Optima Case Study: A model to explain and evaluate the activities and outcomes for day care centres
In the Stitch in Time? programme we identify the role of the third sector in Reshaping Care for Older People.

In addition to an overall model, we are using a range of case studies to showcase particular interventions or types of project.

For each case study there is an explanation of the model of provision and the evaluation approach.

In this case study we focus on the outcomes that come from day care centres. The Stitch in Time? programme team worked with Optima to develop a model that explained what they did, how they made a difference and ways of evaluating their work. In this case study we explore the way we identified outcomes and built methods, using a logic model approach.

Optima is a federation of five West Lothian Voluntary Sector Day Care support services, including:

- Answer House, Whitburn
- Acredale House, Bathgate
- Braid House, Livingston
- The Rosebery Centre, Livingston
- St Michael’s Day Centre, Linlithgow.

Day care services play an important role in providing social and activity opportunities for older people who are isolated, and in providing respite for carers.

Loneliness and isolation are common problems amongst older people and carers. Research shows being isolated and lonely can affect both physical and mental health and wellbeing. Lack of social contact can affect communication skills and the motivation to look after themselves. People may stop doing the things they enjoy and, as a result, lose confidence. In turn this can affect physical and mental health that can lead to greater use of health and social services.

Day care is used for people with higher dependency needs, including people with dementia. In addition to offering day care, we are also expanding into supporting social and activity groups for people who do not need a day care placement. This is important early intervention (preventive) work, and is available for people from the age of 50.

In this case study we focus on day services rather than groups.
In our model on pages 4 and 5 we describe the need being met by our day care centres, our activities and the outcomes for older people, carers and volunteers. Not all centres offer the full range of services.

What the model tells us in words:

• **Current situation:** There is a need for dependent, mostly housebound people to get a chance to mix with other people. This gives carers a break too. Being socially isolated leads to a loss of confidence and motivation to do things for yourself. This affects physical and mental health, and independence.

• **Inputs:** In addition to staff and buildings, we need transport to get people to our centres, volunteers and health professionals (to provide services on site).

• **Activities:** Include meals, fun activities based on what people want to do (centre based and outings) and health services on site. We also support older people and their carers through groups, counselling, advice and information.

• **Short term outcomes:** Immediate outcomes include building trust, accessing support elsewhere (if needed) and respite for carers. Where carers attend groups/information sessions, or seek further support there is also a greater understanding of issues that concern them, for example how they manage the needs of someone with dementia.

• **Medium term outcomes:** Are built around the older person staying positive and in control, keeping and being more socially connected, staying as active and healthy as they can be.

• **Longer term outcomes:** Our outcomes contribute to Reshaping Care For Older People (RCOP) outcomes around optimising physical health and function; mental health and well-being; independence, and quality of life.

• **Assumptions:** Our service is based upon assumptions about older peoples’ abilities and needs: as people age they still have things to give, and have the same needs as everyone else.

We take a person centred approach. Within that we encourage people to be independent, and make choices for themselves.

Our role is to provide activities for older people and respite for carers, but also to connect older people and their carers to other services. At our centres we can provide a space for health and other professionals to provide information and services.
Optima’s model of provision

Current Situation
Older people with dependency needs are isolated at home. They can become dependent and less motivated to do things. They may stop doing the things they enjoy, and in turn lose confidence. This affects their health and well being. Carers take the burden of supporting an older person. They forgo things that they enjoy and are important for them, leading to feeling stressed and isolated. This affects their ability to cope and provide the needed level of care for their loved ones. Because older people and carers are isolated, they are often not linked into the services they are entitled to use and need.

Inputs
- Funding
- Staff
- Volunteers
- Premises
- Transport
- Specialist equipment
- Visiting professionals (health/advice/other)
- Training and development

Activities/Outputs
- Day care placement
- Meals
- Activities (art/music/dancing/crafts/etc)
- Outings
- Information/one to one chats
- Health services (chiropodist/dentist)
- Talks/advice sessions with professionals
- Training for carers
- Peer groups (carers/counselling)
- Volunteer training and support

Reaching
- Older people with dependency needs
- Carers
- Volunteers

Short term Outcomes
- Older person/carer engages with a service: build trust
- Older person/carer accesses services support and opportunities for participation they want and need
- Respite for carer
- Participants have increased understanding of issue/topic
- Volunteers build skills and confidence
- Volunteers opportunity to give to their community

Assumptions
Older people have and can continue to be an asset to their families and communities. Older people and carers have the same needs and wants as the rest of us. They have a right to be treated as individuals and to have their particular wishes taken into account. Family relationships benefit from having time apart and from each party pursuing their own interests and needs.

We encourage people to be independent and to do things for themselves. Our volunteers add value to the service, economically and from the skills and perspectives they bring. They themselves get benefit from being involved in volunteering, whether they are younger or older.
With an increasingly elderly population, we need to find ways of preventing the need for or reducing the use of hospitals and residential care, which is expensive. We aim to allow older people to live at home for as long as possible. This is something older people and their families want and it makes economic sense. A large number of older people have higher dependency needs including dementia. Carers and others don’t always understand the needs of people with dementia and there are particular communication challenges.

We’re person centred and our first concern is older people and their carer’s. We can help older people, carers and services to connect to each other. We’re the dough that binds the recipe together for many people. Given our experience and expertise, we can help carers, families and professional to understand the needs of those with dementia (and other conditions related to age) and to deal with the challenges that come from those conditions. We are a needed partner in the overall provision of services.
What makes us successful?

Our service is based on important person centred principles:

- Dignity and respect
- Privacy
- Choice
- Safety
- Realising potential
- Equality and diversity

It is important to get the right staff and volunteers and to offer them training and support, to ensure they are welcoming, friendly, sufficiently skilled and motivated.

Centres are about promoting enablement and independence, where appropriate. We encourage people to try things for themselves.

We need to work in partnership with clients, carers, families, other third sector organisations, and health and social care services. We work in close cooperation with Carers of West Lothian, who can support carers groups and provide drop in sessions at our premises. We also provide a space where health services and others can provide clinics and talks/advice. Altogether, this allows people more ready access to services, and to more information, advice and support on a range of topics, including welfare benefits and complex health conditions.

We make links with our local community, through open days, through inter-generational work with schools, and through volunteering. This brings benefits for older people and for the community.

Case study

The following case study shows how we work with others to get the best result for older people and their carers:

Mrs D (66) was referred to us after she had suffered a stroke, resulting in very poor mobility and communication abilities. Mrs D lives with her only son (J), who is her main carer. After an initial discussion on the phone I discovered that he was finding it difficult to meet all his Mum’s needs and carry on with day to day living.

I suggested to J that we do a joint visit with Carers of West Lothian. That would allow both his and his Mum’s needs to be assessed.

As a result of this assessment, Carers of West Lothian helped with a benefits check, told him about respite possibilities and a fund for ‘holidays’, as well as support available through carers support groups, counselling and other advice (home safety). Helping J to cope will also help Mrs D to continue to receive good care at home.

Mrs D now attends our centre on a weekly basis. Her interaction with other clients has improved week by week, which clearly indicates that her self-esteem and social skills are developing. Mrs D enjoys organised events, particularly seated exercises to music. Her motivation has increased considerably. She has started to take a greater interest in her own appearance by using the facilities available within the day care centre, such as the hairdresser and podiatrist.

Both mother and son benefit from Mrs D’s visits to the day centre.
Developing our approach to evaluation

We used the Stitch in Time? programme to help us to further develop our evaluation strategy.

We need time to use the methods collected, before we can present clear evidence. But the process has been very useful to be clear about what information we need to collect and why.

What we did

Centre managers got together and we built a model to explain the need we are meeting, what we do and how we make a difference.

We then agreed indicators for the key outcomes in the model (see pages 9-10).

We considered the information that we were already collecting through existing methods. This included:

- Attendance records
- Daily records: e.g. events and staff observations
- The development of three tools
- Support plans (reviewed a six-monthly basis)
- Annual survey of members and carers
- Testimonials and quotes from older people and carers
- Jointly evaluation of carers’ work with Carers of West Lothian

We agreed to make small changes to the methods to make sure we were collecting the most important outcome information at the beginning and on review. We agreed that key methods for us were the assessment and care plans.

We took a look at some of the assessment and care plans used by others in England and Scotland. This gave us great ideas about what to include and how to lay things out. We then further developed three tools:

- ‘Getting to Know You’: this captures the ‘first contact’ information needed about the client.
- ‘Getting to Know Us’: this is for older people using the centre.

Together these three documents provide a baseline for that person, and help to inform the support given.

The support plan is reviewed on a six-monthly basis. From this we can see where progress has been made, and where support needs to change.

The support plan is very informative and gives us important information that we need for day to day planning. We have also included an outcomes wheel to assess change for an individual against key indicators (see page 11).
Developing our approach to evaluation

We had some joint sessions and this got everyone on board with the model and the concept. However, in terms of developing the methods, we might have spent more time highlighting the wide variation in support plan approaches being used at the time, and talking more about how commonality could be achieved across the five centres.

There has been some resistance to using the new method; perhaps because it feels different to the methods people were already using. Staff are concerned about the time it will take and what benefits there will be. We intend to pilot the forms to ensure that the approach fits well into everyday work.

We are clear that we do not want to turn evaluation into an industry and take people away from their core role of caring.

Collating evidence across a lot of paper based forms is time consuming. Ideally, we would like to develop a database linked with handheld digital devices, so that information can be easily stored and retrieved for use by individual workers in supporting people at the centres, and for planning and reporting. We are looking for funding for this at the moment.

The logic model is now an integral part of a new draft Service Specification for Older People’s Day Support Services in West Lothian. Feedback on Optima’s logic model from our funders has been very positive and encouraging.

We still have to do further work on evaluating the outcomes for carers and volunteers. However, it has been a useful process. This approach has enabled us to explain clearly what we do and why that is important. We are clearer about our outcomes and how they might be evidenced.
# Outcomes and indicators for West Lothian Voluntary Sector Day Care Support Services

## Short term outcomes

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<tr>
<th>Outcome</th>
<th>Indicator</th>
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| Older person/carer engages with a service a build trust | - I came back/ come regularly (attendance records)  
- I’m taking part in activities (Type, variety and frequency of activity)  
- I feel settled (Appearance, body language, types of conversation with staff/ others) |
| Older person/carer access external services, support and opportunities for participation they want and need | - I have been referred/signposted to another service  
- I have made a claim/ asked for changes to my support  
- There has been a helpful change in my support  
- I am satisfied with the services and support I receive |
| Respite for carer | - I have time for me/ to be me  
- I have time for other family members/ friends  
- I’m getting things done (working/ housework/ bills etc)  
- I know my friend/ relative is being looked after for a period |
| Participants have increased understanding of issue/topic | Outcomes and indicators have to be made more specific dependent upon the participants (professional/ carer/ older person) and the topic:  
- I know about this topic/ service (all)  
- I feel scared/ worried or uncertain about ....(older people or carer)  
- I am likely to claim/ use (older person/ carer)  
- I am likely to refer to this service (professional)  
- I make appropriate use/ more appropriate referrals (all)  
- I have changed the way I do things (all)  
- I am able to support ...... when ...... (all) |
### Outcomes and indicators for West Lothian Voluntary Sector Day Care Support Services (Cont.)

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<th>Outcome</th>
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<td><strong>Medium term outcomes</strong></td>
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| Older person feels motivated and confident to do things for themselves | - I want to do things for myself  
- I am doing things for myself (washing/dressing/walking/making calls/present shopping etc)  
- I am looking after myself (hairdressers/health appointments/dressing nicely etc)  
- I utilise aids (wheelchair/zimmer etc) |
| Older person/ carer feels less isolated | - I can take part in activities I enjoy  
- I have made new friends  
- I know how to get support when I need it |
| Older person/ carer copes with the situation better | - I am eating properly  
- I am sleeping well  
- I’ve been feeling energetic and motivated to do things  
- I’ve been feeling relaxed  
- I’ve been feeling good about myself |

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| **Long term outcomes** | Selected outcomes from Warwick Edinburgh Well-being Scale:  
- I have been feeling interested in other people and other things  
- I’ve been dealing with problems well  
- I’ve been feeling physically better  
- I feel normal  
- I have been feeling good about myself  
- I am looking after myself |

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| **Cross cutting outcome** | Taken from process outcomes from Talking Points:  
- I feel listened to  
- I feel I have a say  
- I am treated with respect  
- My needs are responded to  
- Staff and volunteers are reliable |
Evaluation wheel used to access change for an individual against key indicators
A Stitch in Time? is a partnership project to support the third sector to collect and present evidence about its contribution to Reshaping Care for Older People (RCOP). The programme runs from April 2013 to March 2015 and focuses on third sector organisations working with older people and carers in Lothian.

**A Stitch in Time? publications**

- A model to explain the third sector contribution to Reshaping Care for Older People
- Indicator Bank for third sector outcomes for older people
- Focus on third sector interventions that make the physical and social environment more age friendly
- Focus on third sector interventions to enable older people to keep or be more socially connected
- Focus on third sector interventions that allow older people to stay positive and in control
- Focus on third sector interventions to enable older people to keep or be more financially and materially secure
- Focus on third sector interventions that make the system work better for older people
- Focus on third sector interventions that ensure healthy and active ageing

To accompany this series there are evaluation case studies and a number of evidence reviews. To see all publications associated with A Stitch in Time please see Evaluation Support Scotland website.

Evaluation Support Scotland (ESS) works with third sector organisations and funders so that they can measure and report on their impact.