



Meaningful Connection

Report on
engagement visits
to non-residential
services

February and March 2024



HAPPY TO TRANSLATE

Executive summary

Building on our [previous visits](#) to engage with people living in care homes, family carers, and staff, we visited non-residential care services (day centres) during February and March 2024. The purpose was to gather views and experiences from people about what matters to them in terms of meaningful connection, what works well, and what challenges and barriers may exist. We also wanted to establish where the themes reflected or differed from those identified during the care home visits and [literature review](#).

The key findings are as follows.

- People's emotional, mental and physical wellbeing, and their quality of life, was often enhanced, and loneliness reduced, as a result of attending the service.
- People experiencing care placed a very high value on the opportunity to meet, socialise with, and form friendships with their peers. Many had established valued relationships with peers, which sometimes extended beyond time spent at the service.
- People benefited from strong community links, including intergenerational contact.
- People's ability to access the service varied significantly from area to area. Some service managers described the impact of local authority eligibility criteria, which often meant that only people with very high care needs were able to access the service. It appeared that people's social needs were often not valued in the same way as physical needs, although loneliness and social isolation are known to have profound negative consequences for health and wellbeing.
- Informal carers expressed how they relied on the service and viewed it as a "lifeline" supporting them to continue their caring role.
- Managers and staff described the effects of the Covid-19 lockdowns in 2020 and 2021, which had, in some cases, lasting impacts on service provision and people experiencing care.

Background

The Meaningful Connection, Visiting and Anne's Law Project was set up by the Care Inspectorate with funding from Scottish Government to support and promote the importance of all types of meaningful connection for people who live in adult and older people's care homes, as well as to help prepare the sector for the implementation of Anne's Law. The project is based on the core principle that experiencing connection, which is valued, meaningful, and person-centred is essential to everyone's health, wellbeing and personhood, and fundamental to human rights.

We recognised that supporting connection is important not only in care homes but also for those who experience care in non-residential settings. High levels of loneliness and social isolation are experienced by many people in the community, particularly older people, with associated negative impacts on health, wellbeing and quality of life. In order to explore this further and ensure we were hearing a range of voices from across the social care landscape, we arranged visits to services as outlined in the next section. The aim was to gather data which would help establish why meaningful connection is important to people, what opportunities people have to make and sustain connections both within the service and the wider community, what works well, where any barriers and challenges exist and how these can be addressed.

We would like to thank the services who invited us to visit and made us very welcome. We would particularly like to thank the people experiencing care who generously gave their time to speak with us (and often permitted us to join in their activities), as well as the family carers and staff who shared their views and experiences. All the contributions were very much valued and appreciated, and have helped to inform this report.

Methodology

We sought expressions of interest, via the project’s mailing list and the Care Inspectorate’s provider updates, from adult and older people’s non-residential care services in the following geographical areas: Moray, Aberdeen City, Aberdeenshire, Angus, Dundee City, and Perth and Kinross. Interested services were asked to respond via a Microsoft form or by email. As a result, six day services were selected to participate, and preliminary meetings were held via Microsoft Teams with service managers or other relevant individuals prior to arranging a site visit.

All six services were registered with the Care Inspectorate as “Support service – not care at home”. All were premises-based and provided opportunities for social interaction and meaningful activities. Five services were primarily for older people, including many who were living with dementia, although some of these were also attended by younger adults with physical or learning disabilities. Due to the closure in some areas of services for people with learning disabilities, some centres which had originally catered mainly or solely to older people had found more people with learning disabilities were now attending their service. One service was registered for people with learning disabilities, but shared space and staff with a service for older people. Three services were provided by local authorities and three by charitable trusts. Some of the services also provided a limited outreach service. Often, outreach had been developed during the Covid-19 lockdown to provide some level of support when premises were closed and had continued in some capacity since they had reopened.

During the visits, we spoke to a total of 97 people. This included 59 people experiencing care, 25 staff (including managers), eight family carers, and five others (Figure 1). Due to the nature of the services, we did not have much opportunity during the visits to speak with family carers. However, managers were asked to inform people’s family carers about the project and give them the opportunity to contact us either at the time of the visit or outwith this. As a result of this, we spoke with eight people. We also spoke with five people who did not fit into the above categories, including professional and other visitors to the services.

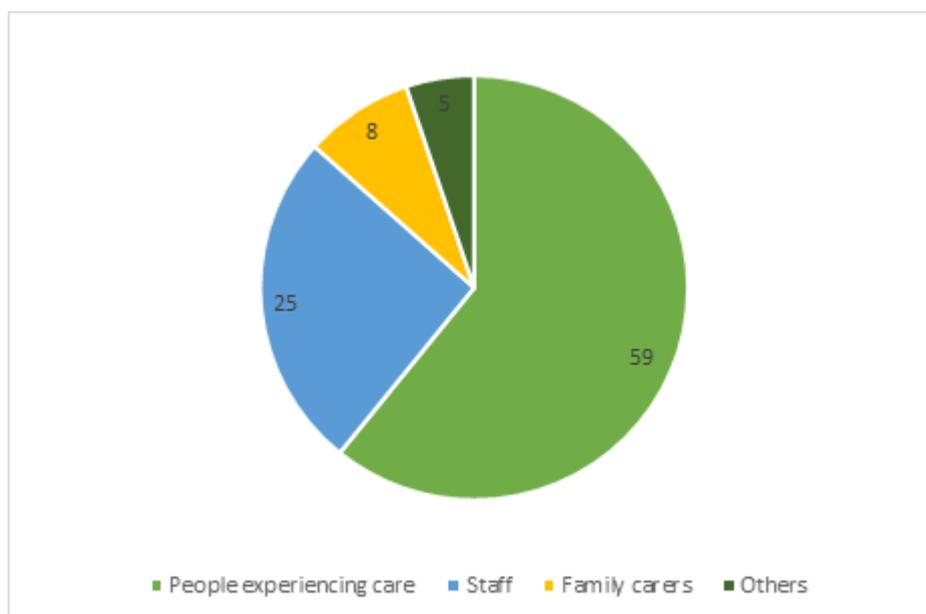


Figure 1: Numbers of participants

We spoke with people both individually and in small groups, and used a semi-structured interview format which was flexible and responsive to the needs of the individual and the situation. Often, this entailed joining people informally during their activities or at lunch or “cup of tea” time.

Terminology

The term “people experiencing care” has been used to refer to people who attend non-residential day services. The term “family carers” refers to their immediate and extended family, friends, and other close contacts.

Themes/discussion

Wellbeing and Loneliness

“It means the world.”

While some of the people experiencing care with whom we spoke lived with spouses, adult children, or others, the majority lived alone, and they particularly valued the time spent at the service, which enabled them to spend social time with others and participate in activities. People told us that during days spent at home they would typically “sit and sleep”, “do nothing”, “it’s just me and the TV”. One person who was enjoying her first visit to the day centre said, “I’ve been on my own in the house for such a long time... I wish I’d done this years ago.”

Staff who had worked before, during, and after the Covid-19 lockdowns told us about the differences they had observed in people over this period. This is discussed further in the “Impact of pandemic” section below.

People spoke powerfully about the effects of loneliness and isolation.

“We had a lady who didn’t speak – she’d been on her own so long, it was like she’d forgotten how to talk to people. But now she chats away.” (Staff member)

Staff expressed how they saw the benefits to people of social interaction with their peers. They described, for instance, how people who were known to have a poor nutritional intake at home would often eat better at the centre, when they were sharing mealtimes with peers and staff. Staff commented how over time they would see people “coming out of their shell” and forming friendships.

For many people, the time spent at the service was also highly beneficial in terms of physical activity and mobility, benefiting wellbeing and health. People were given the opportunity and encouraged to engage in a range of indoor and outdoor activities such as bowling, boccia, gardening, dancing, going out for walks and so on. Many centres had outdoor areas which could be used for activities or just for sitting and chatting, weather permitting. The more spacious environment often gave people the opportunity to be more active than they were able to be at home and to practise skills.

“[Name] was up dancing – he wasn’t even walking six months ago. His family couldn’t believe the change in him.” (Staff member)

Some services also had exercise equipment which people were able to use to support physical activity. One service was doing a “virtual walk” from one landmark to another, where every step walked was marked on a map, with a celebration planned when the target was reached.

Relationships

Peer relationships

When asked what they valued most about attending the service, the vast majority of people (52 out of 59) described spending time with their peers as the main benefit. While people also enjoyed engaging in activities and seeing staff, these aspects were consistently deemed less important than meeting and interacting with peers, spending social time together.

“I just want a blether.”

“I love seeing my friends.”

Many people experiencing care had formed new friendships as a result of attending the service. For some, these extended beyond the time spent at the service, as they would see or phone each other at other times. For instance, one person who had no family of their own had been invited to spend Christmas with a friend they had met at the centre and their family.

“All my old friends have died [...] Coming here, I can meet new people.” (Person experiencing care)

Staff spoke about the ways they gathered information about people’s interests and backgrounds, which helped them connect people with others who they might get on with due to shared experiences or interests.

“We have a lot of people who knew each other from years ago. They maybe haven’t seen each other in a long time but then they come here and they recognise one another.” (Staff member)

Staff relationships

While relationships with staff were generally not prioritised by people experiencing care in the same way as peer relationships, people also expressed that these connections were important to them and told us about the qualities they valued in staff. These included making the effort to get to know people, being friendly, genuine, and fun. Many people enjoyed the banter with staff, although of course this varies from person to person.

“They have to be able to have a laugh and give as good as they get.” (Person experiencing care)

All the services had a keyworker system, whereby the allocated staff were expected to spend time getting to know people, for instance finding out about their interests, personalities, backgrounds, and what they wanted out of attending the service. This helped people to be matched to particular groups, activities, days, or individuals who they might get on with.

Some services had an outreach facility whereby staff were able to keep in touch with people who were unable to come to the centre for any reason, such as visiting them at home or in hospital when it was appropriate or possible to do so.

“We’ve been going out to a lady who’s had a fall – it still keeps that connection while she’s not able to come in.” (Staff member)

Funding issues

There was wide variation in how, and how easily, people were able to access the service. In some areas, all prospective service users had to be referred by social work or the NHS, and meet stringent eligibility criteria; in others, people were also able to self-refer. At one service, which was now the only day centre in a large urban area due to the closure of other services, people were only referred once they had been approved by a local authority panel and met strict criteria; due to resource constraints, one day a week was the maximum anyone could attend, although many expressed a wish they could attend more often. In other areas, people were able to attend for two, three or more days depending on their needs and wishes.

Some managers described changes in the demographics of those attending, with people generally having much higher care needs than had been the case in the past. Often, people who were deemed to “only” have social needs were not afforded a high priority by commissioning bodies, although [loneliness and social isolation](#) are known to have profound effects on health and wellbeing. Some centres found that due to the closure of other services, people were now travelling farther to attend.

While some services experienced more demand than they had space to accommodate, others had found difficulty raising awareness of the service, both among commissioners and potential self-referrals. In these instances, managers and staff were actively seeking ways to promote their service in the community, for instance by printing and distributing leaflets, or inviting commissioning staff to visit the service to see what was available. Some expressed how they found it important to challenge misconceptions people had about what happened at a day centre and what they might be able to get out of it. Some people experiencing care, too, told us that they had initially been uncertain about attending due to not knowing what to expect; however, everyone we spoke to had found it to be a very positive experience.

Community links

All the services visited had strong links with the local community and described numerous, often creative ways in which people experiencing care were able to interact with the wider community. These included both going out and about and “bringing the community in”, helping to keep people engaged as active citizens and often supporting them to be more physically active. Some of the many activities and outings included visits to local places of interest, visits to a bowling alley and a golf range, attending or hosting coffee mornings, going out to a pub or cafe, attending classes such as woodwork or yoga either within the centre or elsewhere, among other things. Visits from entertainers, speakers, or animals were enjoyed by many people.

Several services had links with local schools and nurseries, supporting intergenerational contact which most people very much enjoyed. One day centre had regular visits from a local project which supported parents and carers of young

children, with a small group of parents and preschool children attending on a weekly basis. People experiencing care and the children in the group had formed mutually enjoyable, enriching relationships, which was supported by the consistency of the children's visits, at the same time every week.

"I have had a great day, I am so happy to see the children."

This project had also benefited the mothers who attended with their children, as they had formed valued friendships with each other as a result of involvement in the group.

Staff described links they had with other local services, such as sheltered housing, care homes, and others. This helped widen people's social networks and provide the opportunity for new friendships and experiences. One older people's centre had a positive link with a nearby service for people with learning disabilities – the two services visited each other and shared events.

Staff told us about the various means by which they found out about and mapped local resources, including word of mouth, contacts with other services and local forums,

Services varied in their ability to access transport to get out and about. Some had their own minibuses; others were able to use community transport resources. Two were actively fundraising to purchase their own bus. The ability to either use their own transport or to readily access community transport clearly impacted on services' capacity to support people to get out and about in the community. However, other factors also influenced this, including staff levels and people experiencing care's own ability and wish to do so.

Some services reported positive links with local businesses. This included support for fundraising, such as donating raffle prizes, and a local supermarket providing space for the service to hold a stall.

People experiencing care had been involved in fundraising not only for their own services but for other local services such as food banks and support for displaced Ukrainian families. This promotes reciprocity – enabling people to "give something back" - and supports people to be active citizens who feel valued and included in their communities.

Services had varied experiences of using, for instance, volunteers and students. The latter included social work and nursing students, and Foundation Apprentices. Some had very positive experiences of this, while others had found it more difficult to engage volunteers or students in the service. Some people experiencing care spoke warmly of students who had been at the service on placement and appreciated both the contribution the students had made and that the people attending the service had been able to contribute to their learning.

Impact of the pandemic

Staff had observed impacts on physical, mental and emotional wellbeing following the Covid-19 lockdowns, both on people experiencing care and also on their informal carers, who had often been under greatly increased stress as a result of the lack of respite and being confined to the home. Staff also experienced impacts on their own health and wellbeing over this period.

“It had a massive impact on people. You could really see the deterioration, especially in mental health and anxiety.”

Staff described the impact on one person with a learning disability of being cut off from their usual network, while being unable to understand the reasons why this was happening.

“[Name] thought we had all died.”

The physical impacts on people were also noted. For many, the necessity of being confined to their home for long periods had had noticeable effects on, for instance, mobility and weight.

Staff explained how they had tried to keep in touch with people, within the restrictions required at the time. Many had introduced outreach services; however, as this generally required prioritising the people in the most need of contact, it was not possible to connect with everyone in this way. Some used technology to contact people via video calls; one service had run online groups so people could see each other. However, not all people experiencing care were able to use technology, had the required devices available, or had access to people who could support them with this. For some, particularly people living with dementia or learning disabilities, it could result in increased stress.

Many staff strived to support people in person-centred ways; for instance, a member of staff described showing photographs to one person who was particularly anxious so that they could see that the friends and staff who they were worried about were all right.

While staff did their best to keep people in touch, this could not replace the social experience of attending the service.

“People were desperate to come back [to the centre]. They said, ‘It’s not you we want to see, it’s our friends.’” (Member of staff)

Reopening was a gradual process, with services managing the transition for people of returning to a service which initially looked and operated very differently.

“It was difficult at the beginning with social distancing, but people didn’t care, they were just so happy to see their friends.” (Member of staff)

The pandemic had also impacted services in other ways. Staff also expressed the difficulties that existed in rebuilding the service and community links.

“We previously had a lot of community connections, but it all stopped with the pandemic. A lot of groups and links just aren’t there anymore.”

Some people experienced continuing anxiety as a result of the pandemic, and some had chosen not to return to the service as a result. Some people, especially those with learning disabilities, expressed particular fears about whether it could happen again. Some struggled to adapt to a more normal life after having become accustomed to, for instance, social distancing and mask wearing.

Many, particularly in the older age group, had been unable to return due to a change in needs or circumstances. In some services, hardly any of those attending pre-

pandemic had returned, as many people had died, moved into care homes, or were no longer able to attend due to an increase in needs.

Family links and carer respite

Family carers we spoke with all told us of how highly they valued the service, and how this both benefited their loved one and supported the carer to continue their caring role by providing a regular period of respite.

“It’s my lifeline, it has made all the difference.” (Family carer)

Several expressed how they would like more days to be available for their family member, as it was so beneficial; however, often this was not possible due to resource constraints.

Services had various ways of keeping people’s family carers in touch and involved. Where people were not able to report to their families about what they had been doing during the day, staff used communication books to pass on information and keep people informed. Services used methods such as printed newsletters and social media to keep people updated about what was happening in the service, as well as regular individual reviews.

Some services held open days, when people’s families and friends could come along to find out more about the service and what their relative did there. However, it was also recognised that for many informal carers, the time spent at the service was the only respite they had.

Use of technology

Services were currently using a range of technology in various ways to support activities and communication. Smart TVs were used to support activities such as karaoke, exercise, music, or showing videos related to people’s interests or a daily theme. Some services had large interactive tablets which could be used for many activities such as puzzles and games, which also supported interaction between people.

One service was actively working on [Playlist for Life](#), supporting people to identify the music which was personally meaningful to them.

Some services had very active social media pages where daily information and photographs could be shared.

Conclusion

The day centres played a vital role in reducing loneliness and isolation, helping to meet a clear need in the areas they covered. Attending the services supported people to remain active and connected to their communities, and provided vital respite for informal carers, often enabling them to continue in their caring role. The services were highly valued by the people who attended, particularly regarding the opportunities for contact with their peers, with many specifically identifying how important this was to their quality of life.

We found themes to be consistent with those [previously established](#), particularly in terms of the link between meaningful connection and health and wellbeing, and the vital importance of peer relationships and community involvement. Due to the nature of the services visited, there was generally less of a role for family carers, although all the services sought to ensure they were informed and included.

Issues for consideration

[Research](#) has highlighted the devastating impacts of loneliness and social isolation on people's physical, mental, and emotional health and wellbeing and their quality of life, identifying it as a significant public health priority. The mortality risk associated with isolation and loneliness is comparable to that of other major risk factors such as smoking. There is clearly a role for day services, such as those visited, in alleviating social isolation and loneliness; however, in some areas, capacity was very limited, often due to other services having closed, and local authority funding was only available for those assessed as having the highest levels of care needs. This meant that many people who would potentially have benefited from the service were unable to access it. We found wide variation in the availability of services in different areas.

It is helpful if those involved in commissioning services have an awareness of the health and wellbeing outcomes associated with loneliness and isolation and reflect this in planning.

Staff had often grown to know people experiencing care very well, gathering much person-centred information which supported people to remain connected and active, benefiting their wellbeing and quality of life. There was a danger, at times, that this valuable information could be lost if someone moved to another service, such as a care home. Those involved in both providing and commissioning services should consider how, where this is not already done, this information can best be captured and shared to support people through change and improve overall outcomes.

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