them eating more solid food. Walking with poles at day centres led to significant improvements to health-related quality of life associated with activity and function and to some aspects of posture and maintained mobility. However, fitness and physical function (except mobility - measured by Timed Up and Go (TUG) test did not change. Pole walking is like Nordic

walking but without the need for licensed instructor training. See reference details for further information about TUG. (Japan) [66]

- A programme of education-focused falls prevention improved mobility. (Japan) [67].
- Blood pressure monitoring by trained volunteers reduced blood pressure in people with or without diagnosed hypertension. (US) [68]
- Blood pressure monitoring by nurses via telehealth kiosks reduced blood pressure in people with hypertension. (US) [69]
- Self-management education sessions over 4 weeks significantly improved knowledge of heart failure, management and maintenance among people diagnosed with heart failure. (US) [70]
- A 12-week self-management education programme significantly improved self-rated ability to take preventive actions, manage symptoms, find and use appropriate medical care and make care decisions with health professionals. Participants' physical activity and performance and their mental health-related quality of life also improved. (US) [71]
- A behavioural intervention to increase walking and reduce urinary incontinence (UI) decreased incidence of UI in sedentary older people who improved their balance, gait strength and endurance by walking more and improved their physical activity and performance. (US) [72]
- Pelvic floor muscle training (Kegel exercises) to reduce UI with supportive coaching by a GP significantly decreased urinary incontinence (UI) in women. (Spain) [73]
- Medication reviews by pharmacy students led to the resolution of many medication-related problems and better medication use. (US) [74]
- A lifestyle modification programme delivered by trained lay people led to clinically significant weight loss in obese people. (US) [75]
- A programme of low-impact exercise, nutrition education and weight management for people with multiple chronic conditions led to significant improvements to fitness, daily walking distance and hours of weekly exercise, and body measurements, as well as significant reductions in depression. (US) [76]
- Taiwan has introduced reablement-focused integrated care for day centre attenders and carers. Carer satisfaction was significantly higher after the intervention when compared with the control group of similar people. This suggests that reablement – if used as a means of person-centred therapeutic training for attenders - can help carers cope and feel satisfied with caring and improve how they view their caring abilities. There were no differences in physical and mental function between the attender intervention and the control group of similar people. [77]

6. Two-page information sheet about UK research: *Day centres for older people: what do people say about them?*

(downloadable in pdf format)



Day centres for older people: what do people say about them?

May 2024

There have been six recent UK research studies about day centres. In the studies, older people and family carers were asked about their experience of day centres and we have used their quotes here to talk about the main messages from the studies.

Going to a day centre helps maintain quality of life. Many people can find it helpful and enjoyable, and it helps to provide structure to their week.

Many people who go to day centres have long-term conditions and many are unable to go out without support. Some will also have experienced loss (e.g. bereavement, retirement, declining health) and may have very little social contact. People often start going to their day centre for social contact. It gives them something to do, to get out of the house, it adds structure to their week and improves their mental or physical health.

Any initial reluctance to use a day centre can often turn to enjoyment and enthusiasm.

> *I didn't want to come (laughing)...I said what down there, it's for old people and I'm not old. So, anyway, when I did come down, I enjoyed it".* (Ruth)
>
> *I'm nearly 92 but I don't feel 92 and I thought what are you on about you're an old woman yourself (laughter). And after I gave myself a talking to, I sort of warmed to it, and I like coming now.* (Joan)
>
> *I didn't like it to begin with, I have to say, but I got to like it very much.* (Megan)

Going to a day centre can improve a person's quality of life, reducing loneliness and improving their feelings of self-worth. For many people day centres offer companionship and something different to do, in the outside world. Importantly, they also offer practical support, information about other help available and, often, a great deal of fun.

> *I just enjoy it there. Because I am alone. I am on my own. Sometimes I feel sad. I feel better when I go to the centre I have a little bit of talking, conversation and some socialising. (...) I enjoy it very much. To tell you the truth, before Monday I had been waiting for Monday to come. (...) I feel happy and it helps my depression.* (Miguel)
>
> *Oh, the companionship, definitely everyone is just lovely.* (Val)
>
> *I'm coming out now, meeting people, and it's wonderful to be able to come [to Site 5]. It's like joining the world again, you know? (Site 5 member, S05OP02 aged 74)*
>
> *I was in a bad place as far as loneliness is concerned... but it was an experience to sit with people and socialise with people. People who were friendly and we had a laugh.* (Cedar, client).

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The welcoming, safe and supportive atmosphere and the opportunity to build genuine relationships are important.

> *Well, it is the fact that everybody says, hello and you are welcomed; when you arrive, you see familiar faces even if you don't talk to everybody.* (Ruth)
>
> *I find the whole atmosphere here is very comforting, you sense it as you walk through the door.* (Anne)
>
> *If they're doing well-er than you, they seem to come and help you. They don't have to. But they did come and help.* (William)

Most people have good experiences. Older people's overall feelings about their day centres:

> *All I can say is that anyone who doesn't go there is missing out on something.* (Kathleen)
>
> *It changes your life.* (Wilma)
>
> *Oh, I love going. Oh yes. Yes.* (Kenneth).
>
> *Yes, it's good value for money.* (Miguel)

People running the service are supportive.

> *They care, and they understand why I am here ...* (Mariana)
>
> *They come around asking "Are you alright? What's the matter?"* (Thomasina).
>
> *Everything is done for you, you know. It's great to think now you can be looked after like this, you know.* (SAM).
>
> *I don't know what I'd do without them.* (Site 3, S03OP01 aged 73)

Day centres provide reassurance and a break for family carers.

Having a regular extended break is beneficial for carers' mental and physical health and helps them to sustain their caring role. Knowing their family member is enjoying themselves enables them to have a relaxing break.

> *"That amount of time [husband] is at [Site 4] is my little core of being normal [...] I know he's safe and he's enjoying himself"* (Site 4 Carer, S04C02)
>
> *She gets a lunch and she gets a social engagement. It gets her out of her flat and (...) that's money well spent (...) it is good value for her, because it does all those things about keeping her mentally and socially active.* (Family carer Evelyn)
>
> *I can sit in my living room on my own. It's one thing I really like doing (...) It relaxes me. Otherwise I'm just highly stressed. I'm like, you know when you're highly strung, you're ready to burn (...) Just to be alone in my own house is just the best feeling.* (Family carer Linda)
>
> *It gives him a break from me and it gives me a break from him. Then when he comes home I'm saying, have you had a good day? It gives you something else to talk about to each other.* (SCF)

Download this document from the Day Centre Resources Hub https://arc-sl.nihr.ac.uk/day-centre-resources-hub.

Research quoted here: Bennett et al (2023), Hagan & Manktelow (2021), Lunt (2018); Lunt et al (2021); Noone (2023); Orellana et al (2020), Orellana et al (2021) Rokstad et al (2019). Names are not participants' real names.

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7. References

1. Giebel C, Cannon J, Hanna K, Butchard S, Eley R, Gaughan A, et al. Impact of COVID-19 related social support service closures on people with dementia and unpaid carers: a qualitative study. Aging & Mental Health. 2021;25(7):1281-8. https://doi.org/10.1080/13607863.2020.1822292.

2. Tuijt R, Frost R, Wilcock J, Robinson L, Manthorpe J, Rait G, Walters K. Life under lockdown and social restrictions - the experiences of people living with dementia and their carers during the COVID-19 pandemic in England. BMC Geriatrics. 2021;21(1):301. https://doi.org./10.1186/s12877-021-02257-z.

3. Hanna K, Giebel C, Tetlow H, Ward K, Shenton J, Cannon J, et al. Emotional and Mental Wellbeing Following COVID-19 Public Health Measures on People Living With Dementia and Carers. Journal of Geriatric Psychiatry and Neurology. 2022;35(3):344-52. https://doi.org/10.1177/0891988721996816.

4. Wong BP, Kwok TC, Chui KC, Cheng TS, Ho FK, Woo J. The impact of dementia daycare service cessation due to COVID-19 pandemic. International Journal of Geriatric Psychiatry. 2021;37(1). https://doi.org/10.1002/gps.5621.

5. Giebel C, Lion KM, Lorenz-Dant K, Suárez-González A, Talbot C, Wharton E, et al. The early impacts of COVID-19 on people living with dementia: part I of a mixed-methods systematic review. Aging & Mental Health. 2023;27(3):533-46. https://doi.org/10.1080/13607863.2022.2084509.

6. Giebel C, Talbot CV, Wharton E, Lorenz-Dant K, Suárez-González A, Cannon J, et al. The early impacts of COVID-19 on unpaid carers of people living with dementia: part II of a mixed-methods systematic review. Aging & Mental Health. 2023;27(3):547-62. https://doi.org/10.1080/13607863.2022.2084510.

7. Borges-Machado F, Barros D, Ribeiro Ó, Carvalho J. The Effects of COVID-19 Home Confinement in Dementia Care: Physical and Cognitive Decline, Severe Neuropsychiatric Symptoms and Increased Caregiving Burden. American Journal of Alzheimer's Disease & Other Dementias. 2020;35:1533317520976720. https://doi.org/10.1177/1533317520976720.

8. Bailey C, Guo P, MacArtney J, Finucane A, Swan S, Meade R, Wagstaff E. The Experiences of Informal Carers during the COVID-19 Pandemic: A Qualitative Systematic Review. International Journal of Environmental Research and Public Health. 2022;19(20):13455. https://doi.org/10.3390/ijerph192013455.

9. Teramura A, Kimura Y, Hamada K, Ishimoto Y, Kawamori M. COVID-19-Related Lifestyle Changes among Community-Dwelling Older Adult Day-Care Users: A Qualitative Study. International Journal of Environmental Research and Public Health. 2022;19(1):256. https://doi.org/10.3390/ijerph19010256.

10. Bennett L, Cameron A, Patsios D, Thorn J, Willis P, West K, et al. Reimagining collective day care for older people: key findings. You don't know what you've got until it's gone. Bristol: University of Bristol; 2023. https://reimaginingdayservices.blogs.bristol.ac.uk/about/outputs/.

11. Association of Directors of Adult Social Services. ADASS Spring Survey. London: ADASS; 2021. https://www.adass.org.uk/media/8762/adass-spring-survey-report-2021.pdf.

12. Lunt C, Dowrick C, Lloyd-Williams M. What is the impact of day care on older people with long-term conditions: A systematic review. Health & Social Care in the Community. 2021;29(5):1201-21. https://doi.org/10.1111/hsc.13245.

13. Orellana K, Manthorpe J, Tinker A. Day centres for older people: a systematically conducted scoping review of literature about their benefits, purposes and how they are perceived. Ageing & Society. 2020;40(1):73-104. https://doi.org/10.1017/s0144686x18000843.

14. Maffioletti VLR, Baptista MAT, Santos RL, Rodrigues VM, Dourado MCN. Effectiveness of day care in supporting family caregivers of people with dementia: A systematic review. Dement Neuropsychol. 2019;13(3):268-83. https://doi.org/10.1590/1980-57642018dn13-030003.

15. Du Preez J, Millsteed J, Marquis R, Richmond J. The Role of Adult Day Services in Supporting the Occupational Participation of People with Dementia and Their Carers: An Integrative Review. . Healthcare [Internet]. 2018; 6. (https://doi.org/10.3390/healthcare6020043).

16. Ellen ME, Demaio P, Lange A, Wilson MG. Adult Day Center Programs and Their Associated Outcomes on Clients, Caregivers, and the Health System: A Scoping Review. The Gerontologist. 2017;57(6):e85-e94. https://doi.org/10.1093/geront/gnw165.

17. Tretteteig S, Vatne S, Rokstad AMM. The influence of day care centres for people with dementia on family caregivers: an integrative review of the literature. Aging & Mental Health. 2015;20(5):450-62. https://doi.org/10.1080/13607863.2015.1023765.

18. Fields NL, Anderson KA, Dabelko-Schoeny H. The Effectiveness of Adult Day Services for Older Adults: A Review of the Literature From 2000 to 2011. The Journal of Applied Gerontology. 2014;33(2):130-63. https://doi.org/10.1177/07334648124433.

19. Arksey H, Weatherly H. Respite care and short breaks: what works and at what cost? Journal of Dementia Care. 2004;12(5):33-7.

20. Cameron AM, Bennett L, Willis P, Thorn J, Patsios D, West K, et al. 'I never thought I'd see the day that I would be doing things on Zoom': Reimagining day care for older people and unpaid carers in the context of COVID-19. Health and Social Care in the Community. (under review).

21. Noone C. The changing role of the day centre for older people in addressing loneliness: a participatory action research study: Doctoral dissertation, Durham University; 2023. http://etheses.dur.ac.uk/15040/.

22. Lunt CA. The Impact of Day Care Services on Older People with Long Term Conditions. An Exploratory Mixed Methods Study. Doctoral dissertation, University of Liverpool; 2018. https://livrepository.liverpool.ac.uk/3025902/1/200631878_February2018.pdf

23. Lunt C, Shiels C, Dowrick C, Lloyd-Williams M. Outcomes for older people with long-term conditions attending day care services delivered by paid staff or volunteers: a comparative study. Palliative Care and Social Practice. 2021;15:26323524211030283. https://doi.org/10.1177/26323524211030283.

24. Orellana K. The role and purpose of generalist day centres for older people: Case studies of four day centres from multiple perspectives.Doctoral dissertation London: King's College London; 2018. https://kclpure.kcl.ac.uk/portal/en/theses/the-role-and-purpose-of-generalist-day-centres-for-older-people(5e116108-5792-40e4-b335-1820072abc46).html.

25. Orellana K, Manthorpe J, Tinker A. Day centres for older people - attender characteristics, access routes and outcomes of regular attendance: findings of exploratory mixed methods case study research. BMC Geriatrics [Internet]. 2020; 20:[158 p.]. (10.1186/s12877-020-01529-4 https://doi.org/10.1186/s12877-020-01529-4).

26. Orellana K, Manthorpe J, Tinker A. Choice, control and person-centredness in day centres for older people. Journal of Social Work. 2021;21(6):1315-38. https://doi.org/10.1177/1468017320952255.

27. Orellana K, Manthorpe J, Tinker A. Making My Day. Volunteering or Working at a Day Centre for Older People: Findings of Exploratory Research in English Day Centres. Journal of Long-term Care. 2021(58):177-91. https://doi.org/10.31389/jltc.58.

28. Hagan RJ, Manktelow R. 'I shall miss the company': participants' reflections on time-limited day centre programming. Ageing and Society. 2021;41(12):2933-52. https://doi.org/10.1017/s0144686x20000689.

29. Rokstad AMM, McCabe L, Robertson JM, Strandenæs MG, Tretteteig S, Vatne S. Day Care for People with Dementia: A Qualitative Study Comparing Experiences from Norway and Scotland. Dementia. 2019;18(4):1393-409. https://doi.org/10.1177/1471301217712796.

30. Cameron A, Johnson E, Lloyd L, Willis P, Smith R. The contribution of volunteers in social care services for older people. Voluntary Sector Review. 2022;12(2):260-77. https://doi.org/10.1332/204080521X16244744548937.

31. Samsi K, Cole L, Manthorpe J. 'The time has come': reflections on the 'tipping point' in deciding on a care home move. Aging & Mental Health. 2021:1-7. https://doi.org/10.1080/13607863.2021.1947963.

32. McDonald A, Frazer K, Warters A. Valuing and sustaining older peoples' day care services. British Journal of Community Nursing. 2024;29(1):36-42. 10.12968/bjcn.2024.29.1.36.

33. Strandenæs MG, Lund A, Engedal K, Kirkevold Ø, Selbæk G, Benth JŠ, Rokstad AMM. Self-reported quality of life in people with dementia attending a day-care programme in Norway: A 24-month quasi-experimental study. Health & Social Care in the Community. 2021;n/a(n/a):1-10. https://doi.org/10.1111/hsc.13455.

34. Honjo Y, Ide K, Takechi H. Use of day services improved cognitive function in patients with Alzheimer's disease. Psychogeriatrics. 2020;n/a(n/a):620-4. https://doi.org/10.1111/psyg.12558.

35. Strandenæs MG, Lund A, Rokstad AMM. Experiences of attending day care services designed for people with dementia – a qualitative study with individual interviews. Aging & Mental Health. 2018;22(6):764-72. https://doi.org/10.1080/13607863.2017.1304892.

36. Tretteteig S, Vatne S, Rokstad AMM. The influence of day care centres designed for people with dementia on family caregivers – a qualitative study. BMC Geriatrics. 2017;17(1):5. https://doi.org/10.1186/s12877-016-0403-2.

37. Österholm J, Andreassen M, Gustavsson M, Larsson Ranada Å. Older people's experiences of visiting social day centres: The importance of doing and being for health and well-being. Scandinavian journal of occupational therapy. 2023;30(1):76-85. https://doi.org/10.1080/11038128.2022.2130423.

38. Øye C. Fresh news as meaningful? A multi-site ethnographic analysis of meaningful activities at four day centres in Denmark and Norway. Health & Social Care in the Community. 2022;30(6):e4705-e12. https://doi.org/10.1111/hsc.13877.

39. Rommerskirch-Manietta M, Bergmann JM, Manietta C, Purwins D, Van Haitsma K, Abbott KM, Roes M. Exploration of the Content and Structure of Preferences for Leisure Activities of People Receiving Adult Day Services Using Concept Mapping. The Gerontologist. 2023. https://doi.org/10.1093/geront/gnad142.

40. Siette J, Knaggs G, Nguyen AD, Brett L, Jorgensen M, Gow E, Georgiou A. 'I go home with a happy heart'. Enhancing community aged care services to sustain togetherness: Perspectives from Australian staff and clients. Health and Social Care in the Community. 2022;30(5):e1746-e55. https://doi.org/10.1111/hsc.13602.

41. Naruse T, Yamamoto-Mitani N. Service Use Objectives among Older Adult Day Care Clients with Disability in Japan. Nursing Reports. 2021;11(3):608-14. https://doi.org/10.3390/nursrep11030058.

42. Naruse T, Kitano A, Matsumoto H, Nagata S. A Logic Model for Evaluation and Planning in an Adult Day Care for Disabled Japanese Old People. International Journal of Environmental Research and Public Health. 2020;17(6):2061. https://doi.org/10.3390/ijerph17062061.

43. Naruse T, Hatsushi M, Tsuchiya-Ito R, Kobayashi M, Kato J. Experiences of Disabled Older Adults in Urban Area Adult Day Care Centers: A Multisite Case Study. Gerontology and Geriatric Medicine. 2023;9:23337214231156304. 10.1177/23337214231156304.

44. Boafo J, David D, Wu B, Brody AA, Sadarangani T. “The Sun Came Up Because You Got Here…”: A Qualitative Exploration of Person-Centered Care Strategies Used by Adult Day Care Centers to Manage Behavioral and Psychological Symptoms of Dementia. Journal of Applied Gerontology. 2023;42(2):147-59. https://doi.org/10.1177/07334648221128283.

45. Parker LJ, Marx K, Gaugler JE, Gitlin LN. Implications of the COVID-19 Pandemic on Adult Day Services and the Families They Serve. American Journal of Alzheimer's Disease & Other Dementias®. 2021;36:15333175211050152. https://doi.org/10.1177/15333175211050152.

46. Liao HW, DeLiema M. Reimagining Senior Centers for Purposeful Aging: Perspectives of Diverse Older Adults. Journal of Applied Gerontology. 2021;40(11):1502-10. https://doi.org/10.1177/0733464821996109.

47. Yu W, Lewis A. An Empirical Analysis of the Effectiveness of Daycare Centers in Improving the Well-Being of Older People. INQUIRY: The Journal of Health Care Organization, Provision, and Financing. 2023;60:00469580231162534. https://doi.org/10.1177/00469580231162534.

48. Marquet O, Maciejewska M, Delclòs-Alió X, Vich G, Schipperijn J, Miralles-Guasch C. Physical activity benefits of attending a senior center depend largely on age and gender: a study using GPS and accelerometry data. BMC Geriatrics. 2020;20(1):134. https://doi.org/10.1186/s12877-020-01527-6.

49. Vossius C, Selbæk G, Benth JŠ, Wimo A, Engedal K, Kirkevold Ø, Rokstad AMM. Cost analysis of day care centres in Norway. PloS one. 2019;14(8):e0219568-e. https://doi.org/10.1371/journal.pone.0219568.

50. Ristolainen H, Forma L, Hawkins J, Tiilikainen E. Study protocol of a mixed method pragmatic quasi-experimental trial to evaluate the day activity services targeted at older home care clients in Finland. BMC Geriatrics. 2022;22(1):810. https://doi.org/10.1186/s12877-022-03512-7.

51. Tuohy D, Kingston L, Carey E, Graham M, Dore L, Doody O. A scoping review on the psychosocial interventions used in day care service for people living with dementia. PLOS ONE. 2023;18(12):e0295507. https://doi.org/10.1371/journal.pone.0295507.

52. Mathieu SI. Happiness and Humor Group Promotes Life Satisfaction for Senior Center Participants. Activities, Adaptation and Aging. 2008;32(2):134-48. https://doi.org/10.1080/01924780802143089.

(*Details*: Once weekly interactive, experiential 'Happiness and Humor' sessions for 10 weeks. Each included an informational presentation about contributing factors to happiness and life satisfaction (pessimism and optimism; light exercise and music; exercise, nutrition, leisure and attitude and why these were important). Format varied from talks, interactive activities and group discussions, jokes (which were encouraged) and comedy videos. Props were used (e.g. sweets) to generate discussion. Participants were encouraged to share funny anecdotes about their lives. They were given 'laughter prescriptions'. Many shared deep feelings during these group psychotherapy sessions.

The Life Satisfaction Scale (LSS) (self-rated validated scale measuring 5 dimensions of perceived life satisfaction: pleasure, determination, goal achievement, mood, and self-concept) was administered pre- and post-test with 15 people who participated in all 10 sessions.)

53. Ganz FD, Jacobs JM. The effect of humor on elder mental and physical health. Geriatric Nursing. 2014;35(3):205-11. https://doi.org/10.1016/j.gerinurse.2014.01.005.

(*Details*: 12 week programme of weekly 2-3 hour workshops (based on a successful pilot programme) run by a professional humourist and a social worker over 5 months. Workshops encouraged the use of humour strategies. Control groups attended DCs as usual and were offered workshops after study concluded. Participants assessed at baseline and 6 months using validated scales:

- RAND Health Status Questionnaire-shortened version (health-related quality of life: physical functioning, role limitations due to physical and emotional health, energy/fatigue, emotional well-being, social functioning, pain and general health)

- General Well Being Scale (GWB) (psychological wellbeing/mental health: positive wellbeing, self-control, vitality, anxiety, depression and general health)

- Brief Symptom Inventory (BSI) (psychological distress).

Demographic data.

Statistical analysis was undertaken.

An average of 11 workshops were attended by intervention group participants.)

54. Lee B-O, Yao C-T, Ramoo V. An Evaluation of Improving Psychosocial Life Satisfaction among Older Adults in Taiwan Day Care Centers Using Life Review Work. Journal of Applied Gerontology. 2023;42(5):842-51. https://doi.org/10.1177/07334648221141408.

(*Details*: Life review therapy provides individuals with opportunities to interpret their life through a process of review and evaluation. It can highlight life stories that may induce emotional reactions related to individuals' significant life events. For this study, eight 2-hour life review activities were conducted in group sessions once a week. These covered greetings, childhood memories, education, memories of growing up, happy and sad memories at the workplace, life recollections, personal wishes, and treasured goodbyes. Life review therapy can reduce depression and hopelessness and increase wellbeing.)

55. Pitkala KH, Routasalo P, Kautiainen H, Tilvis RS. Effects of Psychosocial Group Rehabilitation on Health, Use of Health Care Services, and Mortality of Older Persons Suffering From Loneliness: A Randomized, Controlled Trial. J Gerontol Ser A-Biol Sci Med Sci. 2009;64(7):792-800. https://doi.org/10.1093/gerona/glp011.

56. Pitkala KH, Routasalo P, Kautiainen H, Sintonen H, Tilvis RS. Effects of Socially Stimulating Group Intervention on Lonely, Older People's Cognition: A Randomized, Controlled Trial. Am J Geriatr Psychiatr. 2011;19(7):654-63. https://doi.org/10.1097/JGP.0b013e3181f7d8b0.

(*Details*: 3 month intervention of 6 hour WEEKLY sessions of psychosocial group intervention work (3 groups: discussion with therapeutic writing, group exercise or art experiences) led by registered nurses, occupational therapists and physiotherapists. Sessions aimed to enhance interaction and friendships between participants as well as to stimulate them socially, and were based on the principles of closed-group dynamics and peer support.)

57. Fitzpatrick TR. Brain Fitness Activities and Health among Older Female Senior Center Participants in Montreal, Quebec. Activities, Adaptation and Aging. 2010;34(1):30-47. https://doi.org/10.1080/01924780903552287.

(*Details*: Participation in & impact of specific cognitive fitness activities participated in at DC (e.g. strength exercises, aerobic exercises, listening to speakers, volunteering, travelling, computer-based programmes, laughing, paid work, group work, language classes and taking career decisions etc.) measured by self-completed questionnaire covering use of DC, cognitive activities, mental & health status, and demographics. Measurement of mental health included modified version of the Psychological General Well-Being (PGWB) Schedule.)

58. Gallagher C. The Socrates Café: Community Philosophy as an empowering tool in a day care centre for older people. Irish Journal of Applied Social Studies [Internet]. 2016 20 Sep 2017; 16(2). http://arrow.dit.ie/ijass/vol16/iss2/5).

(*Details*:' Replicated Socrates Café model initiated in US in 1992. Weekly 2-hour facilitated philosophical discussion groups of 10-16 people (Socrates Café). Participants included the centre manager, attenders and visitors (including students). Designed to encourage and enable conversations about important life matters. Facilitator opens with a question and leads discussion and dialogue. Examples: What is goodness? Is happiness a choice? Is money the root of all evil?)

59. Turner SG, Jarrott SE, Katz B. Intergenerational Programming Increases Solid Food Consumption for Adult Day Center Attendees. Journal of Applied Gerontology. 2023;42(2):160-9. https://doi.org/10.1177/07334648221134179.

(*Details*: The programme involved 20-30 minute joint activities (such as gardening, art, science) with 3-5 older people with 3-5 children aged 2-5 years from a local nursery, led by a facilitator. Staff were already trained to record percentage of food eaten and recorded percentages immediately after lunch.)

60. Boen H, Dalgard OS, Johansen R, Nord E. A randomized controlled trial of a senior centre group programme for increasing social support and preventing depression in elderly people living at home in Norway. BMC Geriatrics. 2012;12:20. https://doi.org/10.1186/1471-2318-12-20.

(*Details*: Weekly 3 hour group programme (7-10 people) for 35-38 weeks over 1 year consisting of transport to DC, exercise (developed by physiotherapists) and self-help group (discussion topics of participants' choice) aiming to address social isolation and increase life satisfaction thereby reducing depression. Control group offered intervention after 1 year but not followed up afterwards.

- Depression: BDI (Beck Depression Inventory).

- Social support: Oslo-3 Social Support scale (no. of people so close who can be counted on if great personal problems; level of interest and concern people show in what they do; level of ease to get practical help from neighbours if needed).

Life satisfaction based on QoL. Self-reported health. If made new friends or met other participants elsewhere.)

61. Dabelko-Schoeny H, Anderson KA, Spinks K. Civic Engagement for Older Adults With Functional Limitations: Piloting an Intervention for Adult Day Health Participants. The Gerontologist. 2010;50(5):694-701. https://doi.org/10.1093/geront/gnq019.

(*Details*: 5 week civic engagement (meaningful activity/volunteering) in 3 phases:

- education about community group to be served (e.g. homeless, families of soldiers serving overseas) including sharing of own personal stories

- assembling of care packages of donated/bought items

- presentation of care packages to representative of community group and recognition of participation (certificates and celebratory event).)

62. Vogel A, Ransom P, Wai S, Luisi D. Integrating health and social services for older adults: a case study of interagency collaboration. Journal of health and human services administration. 2007;30(2):199-228.

(*Details*: Interagency collaboration (public health & a housing authority) delivered a health outreach programme in DCs that aimed to support OP living in public housing (i.e. lower income) to age in place by offering health services beyond what housing authority could provide. DC directors selected activities appropriate for their own clientele from the menu of services available. These included exercise classes, healthy cooking demonstrations and tastings, vaccinations (flu & pneumonia), mental wellbeing activities and support groups, health education on a range of chronic and infectious diseases as well as services that were delivered in people's homes (e.g. counselling).)

63. Wittich W, Murphy C, Mulrooney D. An adapted adult day centre for older adults with sensory impairment. British Journal of Visual Impairment. 2014;32(3):249-62. https://doi.org/10.1177/0264619614540162.

64. Henwood T, Wooding A, de Souza D. Center-Based Exercise Delivery: Feasibility of a Staff-Delivered Program and the Benefits for Low-Functioning Older Adults Accessing Respite Day Care. Activities, Adaptation and Aging. 2013;37(3):224-38. https://doi.org/10.1080/01924788.2013.816832.

(*Details*: Minimum 16 session evidence-based, physically challenging exercise programme that was appended to a low intensity exercise programme. The entire session lasted around an hour. Exercise was initially led by a professional and, after training, by DC staff (registered nurses and qualified activity planners/leaders).)

65. Battaglia G, Bellafiore M, Caramazza G, Paoli A, Bianco A, Palma A. Changes in spinal range of motion after a flexibility training program in elderly women. Clin Interv Aging. 2014;9:653-60. https://doi.org/10.2147/cia.s59548.

(*Details*: Over 8 weeks, two sessions per week of core stability and flexibility exercises: 10 minute warm-up, 50 minutes exercises, 10 minutes cool down. No physical activity intervention for control group. Spinal ranges of motion (ROM) measured before and after using SpinalMouse r device.)

66. Ota S, Goto H, Fujita R, Haruta M, Noda Y, Tamakoshi K. Application of Pole Walking to Day Service Centers for Use by Community-dwelling Frail Elderly People. International Journal of Gerontology. 2014;8(1):6-11. https://doi.org/10.1016/j.ijge.2013.03.010.

(*Details*: The Timed Up and Go (TUG) test is a good indicator of balance and, therefore, falls risk, and may be helpful in determining levels of staff support needed in day centres. TUG is a standardised test that assesses mobility, balance, walking ability and falls risk. If repeated at intervals, this test can monitor change; it may be useful, for example, before and after specific programmes of exercise, for example. It may also indicate levels of staff support that a person may need at their day centre (e.g. going to the toilet or moving between activities). The test is simple, quick and requires no special equipment or training; a person is asked to rise from a standard chair, walk to a

marker 3 metres (10 feet) away, turn, walk back, and sit down again. They do this while wearing their usual footwear and using their usual mobility equipment, if any (e.g. walking stick, walking frame). Different approaches are taken to scoring (i.e. being at risk of falling starts at 12 seconds for some, 13.5 seconds for some, or 20 seconds for others). The UK Chartered Institute for Physiotherapy defines a person being at risk of falls if the test takes 15 seconds or more. The Chartered Institute for Physiotherapy has produced a video that demonstrates the test https://www.youtube.com/watch?v=lAkVr5l7vOs.

Intervention groups used poles while walking/carrying out ADLs at DC for 3 months. Control groups continued moving around as usual. Data was gathered pre- and post-test:

- MOS 8-item Short Form Health Survey (SF-8)- validated Health Related QoL measure (general health, physical function, role physical, bodily pain, vitality, role emotional, mental health, and social function).

Physical fitness measured using knee extensor strength, back muscle strength, one-legged standing time with eyes open test, and the validated TUG test which assesses mobility.

Posture was measured by videoing participants after placing markers at key points.

Read more about it the TUG test here: Podsiadlo, D. and Richardson, S. (1991), The Timed "Up & Go": A Test of Basic Functional Mobility for Frail Elderly Persons. Journal of the American Geriatrics Society, 39: 142-148. https://doi.org/10.1111/j.1532-5415.1991.tb01616.x)

67. Yamada T, Demura S. Continuous participation in a day-care prevention service improves the mobility of the community-dwelling elderly. International Journal of Health. 2014;2(2):45-8. https://doi.org/10.14419/ijh.v2i2.3214.

(*Details*: Falls prevention service focused on education: twice monthly lectures on improving nutrition, preventing cognitive decline, oral health, improving motor function) (i.e. 24 p.a.).

Mobility measurements, taken at 1, 2 and 3 years, were peak and mean transfer velocity of centre of gravity (PV, MV) (during Sit To Stand test) and 10 metre maximum walking speed (MWS). Using statistical analysis, measurements for groups were compared.)

68. Truncali A, Dumanovsky T, Stollman H, Angell SY. Keep on Track: A Volunteer-Run Community-Based Intervention to Lower Blood Pressure in Older Adults. Journal of the American Geriatrics Society. 2010;58(6):1177-83. https://doi.org/10.1111/j.1532-5415.2010.02874.x.

(*Details*: Over 6 months, blood pressure (BP) measuring sessions were run fortnightly in a volunteer-run programme that aimed to reduce BP by conducting ongoing monitoring in people with or without diagnosed hypertension. New enrollees' measurements were recorded on a tracking card that participants were encouraged to show to their GP. Volunteers also asked if people had taken prescribed BP medications in previous 24 hours. Participants were informed of BP using a low-literacy, colour-coded chart and advised about any actions they should take. An average of 6 volunteers per DC ran the programme.

- The programme had run for >20 years. Enhancements evaluated included updated hypertension management protocols, enhancing health literacy (via low literacy materials and regular reminders about medication adherence) and links with clinicians (letters informing GPs of study participation were developed). Automated monitors were used to measure BP.

Local Health Promotion Unit administered the programme and DCs received quality assurance visits to ensure adherence to guidance and correct measurement technique. Start-up material included volunteer training, 2 automatic BP monitors, tape measures and printed materials. Volunteers were given a manual after receiving 6 x 2 hour

sessions of training from health educators in hypertension and practicalities (e.g. measuring BP, record keeping and communicating with participants.

- DC directors recruited volunteers and sent attendance data to Health Promotion Unit, stored materials and dealt with emergencies (approx. 5 hours p.a.). Some DC funding was dependent on participation in programme.

- First and last Systolic BP (SBP) measurements were compared using statistical analysis.)

69. Resnick HE, Ilagan PR, Kaylor MB, Mehling D, Alwan M. TEAhM-Technologies for Enhancing Access to Health Management: a pilot study of community-based telehealth. Telemedicine journal and e-health : the official journal of the American Telemedicine Association. 2012;18(3):166-74. https://doi.org/10.1089/tmj.2011.0122.

(*Details*: Hypertensive older people who were regular attenders were asked to monitor their blood pressure at least weekly for 10 months after being trained in equipment use. Nurses remotely monitored data (intervention group only), making rapid GP or hospital referrals in cases of clinically relevant changes in blood pressure. Data were retrieved automatically by the telehealth central IT system and monitored daily. Nurses were alerted by email to readings outside GP-defined parameters and then accessed individual data to carry out appropriate follow-up. Blood pressure data for the non-intervention group were not monitored in this way.)

70. Dickson VV, Melkus GDE, Katz S, Levine-Wong A, Dillworth J, Cleland CM, Riegel B. Building skill in heart failure self-care among community dwelling older adults: Results of a pilot study. Patient Education and Counseling. 2014;96(2):188-96. https://doi.org/10.1016/j.pec.2014.04.018.

(*Details*: Group sessions (4-8 participants) of 60 minutes per week of self-care education run by trained lay health educators over 4 weeks. Sessions focused on 4 major self-care processes: adherence to medication, low-salt diet, monitoring symptoms, management of symptoms. Following assessment of self-care knowledge and practical skill levels, deficits were addressed (e.g. reading food labels, preparation of low salt meals) taking into account cultural and social requirements. Health educators also offered self-care lifestyle coaching and problem solving (e.g. access to care).

- Control group received usual care and was offered intervention after 3 months.

- Content based on patient education guidelines)

- Kansas City Cardiomyopathy Questionnaire (KCCQ) (23-item health-related quality of life measure that quantifies disease-specific physical limitation, symptom frequency, severity, and change over time, overall quality of life, social interference, and self-efficacy – those dimensions shown to be key aspects of HRQL in persons with HF)

- New York Heart Association NYHA classification

- Charlson Comorbidity Index (CCI)

- Duke Activity Status Index (DASI) (physical function))

71. Frosch DL, Rincon D, Ochoa S, Mangione CM. Activating Seniors to Improve Chronic Disease Care: Results from a Pilot Intervention Study. Journal of the American Geriatrics Society. 2010;58(8):1496-503. https://doi.org/10.1111/j.1532-5415.2010.02980.x.

(*Details*: Group screenings of 5 videos (20-45 mins each) over 12 weeks aiming to inform about and motivate self-management of chronic conditions prevalent among older people (heart conditions, diabetes, back pain) and advance directives, followed by discussion moderated by a facilitator trained in motivational interviewing (member of research team). Videos were shown multiple times to maximise viewing opportunities. Demographic and health data were collected.

Validated measures were used at baseline, 12 weeks and 6 months:

- Medical Outcomes Study 12-item Short-Form Survey (SF-12) (HRQoL – mental & physical)

- Patient Activation Measure (PAM) (activation: self-rated ability to take preventive actions, manage symptoms, find/use appropriate medical care, and make decisions about care with healthcare providers).

- WHI brief physical activity questionnaire (enables estimation of number of minutes engaged in walking/moderate/vigorous physical activity in previous week).

Likert scales measured subjective perceptions of change (12 weeks and 6 months): willingness to consult GP, confidence in ability to ask GP questions, general health, who has responsibility for managing health and what is done to manage health).

Open question about any changes made in how manage condition resulting from programme participation.)

72. Morrisroe SN, Rodriguez LV, Wang PC, Smith AL, Trejo L, Sarkisian CA. Correlates of 1-Year Incidence of Urinary Incontinence in Older Latino Adults Enrolled in a Community-Based Physical Activity Trial. Journal of the American Geriatrics Society. 2014;62(4):740-6. https://doi.org/10.1111/jgs.12729.

(*Details*: Behavioural intervention (Community-Based Physical Activity Trial) to increase in sedentary older Latinos. Steps per day measured using pedometers worn at all times, except bathing or sleeping, for a while week before scheduled data collection. Display was covered in a fabric case to minimise it functioning as a motivational tool rather than a measure of walking level.

Validated scales used:

- Physical performance - Short Physical Performance Battery18 (balance, gait, strength, and endurance)

- ADLs - Activity of Daily Living (ADL) summary scale (assesses difficulty performing 16 basic tasks).

- Health-related quality of Life - Medical Outcomes Study 12-item Short-Form Survey (SF-12

- Geriatric Depression Scale (GDS-5).)

73. Santacreu M, Fernandez-Ballesteros R. Evaluation of a behavioral treatment for female urinary incontinence. Clin Interv Aging. 2011;6:133-9. https://doi.org/10.2147/cia.s17945.

(*Details*: Daily pelvic floor muscle training (Kegel exercises) (3 times daily) at home for 2 months (9 weeks), following a class at DC teaching the exercises. In fortnightly supervision sessions, an expert supervisor (no details provided) gave instructions for further exercises. GPs had explained Kegel exercises to all participants, but they had not previously performed them. Participants were followed up 2 months complete of intervention.)

74. McGivney MS, Hall DL, Stoehr GP, Donegan TE. An introductory pharmacy practice experience providing pharmaceutical care to elderly patients. Am J Pharm Educ. 2011;75(8):159. https://doi.org/10.5688/ajpe758159.

(*Details*: As part of 1st year university module in pharmacy, comprehensive medication reviews were carried out with attenders of DCs and supervised by faculty members or fourth year students. Students followed up matters raised (e.g.: arranging an appointment with doctor to assess symptoms suspected to be a urinary tract infection, obtaining glucose test strips through Medicare for someone who has been paying for these.) Feedback informing the evaluation of the 2008 and 2009 'experience' programmes was obtained from students, supervisors (faculty staff or 4th year pharmacy students, n=13) and DC staff.)

75. West DS, Bursac Z, Cornell CE, Felix HC, Fausett JK, Krukowski RA, et al. Lay Health Educators Translate a Weight-Loss Intervention in Senior Centers: A Randomized Controlled Trial. American Journal of Preventive Medicine. 2011;41(4):385-91. https://doi.org/10.1016/j.amepre.2011.06.041.

(*Details*: 12 one-hour group sessions of adapted version of the Diabetes Prevention Program Lifestyle behavioural weight-control programme delivered by trained lay health educators; included self-monitoring, stimulus control, problem-solving, goal-setting, relapse prevention. Lay educators used a script; handouts were given to participants. Sessions and individual data collection took place in separate private spaces. Materials were provided to day centres without charge.

- Each DC identified 2-3 lay health educators. 40% were community volunteers and 60% DC staff; none had health or lifestyle intervention backgrounds. They received 32 hours face-to-face training and weekly support from the research team.

- Participant goals included 7% weight loss, 25% reduction in calories from fat, graded physical activity (up to 150 minutes/week). Pedometers were provided. Self-completion diaries recording diet and physical activity were reviewed weekly.

- Data collected: body weight (digital scale) (weekly), percentage loss from baseline to 4-month follow-up and proportion achieving ≥5% and ≥7% weight loss (≥7% is known to delay development of type 2 diabetes). At 4 months, participants completed a questionnaire about the programme's usefulness and whether they would recommend it. To address concerns regarding lack of treatment for control group participants, these received cognitive training (brain and memory function).)

76. Kogan AC, Gonzalez J, Hart B, Halloran S, Thomason B, Levine M, Enguidanos S. Be Well: Results of a Nutrition, Exercise, and Weight Management Intervention Among At-Risk Older Adults. The Journal of Applied Gerontology. 2013;32(7):889-901. https://doi.org/10.1177/0733464812440043.

(*Details*: 16 weeks of twice weekly 2 hour classes at 2 DCs, led by dieticians and exercise specialists. First hou: low-impact physical activity progressing from seated to standing exercises. Second hour: education about nutrition for managing chronic conditions (diabetes & high blood pressure) e.g. meal planning, food label reading, portion size. At the start, participants met with the dietician to discuss their specific needs and set goals, and were given a personalised programme manual. >50% attended ≥26 classes. Mean attendance 21.7 classes. Participants were encouraged to exercise between classes, alone or in company (peer support).

Measured at baseline and 4 month follow-up (face to face):

- Depression measured by validated scale: Patient Health Questionnaire

- Physical activity self-reported.

- Fitness levels measured by performance on 7 tests designed to measure flexibility, strength and stamina in OP (30-second chair stand, arm curls, steps taken on a 6-min walk, 2-min step-in-place, sit-and-reach, back scratch, and 8-ft up-and-go).

- Body measurements taken and Body Mass Index (BMI) calculated.)

77. Chang Y-T, Yu H-W, Lin P-S. Testing a new model of reablement-focused integrated care in adult day service users in Taiwan: a preliminary study. Innovation in Aging. 2022;6(Supplement_1):805-. https://doi.org/10.1093/geroni/igac059.2903.

(*Details*: Attenders & carers took part in ten one-hour sessions over two months. Attenders' physical & mental function and carer satisfaction were measured at the start and afterwards, and compared with a control group of similar people. There were no differences in physical and mental function between the attender intervention and control groups. Carer satisfaction was significantly higher afterwards compared with the control group. The intervention was described as being person-centred and therapeutic, but no further details were given.)