

**Leicester City, Leicestershire and Rutland  
Adult Mental Health Services**

**DAY SERVICES REVIEW**

**STRATEGIC DIRECTION FOR ADULT MENTAL HEALTH  
DAY SERVICES**

This paper sets out the proposed guiding principles for the development of adult mental day services in Leicester City, Leicestershire, and Rutland. These principles are intended to serve as the framework for more detailed proposals, which will be developed this autumn (2005), with the intention to begin implementation early in 2006.

The detailed proposals will be made available as a consultation document. However, this paper – the **Strategic Direction** – builds on extensive consultations that have taken place this year.

**The purpose of the paper is to present the Strategic Direction to the Chief Officers Group, and relevant partner organisations, for endorsement. It is not for further consultation.**

**These organisations are requested to confirm their acceptance of the Strategic Direction by Monday 14<sup>th</sup> November 2005.**

Adoption of this Strategic Direction will mean substantial change. Day Services will need fewer buildings and group activities. Instead of duplicating activities that are or should be available, they will offer much more individual support and assist people to take up roles and relationships in the wider community. Clear recovery and social inclusion outcomes will be achieved through service redesign, commissioning and performance management.

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Section 1 of the paper sets out the proposed Strategic Direction in the form of a set of guiding principles.

The Strategic Direction has been shaped by various factors, and these are summarised in the paper as follows:

Section 2: *What does national policy require day services to deliver? (p5)*

Section 3: *Are there other local policies that will affect the development of day services? (p8)*

Section 4: *What do people who use local services want them to provide? (p9)*

Section 5: *What is the pattern of day services at the moment? (p11)*

There is additional information and discussion in three appendices:

Appendix A: Relevant national statements of over-arching principles for mental health services.

Appendix B: Findings from the consultation exercise

Appendix C: Findings from a survey of existing day services

## **Section 1: Strategic Direction of mental health day services**

This section represents a distillation of the steps described in Sections 2, 3, 4 and 5 of this paper, which form the foundations for the future direction of mental health day services. This section now sets out the proposed strategic direction, in the form of a set of guiding principles. These are listed below. **The Chief Officers Group, and relevant partner organisations, are requested to endorse these principles as the Strategic Direction for day services.**

Each of the principles is accompanied by some implications of adopting that principle. These are intended simply to highlight the likely practical significance of the principle. They are *not*, however, offered at this time as specific recommendations, or as a comprehensive list of the changes that may be required. Detailed recommendations will be produced for consultation once the Strategic direction has been agreed.

### **Principle 1**

**Day services will be based on the recovery model, recognising that even while people are experiencing mental health difficulties they can sustain their lives and be socially included; and that they are entitled to services that will help them to achieve this.**

This implies that –

- Social inclusion will be a primary goal of the work of day services.
- Wherever possible, the function of day services will be to enable people to use mainstream services and community opportunities, rather to create (or sustain) substitute opportunities.
- Organised activities that are provided *within* specialist day services will focus on helping people to gain the skills they need to access inclusive opportunities.
- Where specialist provision is required, an increased proportion will be based in ordinary community settings, rather than in separate buildings.
- Staff will be skilled in working with ordinary community services and resources, acting as advisers and educators.
- Staff will be skilled in assisting people to establish and sustain their participation in ordinary community activities.

### **Principle 2**

**Care planning that is strongly focused on the individual, and able to ‘see’ the person as a whole, with their need for services set alongside their wishes, rights, gifts and assets.**

This is likely to mean that -

- Care planning incorporates, or connects to, the best practices of person-centred planning
- The balance between the need for a ‘safe space’ and socially inclusive activities will be determined in the context of each service user, supported by staff who bring an attitude of ‘acceptance with optimism’.
- Services are willing and competent to respond to people who want to contract individually for their services through Direct Payments or an individualised budget.

- Services are responsive to issues relating to ethnicity, age, religion, sexuality, gender and disability.

### **Principle 3**

**A system of day services that has the capacity to respond to the individual needs.**

This implies -

- That Care Plans are developed as soon as a person identifies a need for day services (if plans have not been developed earlier).
- A 'whole systems approach' to the development of services, with each individual project designed to increase the capacity of the system to respond to the diverse needs of individual users.
- Good quality, readily available information about the services that are available.
- The introduction of additional mechanisms to promote strong working links between services.
- Strengthened links between services and mainstream services and community organisations.

### **Principle 4**

**Active support for user participation in service development and operation.**

This might mean –

- Strengthened opportunities for user representation in strategic planning, as well as user participation in the running of individual services.
- Encouragement to individual users, with appropriate safeguards and within equal opportunities principles, to become volunteers and paid workers within services.
- Commissioning policies that permit individual services to evolve into services that are controlled by service users.

### **Principle 5**

**A carefully developed balance between services that are local and easy to access; services that provide more specialised help in particular areas; and the need to use public funds efficiently.**

This might mean -

- Local 'walk-in' support groups in ordinary community settings, with an additional layers of specialist services - some focused on inclusion within specific life domains, others providing specialist mental health expertise.

### **Principle 6**

**A clear pathway for the redevelopment of services that takes account of the need of users, carers, and staff for certainty and continuity.**

This is likely to mean –

- A transparent decision-making process, with full and accessible information about decision points.
- Firm decisions, implemented within the stated timetable.
- Assistance to users and staff at individual services to understand the implications of decisions, and support in preparing for change.

## **Section 2: What does national policy require day services to deliver?**

### **1.1 The legislative context**

The duty to provide day services has been created through mental health legislation and, more broadly, through legislation for services to disabled people as a whole. The 1948 National Assistance Act gave local authorities powers to promote the welfare of people who are *substantially and permanently handicapped*. The 1977 National Health Services Act (Schedule 8) in combination with Circular LAC(93)10, Appendix 3, explicitly requires local authorities to provide day services for people who have a mental illness, as defined under the 1959 Mental Health Act. This duty was explicitly extended by the 1983 Mental Health Act to include people who have been compulsorily detained in hospital.

While there are few other specific references in statute to day services, a wide range of legislation impacts on the way that the services are organised and accessed. This includes the 1986 Disabled Persons (Services, Consultation and Representation Act, which placed a duty on councils to assess the needs of a disabled person, and the 1990 NHS and Community Care Act, which set out the process of community care assessment for social care services. The 1996 Community Care (Direct Payments) Act, which permits local councils to make payments to disabled adults to secure their own services, has implications for service commissioning and delivery.

There is little in legislation to indicate the form or amount of day services that must be provided.

### **1.2 National Policy**

Guidance on the principles and goals that should be followed by day services is most clearly stated in three documents:

#### **1. National Service Framework for Mental Health (1999)**

This document is primarily concerned with standards for the delivery of NHS mental health services, and offers very little specifically concerned with day services. However, it presents “ten guiding values and principles to help shape decisions on service delivery”.

#### **2. The Social Exclusion Unit Report: *Mental Health and Social Exclusion* (2004)**

This recently published report includes a section specifically on day services, but also has a vision statement, and an over-arching action plan, which are clearly relevant. The report highlights the importance of helping people to sustain or re-commence employment, and we understand that forthcoming commissioning guidance for day services will underline the need for day services as a whole (rather than just specialist employment projects) to contribute to this effort.

#### **3. The Social Care Green Paper: *Independence, Well-being and Choice: Our vision for the future of social care for adults in England* (2005)**

While technically a consultation document, this new paper offers a clear sense of the general direction of social care. It also makes it clear that people who

use services will increasingly be able to act as the purchasers of their own services, using Direct Payments or individual budgets.

### **1.3 Key principles in national policy.**

Although the statements in each of the three major documents (above) are different in format and emphasis, they very largely share the same themes. The following list draws out the common themes. The wording has been changed in order to create this synthesis, but it reflects the originals as closely as possible. Initials in brackets indicate which of the three statements identified the goal or principle.

#### **A. Choice, empowerment, and control:**

- A.1. Service users and their carers should be involved in the planning and delivery of services, and have genuine choices (*“be able to choose and control services”* – GP) and a real say about what they do and the support they receive. (SER/GP/NSF)
- A.2. They should be offered genuine choices that promote empowerment and independence (NSF/GP), and enabled to manage risk in personal life (GP).
- A.3. People should be provided with the information required to support choices (GP).
- A.4. Service users should be involved in policy development and decision-making. (NSF/GP)
- A.5. Services should be properly accountable to the public, service users and carers (NSF).

#### **B. Social inclusion**

- B.1. Services should work (day services should be “redesigned” – SER) to promote social inclusion so that people are able to live fulfilling lives, with access to leisure, social activities and life-long learning and to universal, public and commercial services (SER/GP).
- B.2. Services should work (as part of a wider programme) to challenge negative attitudes and promote awareness of people’s rights (SER)

#### **C. Families and personal networks**

- C.1. Services should recognise the fundamental importance of people’s social relationships, family and caring responsibilities (SER).

#### **D. Employment**

- D.1. People should be able to make a positive contribution through employment and voluntary activities (SER/GP).
- D.2. People should be assisted to keep their jobs longer and return to employment faster, with real opportunities for paid work that reflect their skills and experience; and with the option of career progression (SER)

## **E. Characteristics of service delivery**

- E.1. There should be high quality, evidence-based services, working in close, well-coordinated partnership with employment and community organisations (SER/NSF).
- E.2. The support from services should -
- be accessible so that help can be obtained when and where it is needed (NSF);
  - be available before people reach crisis point (SER);
  - provide continuity of care for as long as it is needed (NSF);
  - offer fair access regardless of ethnicity, gender, age or sexuality (SER).
- E.3. Service staff should be empowered and supported (NSF).

## **F. Basic amenities and personal safety**

- F.1. People should have sufficient income to meet their specific personal needs and for a good diet, and have access to decent homes, financial advice, and transport (GP/SER)
- F.2. People should be able to keep clean and comfortable, and enjoy a clean and comfortable environment. Appropriate personal care should be available to them (GP).
- F.3. People should feel secure at home, and have confidence in their safety outside their home (GP).
- F.4. People should have freedom from discrimination and harassment, and be protected from abuse and exploitation (GP).
- F.5. Services should promote the safety of service users, and that of their carers, staff and the wider public (NSF).

## **G. Health**

- G.1. People should be assisted to enjoy good physical and mental health, with access to appropriate treatment and support in managing long-term conditions independently. They should have opportunities for physical activity (GP).

The original statements are shown in Appendix A. Other statements from national and local organisations been researched, particularly including *Our Choices in Mental Health - The Checklist (2005)*, published by the Care Services Improvement Partnership; and *Redesigning Day Services: A Modernisation Template for London (2005)* published by NIMHE London Development Centre. These accord with the principles and goals listed above.

**Section 3:**  
**Are there other local policies that will affect the development of day services?**

A Joint Action Plan for 2005/2006 has been drafted by the City and Counties Mental Health Strategy Teams, with a prioritised list of actions. Item 23 in this list states:

*Produce proposals for day services that work effectively to promote recovery, social inclusion and positive outcomes for all, including younger people, including user-led services and employment of service users within services.*

Responsibility for this action is given to the Day Services Review Group. Thus the Joint Action Plan supports the development of this Strategic Direction document, while also endorsing the broad principles of the Recovery model, social inclusion, and user-led services.

A separate re-development process, the Adult Mental Health Inpatient Re-provision Project (AMHIRP) is currently underway. It is proposed that future Acute Inpatient Provision will be on 3 sites, including the Bradgate Unit. A Model of Care has been agreed for all 3 sites which will provide therapeutic activities for inpatients. Day Services for people living within the community will need to be accessed via Community provision

## **Section 4:**

### **What do people who use local services want them to provide?**

The views of people who use, or have used, mental health day services were obtained at a series of consultation events, and from responses to a questionnaire. It was evident from these exercises that the participants and respondents predominantly found that day services were helpful to them, and there were many expressions of appreciation.

The views that were collected covered aspects of day services that service users consider to be important, whether or not they are delivered at the moment, as well as areas where respondents wanted to see improvements. Analysis of all these views highlighted the following main themes -

#### **1. The system of day services needs to be responsive, flexible, and open.**

Specifically:

- centres need to be local and easily accessible in all areas;
- services should be available at weekends and in the evening;
- initial access to services should be easier and quicker, and should allow for self-referral;
- movement *through* different service options should be easier, and allow people to choose and sample for themselves;
- support should continue beyond building-based services, enabling people to sustain and enlarge their lives in inclusive settings.

#### **2. People should have access to a 'safe space'**

A significant proportion of people who use day services want to have access to a 'safe space'. In broad terms this means a place where people feel able to 'be themselves', and be free of undue pressure, but for some people it has more specific meanings, including –

- being free of pressure to do activities or make progress;
- an absence of newcomers, i.e. being amongst familiar faces;
- single gender groups;
- places/groups for particular minority ethnic groups.

Although not required characteristics for day services as a whole, there is a demand from some people for spaces which have these qualities.

#### **3. Care planning should be positive in its view of people; person-centred; quickly developed; and effectively used.**

Whatever methods of care planning are used, they should –

- be developed as soon as the person accesses mental health services;
- be genuinely focused on the individual and their needs and wishes;
- include recognition of the person's gifts and potential for recovery;
- be used to assist continuity of support and as the basis of the delivery of services.

#### **4. There should be access to a wide range of activities**

Day services should enable people to participate in activities reflecting their individual preferences. The preferred activities identified by respondents indicate that this implies access to a very wide range of activities, covering –

- arts and crafts;
- work and volunteering opportunities;
- cooking and other 'survival skills';
- educational opportunities, especially literacy, maths., and IT;
- sports and games;
- complementary therapies;
- 'talking therapies' and discussion groups;
- outings and holidays.

#### **5. There should be involvement and control by service users**

This covers activities at several different levels:

- in making personal recovery plans and choosing services;
- user participation in the running of services;
- user-led services;
- discussions of 'higher level' policy and strategy.

#### **6. Staffing needs to be adequate and appropriate**

This means staff -

- with adequate training;
- who feel secure and valued, and have high morale;
- who are optimistic and encouraging;
- who are well-informed about service options, welfare benefits, and the community.

#### **7. Adequate resources**

Specifically –

- Day centres which offer clean, spacious, comfortable, and well-maintained environments
- Adequate investment in new equipment for activities, and efficient maintenance
- More available transport.

Further information about the views of service users, and discussion of the issues raised, can be found in Appendix B.

## **Section 5: What is the pattern of day services at the moment?**

A survey of local mental health day services was undertaken earlier this year to inform the review, using a process of phone interviews with contacts for each service. Forty-two projects were surveyed. This represents most of the mental health day services in operation, but a few relevant resources – including employment projects - were excluded for various reasons. Key findings included the following:

- 4.1. There was a total of 2,400 names on the registers of the 42 services, though the number of regular attendees is smaller. Some people will also be enrolled on more than one project.
- 4.2. Ratios of staff to users vary enormously, ranging from one project for 80 people operating with one worker to another with a ratio of one worker to ten users. Where
- 4.3. Only a quarter of the projects offer an evening or weekend service and, when provided, the service offered at these times is mostly brief and infrequent.
- 4.4. Nearly half the projects said that they accepted self-referral, and the same proportion said they accepted referral from non-specialists. However, the real significance of this finding is uncertain without more detailed investigation, because projects sometimes operate 'retrospective referral' systems.
- 4.5. Fifteen projects support groups in community settings.
- 4.6. Nearly half the projects offer a 'drop-in' service, i.e. the option to have unstructured time at the service, but this is very often only available to existing users.
- 4.7. Three-quarters of the projects provide activities concerned with making, learning or doing things. The exceptions are the befriending schemes and those projects focussed on community inclusion.
- 4.8. Less than one fifth of the projects offer active mental health therapies.
- 4.9. Almost half of the projects identified with the goal of social inclusion though, given the activities provided by the projects (see above), it is not clear how this goal is expressed in the work that the projects do.
- 4.10. Practical support for user involvement in the running of projects is very variable. 40% of the projects have user-led meetings to discuss the project, but a larger number have a more formal arrangement for user involvement in project management. Thirteen projects (30%) involve users in staff recruitment.
- 4.11. Although the Recovery model has been widely adopted in mental health services nationally, it has not yet been taken up widely by local day services, as only 4 projects identified it as representing their dominant values.

4.12. Similarly, the set of values associated with person-centred approaches has not taken hold locally: only 2 projects identified it as a dominant value.

Information on the costs of operating all these services is not available. Three-quarters (31) of the projects receive funding from the council or the Partnership Trust (14 from the county council, 9 from the city council, and 9 from the Trust). However, projects are adept at bringing in funds from other agencies. Fourteen projects have at least some funding from other sources, and four of these depend entirely on this source.

Appendix C provides full details of the information from the survey of projects, with explanation and discussion.

## **APPENDIX A: Relevant national statements of over-arching principles for mental health services.**

As identified in the main paper, three national statements provide a clear indication of the broad principles and goals that should be followed by mental health day services, as part of the wider range of mental health and social care provision. The statements are reproduced below.

### **1 National Service Framework for Mental Health**

Dept. of Health (1999) *National Service Framework for Mental Health: modern standards and service models*, London, Dept. of Health. Page 4.

#### ***Guiding values and principles***

*The External Reference Group developed ten guiding values and principles to help shape decisions on service delivery. People with mental health problems can expect that services will:*

- *involve service users and their carers in planning and delivery of care*
- *deliver high quality treatment and care which is known to be effective and acceptable*
- *be well suited to those who use them and non-discriminatory*
- *be accessible so that help can be obtained when and where it is needed*
- *promote their safety and that of their carers, staff and the wider public*
- *offer choices which promote independence*
- *be well co-ordinated between all staff and agencies*
- *deliver continuity of care for as long as this is needed*
- *empower and support their staff*
- *be properly accountable to the public, service users and carers.*

### **2 Social Exclusion Report**

Social Exclusion Unit (2004) *Mental Health and Social Exclusion*, London, Office of the Deputy Prime Minister.

*Our vision is of a future where people with mental health problems have the same opportunities to work and participate in the community as any other citizen. This will mean:*

- *communities accepting that people with mental health problems are equal;*
- *people receiving the support they need before they reach crisis point;*
- *people having genuine choices and a real say about what they do and the support they receive in order to fulfil their potential;*
- *people keeping their jobs longer and returning to employment faster, with real opportunities for career progression;*
- *recognition of the fundamental importance of people's relationships, family and caring responsibilities, a decent home, and participation in social and leisure activities; and*
- *health and social care services working in close partnership with employment and community*
- *services, with fair access regardless of ethnicity, gender, age or sexuality.*

*This report sets out a 27-point action plan to bring together the work of government departments and other organisations in a concerted effort to challenge attitudes, enable people to fulfil their aspirations, and significantly improve opportunities and outcomes for this excluded group. Action falls into six categories:*

- *stigma and discrimination– a sustained programme to challenge negative attitudes and promote awareness of people’s rights;*
- *the role of health and social care in tackling social exclusion– implementing evidence-based practice in vocational services and enabling reintegration into the community;*
- *employment– giving people with mental health problems a real chance of sustained paid work reflecting their skills and experience;*
- *supporting families and community participation– enabling people to lead fulfilling lives the way they choose;*
- *getting the basics right– access to decent homes, financial advice and transport; and*
- *making it happen– clear arrangements for leading this programme and maintaining momentum.*

### **3 The Social Care Green Paper**

Dept. of Health (2005) *Independence, Well-being and Choice: Our vision for the future of social care for adults in England*, London, Dept. of Health. Page 25.

*We propose the outcomes outlined . . . as the basis of our framework for adult social care . . .:*

**Improved health:** *enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.*

**Improved quality of life:** *access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home.*

**Making a positive contribution:** *active participation in the community through employment or voluntary opportunities. Maintaining involvement in local activities and being involved in policy development and decision making.*

**Exercise of choice and control:** *through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.*

**Freedom from discrimination or harassment:** *equality of access to services. Not being subject to abuse.*

**Economic well-being:** *access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.*

**Personal dignity:** *keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.*

#### **4. Other relevant documents:**

**Lingwood, L (2005)** *Redesigning Day Services: A Modernisation Template for London* NIMHE London Development Centre

**Appleby L. (2005)** *Improving Choice for People who use mental health services*, Care Services Improvement Partnership:

<http://www.nimhe.org.uk/choice/index.cfm?fuseaction=main.viewSection&intSectionID=76>

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## **Appendix B: Findings from the consultation exercise**

### **B1 The consultation process**

Consultation exercises took place at the major launch event for the review, on 29<sup>th</sup> April, and at a series of six more localised events in Leicester City (2 events), Coalville, Loughborough, Hinckley, and Oakham. No service users attended the Oakham event. Comments on services were also requested through the use of a questionnaire, and over 250 responses were received.

The events and questionnaires (see the detailed findings below) invited views about aspects of current services that were working well, and more broadly about what day services should provide, as well as views about the shortcomings of the current services. All these views were analysed and then regrouped to form the summary of user views in the main paper.

### **B2 The reliability of the information**

There are good reasons for caution in using the information from the consultation. The people who chose to attend the consultation events, or to complete a questionnaire, were a self-selecting group which may not be completely representative of users as a whole. For instance, people willing to give their time to a consultation event are likely to be people who believe in the notion of user involvement. Similarly, people who choose to complete a questionnaire are likely to be people who have strong views – either of praise or criticism - that they want to share. At the other extreme, the consultation exercise may not have reached people who were so dissatisfied with day services that they either avoided using them entirely, or severed contact after using them for a time.

At the April launch event there were some discussion groups solely for service users, but in the other parts of the exercise the views came from mixed audiences, with staff also present. As far as possible, the analysis of the material from consultation has concentrated on the views of users, but the contributions of other participants will almost certainly be reflected in the records of the events.

Nevertheless, the consultation exercise is an important guide to the views of users. When several people independently raise the same issue there is reason to suspect that they have identified a common and important experience or demand – all the more so when it is mentioned at different meetings. But it is not possible to judge exactly how common it may be. It would be very unwise to use the relative demand for different kinds of service, as shown from the consultation, as a guide to the correct pattern of future services.

## B3 Discussion of some key points from the consultation

### General satisfaction

While it is important to focus on aspects of day services that have prompted criticism, it should first be acknowledged that day services were considered by the majority to be helpful in important areas, and there were many positive comments from the questionnaires and events. The questionnaire invited respondents to rate the helpfulness of day services in nine areas. More than half the respondents awarded one of the two highest ratings – “quite a bit”, or “a lot” – in each case, as follows:

Aspect of day service	Quite a bit (% of user respondents)	A lot (% of user respondents)
Meeting cultural needs	30%	31%
Providing information people need	31%	45%
Helping people to maintain and learn new skills	35%	44%
Helping people to get the right benefits	24%	34%
Helping people to be confident	37%	43%
Helping people to stay well and healthy	35%	38%
Helping people to be part of their local community	31%	30%
Helping people to make friends and get support	29%	52%
Helping people to get a job or to volunteer	29%	26%

### Inclusion versus ‘a safe space’

It is tempting to assume that the effort to improve day services involves making progress towards one ideal form of service. This ideal service would have the broad qualities that, one might suppose, all users are looking for, while offering activities and supports to meet each person’s requirements. The consultation exercise suggests, however, that there is a demand for two kinds of service which are so different that they could not be provided in the same place.

One kind is strongly focused on working to help people achieve social inclusion and to recover their lives. By implication, this kind of service expects service users to be active and goal-oriented; and if the service is successful there will be people constantly arriving and moving on.

The other kind of service provides people with ‘a safe space’: familiar faces, optional activities, a lack of pressure.

National policy and professional thinking (and indeed the policies now proposed for the strategic direction of local services) strongly favour the first kind of service. There is also an economic pressure to move people on, in order to make space for others. The consultation nevertheless reveals a very clear (though for the reasons set out above, unquantifiable) demand for the kind of service that offers a safe space. If the desire to listen to service users is genuine, then this demand has to be acknowledged.

The right choice or balance (since some people may want and need time in both kinds of setting) can only be decided at the level of each person, and this underlines the importance of a person-centred approach to individual planning and the delivery of services. The judgement is complicated by the reality that people can sometimes sink too far into a fixed and undemanding routine, and need to be helped out of it. This

presents a challenge for day service staff, who may need to intervene for this reason, but without imposing undue pressure on the person. In the proposed principles for the strategic direction of services (Section 5) the required quality of such interventions is described as “acceptance with optimism”.

### **The range of activities requested by service users**

The consultation yielded requests for services to provide more than 80 different kinds of activity, covering arts and crafts, therapies, sports, social groups, and educational opportunities. It is extremely difficult to see how this enormous variety of activities could be offered directly within the whole range services – let alone at a level local enough to be conveniently accessible. The only possible solution is to access places and groups within the community where these activities are already available. Thus social inclusion becomes not only an over-arching principle, but a practical necessity.

## **B4 Detailed analysis of views from the consultation**

This section offers a detailed analysis of responses to each question in the questionnaires completed by service users, with additional material from the consultation events

### ***What’s good about day services?***

The factor most often mentioned by service users in questionnaire responses is the opportunity to meet and mix with people (66 people). This is followed by meeting friends and being amongst people with similar experiences (62 people). Being able to ‘get out of the house’ and having somewhere to go to (a safe place) were cited by 58 respondents.

The activities on offer were mentioned by 49 people, and helpful staff by 42 people.

Comments at the events highlighted the valuable role that day services play in people’s lives. For some, the service was important as a route to community resources, and to the challenges and achievements that they brought. For others, it is a safe environment where “you can meet people who have had a similar experience” and “you can be distressed or have a cry there and nobody is put off you”.

### ***What’s not so good about day services?***

In the questionnaire responses, opening hours were the most important factor – 41 people said that services are not available.

33 respondents said that there is nothing about day services which is not good. Insufficient staffing was a concern for 14 people, with a further 6 mentioning services being cancelled or closed because of a lack of staff. The attitude and/or understanding shown by staff was cited by 12 people.

Other issues mentioned were transport (13 people), a lack of activities or outings (12 people), dislike of the place where services are provided (8) and concerns about institutionalisation (6).

Under-resourcing of services – the shortage of staff, lack of equipment, the uneven availability of services from area to area, and the limited opening hours – was also a theme in the consultation events.

Other comments at the events reflected a sense of unresponsiveness and inflexibility in the system of day services. Access to services is sometimes delayed, with the result that people reach services after they have difficulties have unnecessarily worsened. Within

services, there is a common experience of “having to accept what’s offered”. And while there was praise for the way in which some services kept in touch with people (for example if they do not attend as expected), there was also criticism for the lack of outreach to people in the stages before and after attending a day service. It was felt that there should be a clear pathway from inpatient services through day opportunities to community inclusion, but with provision for setbacks.

The responsiveness of the system links to the process of Care Planning, and here there were mixed responses from participants in the consultation events. The Care Plan was generally regarded as having the potential to be very useful, and this matched the actual experience of some people. But there were also reports of long delays in getting a Care Plan, lack of action to match the Plan, and of staff failing to read the plan.

At more than one meeting there were complaints about service users being prevented from using kitchen facilities at centres. This restriction (perceived, rightly or wrongly, to arise from Health and Safety policy) serves to undermine social activities as well as the opportunity to acquire practical living skills.

### ***Do day services meet people’s cultural needs?***

Although 61% of service users responded in the questionnaires that cultural needs are met ‘quite a bit’ or ‘a lot’, the comments illustrate that many service users did not fully understand this question, interpreting ‘culture’ to mean art, music and history. Many people also gave a high rating but qualified comments – “I think so, but I don’t really know”.

The views of staff working within day services indicate their understanding that there is room for improvement in this area.

### ***Do day services help people get the information they need?***

Overall, in questionnaire responses, service users expressed that information is available to them and that staff are helpful with information or with signposting to the appropriate agency.

At the events, service users mentioned a lack of information on benefits, and on Direct Payments. It was also suggested that it would empower people if they had more information on the kinds of day service available (including the option of “taster” sessions”) as they would then be better able to choose the service that would help them.

### ***Do day services help people to maintain their skills or to learn new skills?***

In questionnaire response, similar percentages of staff and service users rated services as doing this ‘quite a bit’ or ‘a lot’. However there were no paid staff who felt that services do not do this at all or not much, whereas 6% of service user respondents and 14% of carer respondents feel that services are not performing well in this area. Many of the ‘skills’ identified are activities new to the service user and provision is in groups run within the day service.

Some people commented that services focus on providing people with basic skills only, rather than building on previous knowledge and learning and they under-estimate people’s capabilities:

*“I can’t do the things I used to do before, but I have learnt things in the groups I go to”  
“They tend to do it for you, and you don’t learn very well that way”.*

### ***Do day services help people to get the right benefits?***

Services were generally seen to be helpful by both staff and service users, either directly or through signposting or using expertise from other agencies. However 17% of service users did not feel that day services helped in this area, compared to 3% of staff.

### ***Do day services help people to be confident?***

Both staff (95%) and service users (80%) responded that services help 'quite a bit' or 'a lot'. Confidence-building is also referred to quite often in responses to several other questions (eg in relation to skills and staying well and healthy).

### ***Do day services help people to stay well and healthy?***

The overall response in questionnaires is that day services do help with this, and from service user comments the major factors appear to be the same as those identified as being good in day services – having somewhere to go, meeting friends and people to talk to. Service users also identified activities relating to a healthier lifestyle (learning about nutrition, exercise opportunities etc).

### ***Do day services help people to be part of their local community?***

Although the ratings indicate that quite a high level (61%) of service users feel that services do help people to be part of their local community, many of the comments from service users via questionnaires make reference to being part of the day services group/doing things as a group – that is, being part of the mental health community rather than involvement in the community in which they live. The barrier of the stigma attached to mental health issues is mentioned by a number of people, both service users and staff.

### ***Do day services help people to make friends and get support?***

Views from both the questionnaire and the events indicate that service users mainly identify making friends with people they meet in hospital or day services, and value this very highly because it provides a non-judgemental peer group. Neither service users nor paid staff mention making friends with people outside mental health services.

### ***Do day services help people to get a job or volunteer?***

55% of service users feel day services help quite a bit or a lot with this. 10 respondents stated they are too ill to work, and another 10 do not want to work. It is noted that 13 of the 20 respondents are situated within a single day service and that further work would be required to establish the reasons for this. Within the comments, the majority of service users who state that services do help, focus only on volunteering opportunities and there is very little reference to paid employment. In contrast, a number of staff make reference to people entering paid work – this may be because people who have moved on to paid employment have not responded to the questionnaire as they are no longer involved with day services, but it is not possible to determine without further investigation.

### ***What should day services provide for people in the future?***

Findings from the questionnaire were as follows:

#### **Availability (times):**

Only 12 people said that services should be available at the same times as currently.  
17 people said there should be more service, but did not specify when.  
22 people requested a service in the evening, and 14 at the weekend.

18 people asked for 7 days a week opening, and 4 suggested that some out of hours support is necessary.

**Place (locality):**

37 people want the service to be close to where they live, without being any more specific about this.

23 people would be happy for services to continue to be provided in their current locations.

14 people cited 'in the community', and 8 stated simply that services should be provided somewhere accessible. 9 people thought the best places are in the town or city centres.

12 people said that day services should be provided within hospital settings – 8 of these people are currently using day hospital services, 2 are using a voluntary sector organisation, and 2 unknown service use.

**Who:**

Government/council:	9
NHS/Health:	14
Social care services	12
Voluntary providers	7
Private sector	1
Multi-agency provision:	3

There still appears to be a clear perceived divide between social care and health care provision, despite the integration of local mental health services. There also appears to be an expectation of reliance upon public sector, statutory provision.

Some respondents focused more on the hands-on providers rather than the providing organisations: 3 people said 'mental health staff', 2 people 'understanding staff', 3 people 'qualified staff'.

Two people mentioned the potential for service users to be involved in the provision of drop-in/social sessions.

**What (activity):**

Service users quoted a huge range of activities (over 80 different suggestions). This highlights the need for individual, person-centred plans to enable people to have real choice.

Activities cited include therapeutic ones (eg counselling, anger management, alternative therapies, yoga), sports/physical activities, learning and skills (computers, cooking, daily living, English, crafts) and social opportunities of all kinds.

***What makes a good day service?***

A number of common themes emerge amongst the comments:

- Meeting people
- Choices
- Involvement of users in decision-making
- Friendliness (both staff and service users)
- Accessibility
- Variety of activities
- Understanding, supportive staff
- Safe, relaxing environment