

## **Providing a day centre for mixed service user groups: older people, people with dementia and adults with disabilities**

Age UK Wandsworth's Gwynneth Morgan Day Centre provides specialist support for people aged 60 and older, people living with dementia and adults with physical disabilities; some service users also have learning disabilities. The day centre is open from 9am to 5pm, Monday to Friday. Referrals are made following a social work assessment.

### **Background**

The service operated as an 18-month pilot, until March 2023<sup>i</sup> in purpose-built premises under a contract with the London Borough of Wandsworth to provide specialist day services for three service user groups: older people, people living with dementia and adults with physical disabilities.

Various organisations (e.g. Social Services, Leonard Cheshire) had provided services in the council-owned building over the years, but, most recently, it had been a day centre for adults with physical disabilities. A service review about the way forward for day services in the borough led to Wandsworth Council deciding to refurbish the building, add a second storey and repurpose it as a community hub, offering a day centre and community outreach. Service users were temporarily moved to another site while work took place.

Age UK Wandsworth was awarded the contract to run the pilot service. Age UK Wandsworth had previously been providing services for people aged 60 or older (but not a day centre), and Leonard Cheshire for adults of all ages with disabilities. Leonard Cheshire staff, who had been operating the day service for adults with physical disabilities prior to the building work, were transferred to Age UK Wandsworth (via TUPE). This pilot aimed to test Wandsworth Council's vision for a mixed service user group day service.

### **Service users and staffing**

Intake of service users was on a staged basis after a month of setting up rooms and intensive staff training. Some people with disabilities, who had accessed the service onsite previously, were ready to start immediately. On average, around 18-25 people now use the service every day, with approximately one-third in each service user group (older people, people with dementia and adults with disabilities). Plans are to continue to grow numbers gradually. The waiting list includes a very high proportion of people living with dementia.

The ratio of staff to service users is 1:6-8. Some may need 1:1 support for part of the day, but not at other times, and staff are allocated individually where this is identified in the initial assessment.

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<sup>i</sup> At the time of writing (August 2023), the contract following the pilot period was being finalised.

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The service takes a person-centred approach, promoting independence and social inclusion in a safe, relaxed and warm environment. Staff are kind, caring and experienced, and treat everyone with dignity and respect. All staff, regardless of role undertake the same training programme in safeguarding, sensory awareness and dementia. Specialist training includes online and classroom-based training which cover the different types of dementia, different types of mental health problems and communication strategies for people living with dementia. Classroom training includes virtual reality activities, such as staff wearing sensory equipment that enables them to experience the challenges faced by people living with dementia.

### Facilities

All rooms are spacious and well-ventilated with natural light and large windows.

Several rooms are downstairs: a dining room, a fully adapted kitchen, the IT suite and reminiscence/quiet space. An accessible garden is outside.

Upstairs, which is accessible via a keypad and a lift, are the reablement room, exercise and games room, salon for hair and podiatry, and The Daffodil Room. The Daffodil Room hosts a specialist service for people with moderate to advanced dementia. A sensory area includes a **Magic Table 360** which is an interactive projector that provides games, music and tranquil visual backgrounds.

Refreshments and lunch are taken all together downstairs, in the dining room.

### The day: activities, meals, transport, access to the service

Service users can engage in a social, friendly environment or relax in peace and quiet.

Various activities are organised downstairs. Usually around five or six activities run at any one time and are open to any service user.

Specialist activities for service users with more advanced dementia take place in the Daffodil Room for about 30-45 minutes (to cater for those with a shorter attention span). Staff use this specialist dementia training and knowledge of a person's needs and individual interests to personalise activities and games. These service users then join others downstairs where other activities (for mixed groups) take place.

Staff work closely with service users and their families to discover what people like and enjoy, what their interests are etc., and plan activities accordingly. Some activities share a title but are tailored for different abilities. For example, one crossword puzzle group activity may involve a group of people working together to solve a crossword. Another would take place in The Daffodil Room using the magic table that shows a wordsearch which reveals a word as a hand moves over it. Likewise, individuals can listen to their choice of music with headphones using an iPad, or there are larger music groups that anyone can join in with. Some activities, such as exercise to music, involve all service users and all staff.

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Newspapers, board games, puzzles and arts and crafts are always available. Staff regularly organise bingo, quizzes and films. Exercise sessions include regular seated exercise and exercise bike sessions and 'pop-up activities' such as seated yoga and Zumba. Themed pop-up activities (e.g. carnival) are also held for one week in each month.

A gym and reablement equipment are available. Staff can assist service users with personalised goals and an exercise plan. Equipment is owned by the council.

The large IT suite includes accessible features such as height-adjusting tables, keyboards with large keys and trackball mice. Service users may use the IT suite whenever they would like to go online.

Weekly themed coffee mornings for service users and other Wandsworth residents aged 60 or older aim to connect the centre with the community.

Refreshments are available throughout the day. A nutritious two-course lunch is cooked onsite and caters for specific dietary needs.

Transport is provided on modern minibuses. Service users can be assisted in/out of their homes. Times of pick up and drop off vary. There is space available for wheelchairs and walking chairs.

To access the service, a social worker must carry out an assessment to ensure a person meets the service eligibility criteria to attend. If eligible, a free taster day is offered. The person can decide if the facilities offered suit them and support can be arranged for any ongoing attendance.

### **Day-to-day experiences of providing care for mixed groups**

This mixed service user day service was a new initiative that was set up with certain contractual specifications, such as making available a room specifically for people with more advanced dementia. However, a good degree of freedom in its day-to-day running has been possible. Providing the service has been a learning experience that has involved testing ideas to discover what would work best. For example, having activities downstairs and refreshments/lunch upstairs was not successful as the 'dining room experience' was felt to be missing. Consequently, meals and refreshments are now all taken downstairs, as one group. Having a designated smoking area in the garden and using the upstairs specialist room for specific activities (rather than for the whole day) means that service users with dementia who smoke and can still be supervised while retaining independence.

Feedback from service users' family members was helpful during this development stage as it helped to consolidate some ideas. For example, the manager had, initially, envisioned a very integrated service in which people would mix. Someone asked if her family member (who had dementia) would have access to activities downstairs and was pleased that she would. This supported efforts to ensure that service users had opportunities to mix between groups.

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Although everyone being together is a goal, some service users need some calm with low noise levels, and some people are very vocal and can sometimes monopolise activities. Therefore, the opportunity to have 1:1 activities or support must be available. Staff are also aware of individual needs with respect to balancing groups and managing people.

Having mixed groups has not led to any safeguarding concerns. The staffing ratio is good and all groups are supervised. Potential issues are documented and reported back to social workers after trial days and short settling in periods. Staff get to know regular service users and their behavioural characteristics well and are able to manage and defuse situations before these escalate.

The positives of delivering an integrated service, which are detailed in the next section, have outweighed the negatives.

### Impact

Staff have enjoyed witnessing how integrating different groups of people has led to improved mutual awareness and personal growth. Family members have fed back similar outcomes to staff.

It has been noticeable how some of the service users with disabilities have 'buddied up' with service users with dementia, offering their help at meal, and other, times. Staff have observed how taking on a self-imposed 'mentor' role has helped some people develop. Families have also informed staff that they have noticed their family member growing in confidence.

Networking with local community groups and inviting local healthcare professionals and social workers to visit has been extremely helpful and is something Age UK Wandsworth will continue to do and to encourage. Feedback has been received that these visits have supported people to progress their thinking about developing projects to support the local community. For example, visitors have talked to people, individually and in focus groups, to find out what is lacking in their area.

### Case studies demonstrating impact on individuals

**Service user A** is 81 and has been going to the day centre for a short time. He is blind and hard of hearing. He really started to enjoy himself during his visits. He joined in with exercise and topical discussion groups and is keen to listen to music on the tablet using headphones. His visual impairment means it can be difficult to participate in the current events discussion group, but he enjoys listening to others. The staff facilitator encourages him to attend and to offer his opinions which makes him feel valued and included, as well as reducing his feelings of social isolation. When it is time to go home, service user A tells staff that he had a lovely day. His daughter has complimented the service, saying that her father really enjoys his time there.

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**Service user B** is 82. She started attending the centre in autumn 2022. She had a challenging start and found it hard to settle in. She would often say that she wasn't coming back when she left for the day. She now has a small group of friends she likes to sit with, and they can often be found laughing and engaging with the larger group during activities. Service user B has come out of her shell and become very sociable. Her love of music and playing the harmonica are clear. She dances and sings along during music activities. Service user B's daughter has fed back that her mother really enjoys going to the day centre now and eagerly waits for the transport to collect her on Wednesdays and Thursdays.

**Service user C** is an 85-year old man who has been attending the day centre for many years. He can often be ill-tempered and unsociable. Over time, staff have learnt how to manage his likes and dislikes. He would often refuse to take part in group activities. He has now started taking part in a dominoes group with other service users. The group does not talk much but there is a camaraderie between them, and they play all day long. He has become more social because of his connection with this group and it is clear he enjoys the domino games. He is more engaged with people round him and his mood has improved. Service user C smiles more often now and makes some small talk with the other players.

**Service user D** is an 83-year woman from the Caribbean who is living with dementia, is a stroke survivor and has multiple health problems. She has been attending the centre for a year. Service user D cannot communicate verbally and needs assistance with all aspects of personal care. Through music groups, staff established the songs she likes by noticing when she tapped her foot. After a few weeks of going to the centre as a wheelchair user and using MOTomed Movement Therapy equipment<sup>ii</sup>, she was able to walk a few steps using a Zimmer frame. When a service user is unable to express their interests or goals, it takes great care and patience to try various activities and watch for different reactions. Staff were able to ascertain which music she liked and improved her mobility, even if only for a short distance. Service user D's son says his mum is more alert and happier when she returns home from a day at the centre.

**Service user E** is 87 and a long-standing service user who developed dementia. She was often quiet and did not engage with activities or other service users. She really enjoyed when there were sweet treats on offer. Staff knew she liked animals as she would tell stories about growing up on a farm and decided to try to engage with her by using the robot cat. Service user E would become more alert and talk quietly to the cat. She would light up and make eye contact with the people around her when she was brushing the cat's fur or feeding it biscuits.

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<sup>ii</sup> MOTomed Movement Therapy, which uses device-based movement therapy, was developed for people with movement restrictions and complements physical, ergo and sports therapy measures. Users can train while seated in a wheelchair, from a chair or lying down. The day centre has several MOTomed viva2s which are leg and arm/upper body trainers; passive or assisted settings can be varied to suit individuals, and programmes and timers can be set. For more information, see [www.motomed.com](http://www.motomed.com).

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### The process: what helped and what was a hindrance?

- Growing the pilot service gradually, to enable staff to get to know service users and their needs individually and in a phased way, was a good idea that was well-received by the council.
- Being approached by healthcare professionals was helpful for local awareness of the service. Inviting social workers and healthcare professionals to visit allayed any concerns about how the service would manage individuals and counteracted any scepticism any may have felt about day centres, and, in particular, one that catered for mixed groups.
- Having regular meetings with the Council's commissioning team was supportive. These meeting both enabled feedback - of concerns/issues and positive stories - and built trust.
- Regular meetings to draw on the day-to-day experiences and knowledge of the support team (who drive the minibuses, run activities, provide personal care, and do paperwork) were an important contributor to getting things right, as was trial and error.
- The building was fitted with a mirror inside the lift. This positioning has been problematic since people with more advanced dementia can find their reflection in mirrors quite distressing and the specialist activity room for this group is upstairs. We have covered the mirror with paper.

### Tips for others

- Challenges are to be expected when providing a new service to a mixed group. Be open-minded. Realise that you might try something but will still need to consider alternative options.
- Trial days are important for service users, family and the provider.
- Regular meetings to draw on the day-to-day experiences and knowledge of the support team (who drive the minibuses, run activities, provide personal care, and do paperwork) is key to getting things right. Feedback on how things generally/specific initiatives are working and any ideas should be discussed in these.
- Schedule and hold regular meetings with the Council's commissioning team. The day centre manager finds this very supportive and these meetings provide her with the opportunity to regularly share feedback.
- Invite social workers and community health professionals to open days and provide an opportunity for questions as these things break down barriers, address preconceptions and build trust.
- Being active on social media (Instagram and Facebook) helps the community know what the centre does and what can be offered. Families enjoy seeing what their loved ones do at the centre (and consent to their images being uploaded).

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### Resources needed

- Staffing: for every staff member, there are 6-8 service users.
- Training: Staff, who were TUPED<sup>iii</sup> over to Age UK Wandsworth from Leonard Cheshire's disability service were already knowledgeable about disabilities, were given intensive training in dementia (by the service manager whose background was in dementia care. The organisational Chief Executive and the service manager have attended extensive training.
- Funding: An 18-month pilot, funded under a service contract with London Borough of Wandsworth, ended in March 2023). The follow-on contract is currently being finalised (at time of writing – August 2023).
- Daily charge £52 (set by Council and subject to financial assessment and invoiced by the council) + £7.50 for refreshments/lunch (collected onsite).

Website: [www.ageuk.org.uk/wandsworth/our-services/gwynneth-morgan-day-centre](http://www.ageuk.org.uk/wandsworth/our-services/gwynneth-morgan-day-centre)

Instagram: <https://www.instagram.com/ageukwandsworth>

Facebook: <https://www.facebook.com/WandsworthAgeUK>

Linktree: <https://linktr.ee/ageukwandsworth>

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<sup>iii</sup> TUPE stands for Transfer of Undertakings (Protection of Employment). A 'TUPE transfer' happens when a service or organisation is transferred from one employer to another.

## **'Redesigning for survival': an in-depth case study of re-designing a day centre for people with dementia, Ray Baird, Braid Health and Wellbeing Ltd**

This case study was presented at the Day Centre Research Forum on 23rd June 2022, and updated in May 2023.

### **Summary**

This in-depth case study examines the experiences of redesigning and modernising a traditional day service into an innovative, creative centre for wellbeing for older people. It is a '*warts and all*' account of a service fighting for survival through unprecedented times including pandemics and local authority cuts, and the struggle for recognition from statutory organisations in relation to its place in the care continuum for clients.

It covers recognition that day services' value is under-recognised, how Ray Baird, the new Chief Executive Officer, started the process of gathering knowledge about the service and understanding the Board (and the challenges this involved), starting to implement change during the Covid-19 pandemic and the process for change – how a culture of continuous improvement was nurtured and how 'system drivers' were explored.

Changes included:

- introducing KOMP communication devices (simple, one-button instant communication devices)
- buying a Magic Table
- developing a dark and a light sensory room
- introducing person-centred care and starting to monitor this using the PERCCI (Person-centred Community Care Inventory) evaluation questionnaire
- appointing a resident artist
- developing a life skills/reablement centre and courses (now a self-contained business within the day centre)
- employing:
  - a professional fundraiser was employed who has attracted new projects and funds
  - a marketing assistant from the government's Kick Starter scheme
  - an occupational therapist
  - a Link Worker
- establishing a relationship with Education Scotland which has led to the day centre becoming a recognised placement for NHS allied professional students (OTs, paramedics, physiotherapists, podiatrists and nutritional therapists) and for nursing students
- developing a partnership with the Advanced Research Centre for Care at Edinburgh university which led to a programme of research and innovations at the centre.
- changing the service name and branding.



### **Apology for misrepresenting day services in my previous roles**

I am going to start this presentation by breaking one of the major rules of presenting and that is, starting with an apology. An apology for past misrepresentation of day services in past positions. An apology for underestimating the effectiveness of day services, an apology for ignoring day services in past redesigns and improvement programmes and an apology for never really truly understanding the part these services play in the care sector.

I am embarrassed to admit that over a 33-year career within the health and social care system I had never worked with or included day care providers and specifically, those dealing with older people, in any programmes of work I have undertaken. As a so-called 'expert for redesign and improvement' I have worked at the highest level within the Department of Health, NHS Trusts and Clinical Commissioning Groups as well as being an international advisor for the World Health Organisation for improvement within mental health services and as I have already mentioned, not once have I included day services into any redesign or improvement plans.

I now find myself in the position where I am trying desperately to raise the profile of these services to people just like myself in the past, who have a degree of influence but do not utterly understand what it is we provide and the effect we can have on individuals and families.

### **Introduction to this case study presentation**

This presentation deals with redesigning a large day care service within West Lothian, Scotland.

I will explain the distinct phases of the change process as they happened to me. It would be fair to mention at this point that the lack of any internal market and competition has lessened the need for continual change in Scotland. My organisation is a particularly good example of this as it probably never changed drastically for more than 25 years because no one has ever asked or shown an interest in what we do or for evidence of our outcomes we were achieving.

### **Phase 1: first 3 months in post**

#### **Knowledge gathering and getting the Board on board**

I was appointed CEO to Braid House in November 2019. I was coming from a role of director of redesign and improvement at Barnet, Enfield, and Haringey CCG and it was the first time being employed directly in the 3<sup>rd</sup> sector. I had extensive experience of working alongside the 3<sup>rd</sup> sector in redesign and improvement programmes but never employed by them, so you could say it was a bit of a change!

This was also the first time that I had worked in Scotland and West Lothian is an interesting area, serving a population of almost 200,000 in an economy with its roots in mining and heavy industry. Like Scotland as a whole, West Lothian has seen an increase in the age of its population with the over seventy-five's seeing the largest percentage increase between 2012-

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2022 with a 46% rise. Dementia and Alzheimer's disease is the leading cause of death for females (13%) and the second highest reason, behind ischemic heart disease for men (8%) in the West Lothian area so the need for support is certainly there.

Another reason for moving back to Scotland was due to my father becoming seriously unwell and living with dementia himself and struggling to manage day to day. This opportunity would give me the chance to support my father and family as he approached the end of his life. When I look back at this time it was partly his experiences of services that drew me to the job and working in a day care environment or as my dad would call it, his 'Gentlemen's Club', never a day centre!

The board at Braid House (as it was known then) was confronted with a major decision following the retirement of the service manager who had been in post for more than 20 years.

Did they replace that individual with someone similar, probably from within the existing workforce or did they open the position up to someone from a different background and perhaps who would open their thoughts to new ideas and opportunities?

To their credit, they took the less easy option of going out to advert and employing a specialist recruitment agency in attracting a new manager. The position of Chief Executive Officer was also a new role and came about after in-depth discussions and advice with the recruitment agency as they felt this would attract a different and higher calibre of individual. (That sounds pretentious on my part, and it's not meant to be, but I think we all have a good idea how recruitment agencies work??).

At the initial interview, I was informed that the role would also include acting as CEO for the collective of day services across the whole of the West Lothian Area involving five other services. To me this was a bonus as I could instantly see the opportunities and benefits of working with six services rather than just the one, if only that had been the case!!

Once appointed and in position it became clear very quickly, that there had been a split in the board and the appointment of a CEO was not unanimously agreed upon. Several of the board felt it was unnecessary and an unwarranted expense, some felt that they had been successfully delivering the services for ex number of years so why would there be a need for change. It was also clear that the role of CEO was misunderstood and viewed purely as an 'operational manager' just under a new name, so the first phase of change very much started with the board.

At the same time, and as I have already admitted, my personal understanding and knowledge of day care services was extremely limited, so I had to do something to raise this awareness.

I did the usual things of researching and reading, looking at policies and visiting but the single most important task I undertook was to work alongside all the staff. As a registered nurse, I at least had some credibility with the carers although it had been a long time since I had delivered personal care which staff took great delight in highlighting my poor skills!

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I spent the next 3 months working alongside all the staff from carers and office administrators to cleaners and drivers, gaining an in-depth understanding of the roles they undertook, their values and their approach to the clients and their jobs. I listened to their complaints and ideas in how to improve their experiences. This period gave me the opportunity to develop a relationship with the workforce and more importantly for them to get to know me.

The board, well that was a much bigger challenge. We arranged an away day which I think is a standard thing to do, to start exploring what the future might hold and for them to hear my thoughts. To my surprise, this was the first time they had undertaken such as an exercise, but it gave everyone the opportunity to get on the same page, to gather ideas and to set a future direction for the charity or that was the hope.

As in the introduction, this is a 'Warts and All' account of changing an organisation and I suppose this is where it starts to get a bit ugly.

The away day further opened a split that was already there between board members into a chasm, those who wanted to change and those who felt there was absolutely no need, and everything was fine.

I presented my thoughts on day services, including my first impressions of the centre and the staff (on reflexion, I could have been a little gentler here!) quoting numbers and criteria and looking at the fact that numbers had drastically fallen in the last year. I asked the question, "Did this present the fact that we were no longer delivering a service which people wanted," and this was seen by some of the board members as a direct attack on the charity and it was certainly anything but.

I also used evidence from my fathers' experiences of attending day services and how that service had been extremely flexible in meeting his needs and understanding his strengths and importantly, reducing his anxieties about attending to the point they were happy to call it the 'Gentleman's Club' to reduce his stigma at being seen attending a day centre. My dad had been a master stonemason, and a great little touch is that once the service found this out, they actually arranged for him to visit a local stone mason so he could go 'back on the tools' for the day and that sort of care and understanding had a major effect on me and my thinking about the sort of service I wanted to see for our own organisation.

It became apparent that one of the opponents of the changes to a CEO was the then Chair. This individual had a remarkably close relationship with the past senior manager and was heavily involved in the day to day running of the centre so much so that some staff viewed this individual as the senior manager after the previous member retired!

Over the next few weeks, I worked and met with individual board members, raising awareness of the CEO role and what was involved and starting to embed my thinking and ideas. Some were receptive and others, completely disinterested. Things came to a head when the Chair and I had a disagreement when that individual became directly involved with a staffing issue and did not pass the information on to me. Looking back, I do not think that this individual had

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ever been challenged within the organisation before and it came as a surprise when it happened and within a week they had decided to resign from the board.

The next month saw a flurry of resignations of board members. The board went from 10 to 4. Interestingly, the staff within the organisation showed no interest whatsoever as they felt the board had been completely removed from the workforce and most did not know who the board members were, let alone understand their value. It goes without saying that things were a little tense during this period but as soon as the first board meeting took place after the resignations those who were left appeared far more relaxed, driven, and committed to change, probably because they were the ones who wanted that change to happen.

It is an important point worth noting at this point, that the change process I was introducing wasn't just based around the charity and workforce it included myself. I was learning extremely quickly that I was no longer in the statutory sector and therefore there was a huge amount of change that needed to happen within me if this was going to be a success.

I will come back to the board later in the presentation, but I will move on to the other five boards that I was now CEO for and if I thought the Braid Board was a challenge it was nothing compared to these ones!

I spent a great deal of time in those first couple of months visiting and being in the other centres which ranged in size and skill levels for delivering services. What was clear right from the beginning is that there was 'NO' joint working. Each centre had its own board, senior managers, carers etc. They all worked differently, there was no consistency of approach, no joint training, no sharing of resources, no joint strategic thinking. Each had its own relationships with commissioners and council representatives which they guarded like the crown jewels.

The concept of a single CEO to represent all the centres was an idea to help bring these things together but just like the Braid Board, not all those sitting on the other various boards agreed, far from it. For some it had left a bad taste in their mouths, and they were going to do everything in their power to prevent this being a success.

By this time, I was starting to see regional and local issues more clearly. The council (which all the centres are reliant on for most of their funding) were starting a review of day care provision across the whole of West Lothian, (strangely without engaging any of the actual services!) their criteria for clients accessing the services had recently changed to 'Critical and Substantial' which resulted in a high number of clients not being eligible for the care they had been receiving and I could see that this was inevitably moving towards a reduction in the numbers of day care providers or at the very least a reduction in grants awarded to each service.

I presented my thoughts and concerns and aired the concept of partnership working across the different centres and organisations and the potential benefits this could have to each centre and more importantly to the clients and communities we were delivering services to. I also aired the potential idea of amalgamating several centres! (Yes, I agree, that might have been a step too far at such an early stage!)

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More partnership working would have had the effect of saving money through such things as a single management team, sharing buses for client transportation etc. It would have enabled us to create a clearer service specification and develop a consistency in approach.

These ideas and thoughts fell on deaf ears and the individual boards were adamant that they would remain separate, there was no interest in working together and each board refused to believe that there was any threat to their centres due to the 'special relationships' they had with the council or commissioners.

As an individual I don't give up easily and I have a bit of a reputation for getting things done in very challenging circumstances but through experience I have also learned to pick the battles worth fighting and I could see that trying to bring the services together was either going to take years or a directive from the Local Authority telling them they needed to work together, or funding would be stopped. Unfortunately, neither of these things were going to happen. I could also see that trying to bring the services together at this stage could have a detrimental effect on the services being delivered so after consultation with my board and other key individuals including local authority officers we all agreed that the CEO role representing the collective of Day Centres was not going to work and I therefore resigned as CEO for all the centres and solely concentrated on Braid.

Yes, I was incredibly frustrated, as I felt they had missed a fantastic opportunity to form a collective. However, Redesign managers will know that you face these issues all the time when improving services but using skills and tools you can usually bring those outliers into the programme eventually. This particular group was so adamant that things would remain as they were that it was seen as a pointless exercise even trying and all those involved with this agreed.

As far as my board and myself saw it, there was a window that was begging to be opened but the lack of foresight and strategic thinking was not there instead, there was a complete selfish focus on individual services and only thinking about what they could achieve rather than exploring opportunities to deliver integrated services to a wider clientele.

### **Phase 2: 3-6 months?**

#### **Implementing change...whilst reacting to a global pandemic!**

Speak about a baptism of fire, in 3 months I had gone from being the CEO of 6 day centres to 1, the majority of my board had resigned, I was seen as a disruptive and challenging influence from the majority of those already involved with other day services across West Lothian, as an 'outsider' from other organisations and occasionally the 'Who does he think he is' attitude from other CEOs. From my perspective, I was only just getting started at this point and had not really introduced actual change to date!

Staff were however getting to know me, and they were starting to hear some of my thoughts, and I was listening to theirs about how we could deliver services in diverse ways. Ideas around 'person centred care, choice, smaller groups working, using other services to support us,

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looking at a new client group, younger clients, carer support, these were all being explored with enthusiasm which gave me encouragement.

Just as I thought we started to get some momentum the then senior operations manager left for another position and that sent us backwards for a few weeks, but it also gave me the opportunity to promote a senior carer that I recognised potential in, into that role and this was singly, one of the best decisions I have ever made in my entire career. Having a good senior team around you makes the job so much easier as everyone probably knows.

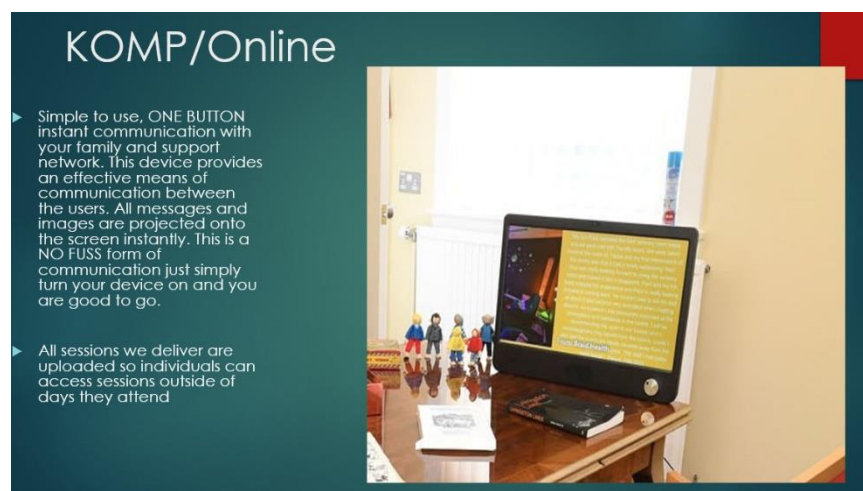
Then came along Covid, wow, what can I say.

Lots has been reported and written about how care homes were treated throughout the last 2 years and rightly so, but I have seen extraordinarily little reported about how day services were left completely up in the air without support or advice, and it is equally distressful.

I could easily do a whole presentation on this subject, but I imagine we are all pretty fed up with it all now but its something that certain individuals and governmental departments should be ashamed of.

As soon as it was clear we were going to go into lockdown we/I, made the decision to remain open in some form. Initially for the first 2 weeks we closed to all clients coming into the centre, and we moved to delivering support through home visits and innovative alternatives.

The week before, we had taken possession of x8 **Komp<sup>iv</sup> devices**, this was the first step in starting to do things differently and the staff were going to be having extensive training in its use. Covid meant we had to do this over the phone, and it was very much trial and error for the next few weeks.



Internet support was another development that had been planned to be introduced over an extended period, but the circumstances dictated that it was delivered within weeks. Interestingly, when I had initially discussed this with the staff it was very poorly received.

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<sup>iv</sup> KOMP are Simple to use, ONE BUTTON instant communication devices which provides an effective means of communication between the user and carers. Calls are quickly and simply answered, and all messages and images are projected onto the screen instantly. This is a NO FUSS form of communication without the need of Wi-Fi.

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There was an initial belief that Older People would not be able or willing to use the internet. In fact, this was more about the lack of knowledge and skills in the staff's ability to use the internet and Wi-Fi rather than anything to do with age!

As bizarre as this might sound, Covid and the pandemic gave us the burning platform to engage and redesign services far more effectively than had we been operating normally. We still supported the same number of people, in fact more than normal because we were supporting a higher number of carers and extended families. We were producing freshly cooked meals from our kitchens and over the period of the pandemic we provided over 50,000 meals to the local community.

Within a couple of weeks, the centre was ready to open to the most 'At Risk' clients who were either living alone or receiving no support. We were not advised to do this; we took that decision on our own because we felt it was the right thing to do. We operated under strict protocols and social distancing, and we never recorded a single case of Covid within the centre.

The reason for describing what we were doing is that I want you to realise we were just as busy throughout this period as we would have been during normal times the only difference was the actual numbers of clients coming into the centre which freed staff time to help me to review and redesign the services. The only other point I would like to make in relation to Covid and the lack of support is that 'No One 'in any official capacity was ever prepared to give direct advice about anything and especially for Day Services. The quotes that I continually heard was that "no guidance was available for your services so it's down to you to make that decision." Without wanting to blow my own trumpet...thank goodness my organisation had a CEO to take these tough decisions! The other thing I heard was "what is it you actually do in a service like that" when I mentioned Day Services. That said a great deal to me.

### **Phase 3: 6 months onwards.**

#### **Process for change – motivating and mobilising a culture of continuous improvement**

Each week, perhaps even twice a week or more, we *would meet as a staff team to look at new ideas and concepts from other areas* locally but also nationally and internationally. I suppose if you were following the change process this would be viewed as developing the 'Shared Purpose' phase. Individuals started to recognise that there was a different way to provide care and support in the setting we were working in. They became more interested in finding things out and creating a need for meaningful work. Not everyone was on board which is always to be expected and the individuals that I had concerns with while working with them were the ones that did not engage. Some of these individuals had been in the job for 20+ years and could not understand the need for anything to change, others were there as it was just a job until something better came along!

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These meetings allowed ideas, thoughts, and good practise to be 'Spread and Adopted' across everyone and one of the first decisions we made as a group was to buy a 'Magic Table' after extensive research and discussions with the makers. (*Interactive Projector specifically developed in Switzerland to engage with clients experiencing dementia and other age-related conditions*). Not a huge change but a real start in using new technology, and a physical reminder of the change journey we were on together – something we could all feel proud of achieving as we were the first day centre to take ownership of a Magic Table.



*We started to think about measurements, not only around the changes but more importantly around the outcomes of the interventions we were carrying out with clients. No one, even the funders had ever asked for evidence around client outcomes.* The only evidence requested, was client numbers attending the service on a daily and weekly basis – very transactional. No one had ever engaged with clients and carers to find out if they enjoyed coming to the centre and what they got from it and importantly what they would like to see in terms of innovative ideas. As part of moving to a relationship-based approach, we now carry out regular satisfaction questionnaires and we have a client focus group which helps us set the future thinking of the charity.

We also started to consider and *explore the 'system Drivers,'* what is our strategy, where do we sit in the care system, how do others view us, do we need to change? These were the questions that were being posed to all the staff and quickly most were coming to the conclusion that change was needed.

Throughout these meetings I would continually explain that the staff owned these potential changes and improvements. These were not 'MY' changes; this was really the motivating and mobilising phase of the programme and meant that leadership skills were of paramount importance. The new operational manager came into her own at this point and led the team superbly well and because she had the credibility with the staff, as she had been collaborating with them for 10 years + as a carer and then senior carer, they were prepared to fully participate in the changes. This was quickly followed by the concept of 'leadership for all.' After a period, staff started to use their own initiative, they grew into the change process, shared in the vision we were creating, and developed a desire to be the best in what they do.

It is also worth noting that the board would join us for these sessions, and it built a bond between the remaining board members and the staff and created a very strong singular vision for the organisation.



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During the pandemic we could not recruit any new board members, so we operated on the quorum of four. Looking back on this time, this was a blessing in disguise because the remaining board members were committed to changing the charity and the smaller board allowed us more time to explore and identify new options for services and more time to develop a new business plan. Since then we have successfully recruited new board members and are now back up to seven members which a wide range of skills and experiences.

Change can also result in some staff leaving the organisation and this is always a difficult time especially when you lose experienced staff but if they do not have the same shared or core values as the rest of the team then sometimes this can be positive, and it so happened to be the case for us. Certain individuals were watching things change on a day-to-day basis and when expressing their dislike or disagreement with these changes they found themselves being challenged, not by myself or the senior manager but by other staff members and it is at that point those individuals usually make the decision to embrace the changes and be part of the process or leave.

The remaining staff found it easier to introduce change as they were no longer being challenged at every step. That isn't to say we do not challenge each other; this constantly happens, and we are always reviewing the care and interventions we deliver. However, we now challenge on the benefits of the changes we are proposing, rather than whether or not change is required! To support this, we have introduced the PDSA cycle (Plan, Do, Study, Act); someone introduces a new idea, study the effects both on clients and staff and then we would change or improve or in some cases drop the idea altogether. This way of working is now embedded within the staff, they understand the need for this, and they feel it helps them improve the care they deliver.

It goes without saying there are numerous tools and models to support change in organisations and I am sure you have all tried various methods and techniques and I have certainly introduced a number over the last 2 years, but I have also found that the simpler ones are usually the most effective. Complex redesigns are exactly that, complex, but only for a small number of people. The real skill in redesigning services is the ability to engage, enthuse and communicate those changes in a straightforward manner that everyone can understand. It is the classic swan analogy, a change manager should be calm on the surface but paddling like hell underneath the waterline!

The other changes we have introduced into the workforce is '*Person Centred Care*'. Now it might surprise you that this was not already there, but the service previously delivered the interventions by doing things '**for**' the individual rather than '**with**' the individual. Most thought they were doing the right thing but after a while and reviewing other services and listening to clients and families they quickly recognised that they were doing what they wanted or because it was easier, rather than recognising the client as an individual and understanding their needs and strengths.

Moving away from doing everything for a client is not an easy task and it certainly does not happen overnight. It is a slow process, and this is where the concept of 'Leadership for All' is so

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important as individuals challenge and remind each other on what is expected and what they should be doing.

New assessments and care plans were introduced which helped capture individual needs and outcomes as well as introducing evaluation tools such as PERCCI (Person-centred Community Care Inventory<sup>Y</sup>), which would evidence and evaluate the principles of person-centred care. These tools also form the basis of performance management of the staff.

It is a funny thing but after a while and if introduced correctly, the change process starts to take on a life of its own. There is a desire to try out new ideas, to introduce new approaches and it becomes much easier to explore new concepts and this is exactly what happened in the organisation. One change led to another. The concept of person-centred care led to smaller working groups. There was then a recognition that individuals had specific skills so there was then the need to bring in new activities, such as Wood Working, Model Trains, Art and Design, Theatre groups, Singing, Dance and the list goes on. These activities led to the **appointment of a resident artist** who we commissioned from another organisation. We also employ other individuals who deliver specialist sessions, and this helps develop our partnership working and promotes our changes and new approach within other organisations.

We took the huge step to *change our name and branding*. We dropped the day care title and brought in a Wellbeing and Specialist care title so we could attract a new clientele. The 'day service' title was off putting to some newer clients, and this had been communicated to us on numerous occasions as it had connotations with a negative stereotype of old-fashioned care. I often go back to my dad's idea of his Gentleman's Club and not the day care centre!

We started to engage with clients and families about specific skill courses helping to maintain life skills and independence for longer. From these conversations we *developed a Life Skills/reablement centre and created specialist reablement courses*. The centre includes a fully equipped skills rooms including bed, hoist, bath, toilet etc. A fully functional small kitchen for 1:1 support.

### Life Skills Assessment Suit

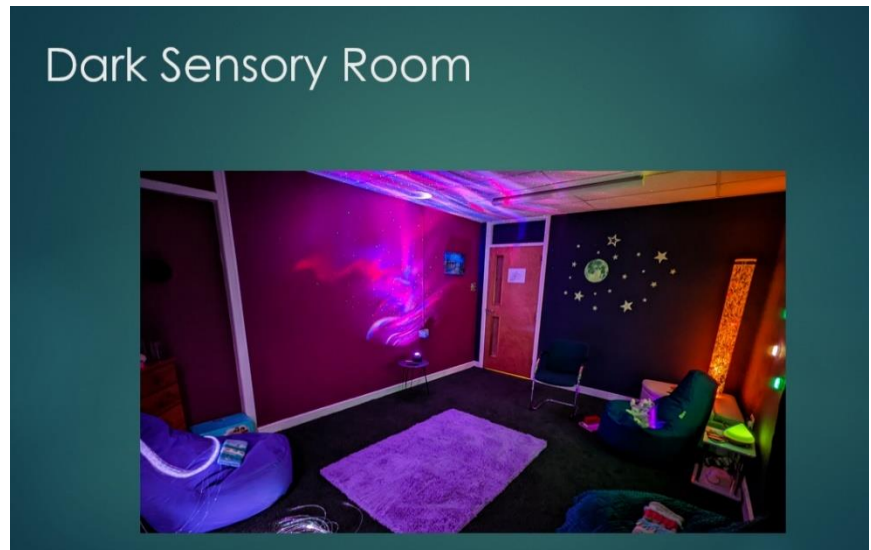


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<sup>Y</sup> PERCCI (pronounced 'percy') is a short (12 questions), straightforward standardised questionnaire that measures quality of care experiences. It was co-designed with people with lived experience of care services and is based on evidence. It can also help to demonstrate whether the service/provider is well-led. An infographic summarises PERCCI. Read more about how it was developed in a presentation given to the Day Centre Research Forum, June 2020  
<https://www.kcl.ac.uk/hscwru/assets/events/dcrf/2020/wilberforce-25jun20-dcrf.pdf>.

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A *dark and light sensory room* to help in relaxation and in managing challenging clients. A fully equipped reminiscing room and numerous other activities and technologies. We deliver targeted and intensive courses for clients and families who have either been recently discharged from hospital or require increased support to maintain skills and confidence helping them to remain at home. These courses are available as a separate service and do not require individuals to be a client of the day centre to access.



These developments and concepts took money and that is where the decision to *employ a professional fundraiser* came into being. This was a high-risk strategy but one that myself and the board felt was necessary to ensure we could deliver the changes we wanted to see and to move to become less reliant on local authority funding. Just like my post, we made the decision to employ a specialist recruitment agency, and this paid huge dividends because the number and calibre of candidates was incredible and once again Covid had played its part. Many fundraisers had found themselves being paid off and very few organisations were recruiting. The timing for us could not have been better because we got to pick from individuals that I don't think would have looked twice at us if we had been up against other better-known charities.

Our fundraiser hit the ground running and has been an enormous success over the last 12 months. She has manoeuvred us into new projects which attracts new funds. These pilots and projects help us to continue to update and change the way we work by exploring new ways of working. The building received a makeover and is now fit for purpose when before it had the feel of a run-down community centre. The biggest benefit from having a fundraiser is not just the money she manages to attract but also the awareness she is raising in other organisations about Day Care. We are being told that many funders have never historically funded services like ours so whilst this can prove to be challenging as it requires far more explanation, we are also experiencing a high level of success with applications. Saying that the next few years are always going to be tougher as funders have already heard your story!

These new services need to be advertised so a *marketing assistant was employed from the government Kick Starter scheme*. So successful was this individual in building our private income for us that we have now employed them fulltime, and this acted as a good news story for the Kickstarter programme.

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The *life skills/reablement centre is a self-contained business within the day centre*, and it was recognised for this to have credibility it needed a skilled trained professional and we have recently *employed our own Occupational Therapist*. We not only use this space for our clients but we also hire this space to private clients and organisations. The development of a *Life Skills/reablement* centre came about following research of what was needed and what was already available in the local community. We found that the nearest sensory rooms were in Edinburgh, access to life skills and assessment suites were available in the local hospital but that there was a long waiting list to access these resources. We have developed a service we know will be used by the local community and we are meeting an unmet need.

The recruitment of a fulltime OT into a rather unusual setting, brought us to the attention of Education Scotland who are now in the process of *placing OT students with us from both Glasgow and Edinburgh universities*. OT students are regularly based in care homes but very few have placements in day services. We are also having *other Allied professionals placed with us* including Ambulance staff, Physiotherapists, Dentists, Dieticians and hopefully many more over the next few months. The benefit to the organisation and staff of having students is that they keep you in touch with new thinking and as well as raising the profile of the service across wider professional groups.

One special role that we gained funding for that I would like to describe in a bit more details was that of *Link Worker*. Now, link workers are awfully close to my heart as I created the role many years ago for a primary care programme and although not exactly the same, this role promotes the same principles. Our is employed to connect with other community-based organisations and services. Her role is to raise awareness of what we are, what we do, how we can help and support other organisations and what we can do for clients. They will explore new avenues for service developments and is basically our eyes and ears in the community. They also work with GP's doing the same thing. They will also do home assessments and work with the carers to provide and create unique and individualised packages of care for clients considering the home environment of the client so that what we do in the centre mirrors or enhances what is happening outside of the centre. The benefit of this role is that through raising awareness of our service the number of private referrals has increased. If you add this with our rebranding and advertising campaign, we are starting to see a new client group accessing our services. We have also moved away from offering the standard 'full day' package. Individuals can now access individual classes such as cooking and self-care, to half days and holiday respite care.

The *next stage is to explore our opening hours and the possibility of opening at weekends*. Historically day care operates on the classic 9-5, 5 days a week model but society has changed, and we need to change to keep up with modern life. This may mean we have to change the opening times say from 7.30am to 9pm and to open at weekends but this is work in progress.

It all sounds like a success story but the truth is it is not, well partially not. The *largest problem we have is gaining credibility from statutory organisations such as the mental health teams, hospitals, GPs*. They appear incredibly hesitant to recognise us as a potential resource they

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could use to help achieve their outcomes and to reduce the backlog of cases built up over the last 2 years in terms of assessing and delivering targeted support.

They either view us as a threat, even though we have held open days and visited those services to inform them about what we can support them with or what do they need from us. Sadly, there just seems to be a block in recognising a Day Care provider in any other way than from the historical service it always has been.

Personally, I also feel there is a degree of service jealousy and snobbery involved and a feeling of how 'could a professional service ever go into partnership with a charity and what the hell does a day service do!'

That is one of the biggest differences I have experienced whilst working in Scotland. There seems to be a real lack of innovation when it comes to integrated partnership working. Lots of rhetoric around the subject and I am sure people believe they are working in partnership but its not equal and it certainly is not integrated, and I feel we are all missing a trick here.

The other challenge we are *facing is an imminent cut in funding*. Now, this was never going to come as a surprise and we predicted something was going to happen, everyone had a pretty good idea that the pandemic was going to place pressure on public finances and as you have heard we have been working over the last two years towards a new business plan, so we are not solely reliant on council grants. However, what we were not prepared for was unprecedented size of these cuts and much more importantly the time scales associated with them.

What is hard to stomach is the way the cuts have been calculated - the local authority have used the figures from the last year to evidence the reducing numbers in clients attending the service. Funny thing is we are still in the recovery period from the pandemic and what they do not account for in their calculations is the fact that many of our clients remain fearful of attending, many have sadly died and perhaps most astonishingly, the fact that the council control the referrals to us!

The introduction of stricter criteria has also had the effect of reducing client numbers. A suspicious or cynical person might suggest this was deliberate to keep referral numbers low so they could argue a cut...good job I'm a glass half full Scotsman!! Fundamentally, the approach adopted misses the point that numbers may be lower, but the needs of those individuals are much more complex and high level to the point that many require either constant 1;1 or 2;1 care. Staff may have lower numbers to care for, but they are still under pressure.

This point is constantly argued but council officers and commissioners are sadly not interested, and they are potentially suggesting a **50% cut** from this September (2022), which gives us next to no time to secure other funds or to develop our private services further. Despite our hard work transforming our services over the last two years and providing care for some of the most vulnerable in the community, the immediate future looks bleak. Part of that future is a result of the local day services not having the foresight to come together to form a collective

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and a single voice which would be far more effective against a large Local Authority. Instead, we are individual services being picked off one by one.

We are doing everything in our power to stay alive as a service that provides specialist care interventions for those going through the aging process. We have engineered a redesign and improvement programme which evidences our ability to change to meet the changing needs of our clients and the communities we serve. We are evidencing our effectiveness by capturing short, medium, and long-term outcomes of clients and families and we are beginning the process of research through partnerships with other organisations and academic institutions. We have reduced and streamlined our workforce, invested in training and ongoing development so that we now have some of the best trained and experienced staff in the region if not the country.

Is it enough, honestly, I am not sure, and I feel that is because as a service we are just not recognised or fully understood?

Is that because we have not been proactive enough as a collective?

Is it because there is a dearth of evidence and research around the whole subject of Day Care?

Is it because we are seen as an easy target because few people care what happens to the older generation and as a population, we do not want to think about the aging process?

Is it because as services we have not promoted what they do effectively?

The answer is probably a yes to all those things and as at the beginning of this presentation I started with an apology I end with an apology, as I was one of those individuals who did not recognise or value the contribution that day care makes to the care system and now that I do it might be a little too late!

### FOOTNOTE

On the 10<sup>th</sup> June 2022, the Care Inspectorate in Scotland published their new 3 year strategy for Health and Social care. Sadly, Day care services for Older People are not mentioned, once! Should it come as a surprise, maybe not, but it certainly supports my feeling that we are being misrepresented at the highest level.

### Braid Health and Wellbeing update May 2023

It has been 10 months since I presented our story of a service redesign programme and all the issues that went along with this. In those months, we have seen many developments leading on from the description that I gave.

One of the most pleasing developments has been the creation of a very successful relationship with Education Scotland. This has seen the recognition of the Day Centre as a regular placement for NHS allied professional students.

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We initially set out to be a placement for Occupational therapists which we trailed for 6 months. This was the first time that Education Scotland had used a Day Centre as a potential learning placement and there was some anxiety that students would not have the necessary environment and learning experience to meet their objectives. These initial anxieties were unfounded and feedback from students and placement mentors was so positive that 6 months has turned into a regular placement not just for one university but three. Glasgow, Edinburgh and Aberdeen. Sadly, student placements from Aberdeen didn't work out due to the distance between the university and the building but for the other 2 it has been a great success.

Interestingly other allied professional courses made contact after hearing the success of the OT placements and *we have had Paramedics, Physiotherapists, Podiatrists and Nutritional therapists as students within the building*. These have benefited all those involved and not least the clients themselves. We have been able to develop and offer services with support from students and supervisors. The number of students we now receive means that we can offer a rolling programme of therapies and interventions that we could have only dreamt about even a year ago.

We as a service do not get paid for these students but what they bring in terms of new knowledge, skills transference, a new workforce experiencing day services for the first time, gives us something that is difficult to put a monetary value on.

We have extended out to *offering nursing student placements* and this was again as a result of the positive OT placements. I think we can say that once the first step had been taken and we proved to supervisors that we were indeed a suitable and professional placement the word quickly spread across all educational departments looking for placements outside of the normal experiences.

Students have been surprised at both the level of complexity and the range of experiences they are gaining from this type of placement, and it is a service which is disappearing at an alarming rate which they may never experience again.

The 3<sup>rd</sup> and 4<sup>th</sup> Year students have gone on to gain local employment in professional services but an *unexpected benefit of these placements is that they have shared new understanding of the services we provide to a workforce that was unaware of the services and we have gained a number of extra referrals from these so we are creating new referral pathways*.

The next bit of good news was that following lengthy discussions and meetings with the Advanced Research Centre for Care at Edinburgh University, we developed a strong partnership with a number of key individuals and academics. This has led to a research programme and development of new, innovative approaches and equipment to support care and individual care packages.

We are now at the ethics approval stage and if all goes well there will be a number of innovations adopted by the service such as Hydration Cushions, Cutlery which monitors food and drink intake, Movement monitors which identifies possible relapse in specific conditions. We will also be trying new safety monitors which will enable all door to be left unlocked across

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the whole of the building as it will use face recognition technology to ensure at risk clients can only leave the premises under supervision.

There are a number of other developments which will be explored as these partnerships strengthen and all the academics have reported the benefits of working alongside care staff, clients and their families to understand specific needs that they can help address through technological solutions. Client families have been heavily involved in a number of these new developments. Once this research programme is fully introduced and reports are submitted the service will gain recognition as the first service to introduce some of these ground-breaking innovations and that is very exciting.

One aspect of the plan that I had described which was not successful was the possibility of employing our own Occupational Therapist within the service. For various reasons this did not come to fruition. Firstly, *trying to attract an OT into this type of service proved almost impossible*. We advertised on 3 different occasions without any interest. I had a number of conversations with NHS leaders and senior OTs and they described a potential negative perception from professionals about day care work. The inability for the service to mirror NHS pay scales and the lack of professional and personal development opportunities. I understand some of these points, but I do not accept others and as the student placements have identified day service can prove to be an incredibly worthwhile and fulfilling place to work which would meet professional and personal development needs.

There will always be an issue surrounding the ability to match NHS pay scales but that is something that all 3<sup>rd</sup> sector organisations struggle with as an ongoing organisational risk

I described in the initial presentation that we *secured funding for a community link worker*. Their role was to develop and raise awareness of the service within the local and wider community and professional services. This was successful to a point, private referrals certainly increased from the community but partnership working between social care teams and mental health services remained stubbornly difficult. The lack of engagement is hard to understand as this service could support and ease some of the pressures that these specialist services faced, not least respite care and early discharge from hospital. Reablement courses were something that we had promoted but sadly no outside referrals were received from other agencies or through NHS teams. That's not to say that we do not offer reablement courses because this is now a standard offer for all clients coming into the service. Staff will work on helping maintain, improve or teach new skills to support individual living.

*Staffing and person-centred care:* The single biggest difference across the organisation since we started this programme of improvement and redesign have been the staff. They have moved towards from a 'Do To' model to a 'Do With' approach to support and interventions.

Recognition and acceptance of individual and strength-based care has not been easy for all staff to adopt, but with time the changes have started to become embedded across all staff. The staff we employ are not trained professionals, they are on the whole, level 2-3 NVQ staff. We ensure as an employer that we provide ongoing training and self-development opportunities and couple this with the reputation for a service that pushes boundaries and challenges the normal standard approaches to care introduces innovative new technologies,



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we have not struggled to attract or retain staff, and this is something that we are very proud of.

*Contract changes:* Sadly, it has not been all good news over the last 10 months. In my initial presentation, I described the council's decision to tender of the current services. The way this whole tender programme was put together and costed was disgraceful and a prime example how the impact of Covid has been used to strengthen arguments to reduce services. The local authority calculated the numbers attending the service during Covid years. Unsurprisingly it evidenced a dramatic fall in individuals attending the service in person. They did not take into account that we were supporting the individuals at home, they were only interested in actuals in relation to attendees. No matter how much we highlighted this flawed approach they would not be moved from their calculations which meant that we saw an overall reduction in contract value by almost 70%.

We were successful in our bid for the contract, but the sad fact is, that after only 2 months of the new contract, the council are starting to recognise they have underestimated the need and are now reviewing the service contract!

In the meantime, we are in the position of delivering the same levels of interventions for a vastly reduced financial income. A large number of clients have been removed from council funded placements with no substitute service being offered. We are exploring new funding opportunities and our fundraiser is in the process of identifying grants and legacies which will enable us to support all our clients for the foreseeable future

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