

Modernising day services isn't easy, but the potential benefits are immense, for service users, staff and the wider community

Overcoming the shock of the new

Recent years have seen a government commitment to the transformation of mental health day services into 'community resources that promote social inclusion'.¹ Arising from this agenda, in February 2006 the Department of Health published commissioning guidance on the principles and functions of modernised day services.^{2,3} Day services have, the guidance stated, failed to keep pace with today's social inclusion agenda. Future day services should promote recovery, focus on community participation, aim to reduce social isolation, offer opportunities for people with mental health problems to provide support to each other and to run their own services, and maximise choice and self-determination. They should also embrace a wider client group, including younger people and people from minority ethnic groups, and should involve people who use services in their design and delivery.

The guidance set out the following key functions of modernised day services:

- provide opportunities for social contact and support
- support people to retain valued social roles, relationships and social/leisure activities
- support people to access new roles, relationships and mainstream social/leisure opportunities
- provide opportunities for people with mental health problems to run their own services.

In January 2008 the Department of Health published a review of progress towards implementation of the 2006 guidance. From Segregation to Inclusion: Where are we now?⁴ reports the findings of research conducted by the National Social Inclusion Programme (NSIP) and based on responses to a questionnaire that was completed by 135 commissioners and local providers, each commenting on an average of seven day services, plus good practice visits to services and interviews with commissioners.

The review found that there had been progress towards implementing the commissioning guidance in the vast majority of areas, but that progress was slow and sometimes halting; 56% of respondents reported that the guidance had been partly implemented and was either progressing or had stalled.

A number of common themes emerged from the review as issues with which providers and commissioners

of day services were struggling, central among which were the location of services, how best to continue to meet the needs of the most vulnerable people, user-run service provision, and staff issues.

This article will examine these four issues, and explore some of the ways in which they can be resolved.

Location of services

There was concern among providers and service users that the process of day service modernisation would result in day services no longer being building-based. Certainly, that has been one response; the review found that 22% of day services are now not building-based and that new services in mainstream settings have been developed in 30% of areas since 2006. Day centres are often strongly associated with traditional models of service delivery that foster dependence and social exclusion. Several advantages to non-centre based day services were identified by respondents to the review. They are generally less stigmatising, the staff have greater flexibility, people are encouraged to make more use of mainstream opportunities, and institutionalisation is less likely to result. As Bates points out: 'From time to time we all, whether using mental health services or not, have benefited from a kindly push when we have been reluctant to jump into change.'⁵ Moving out of buildings also represents a very clear break with previous service provision, which can help to cement the changes into place.

However many people, often including those who are most in need of support, greatly value being able to access day services in a safe and familiar environment. As a result, many day services, particularly those with relatively low building costs, have kept the buildings but changed how they are used, so that they are no longer segregated, mental health-only settings. As the commissioning guidance points out: 'Integration can be fostered by non-disabled citizens using mental health facilities as well as disabled citizens using mainstream facilities.'

Support for the most vulnerable

One of the key goals of re-focusing day services described in the commissioning guidance is to ensure that services meet the needs of 'people who are more seriously disabled by their mental health problems... who may require a relatively high level of support on an →

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AUTHOR

Ben Taylor
National day services
lead
National Social
Inclusion Programme

blueSCI, Trafford

blueSCI describes itself as an arts and cultural centre and is addressing the issue of segregation by opening its doors to a range of other organisations and the general public. Alongside blueSCI's reception sits a well equipped internet café offering free internet access and affordable food and drinks. This aspect of the service is open to all members of the local community to use. By arrangement, anyone can also use the professionally equipped music studio downstairs. The inclusive approach at blueSCI extends to mainstream local organisations as well; it works with several partners, including Jobcentre Plus, Trafford College and a housing association. In addition, a wide range of community organisations regularly use the building on a rent free basis. Key factors in making blueSCI a community venue include:

- providing services that local people are interested in accessing
- accessing funding and investing time to create a welcoming and appealing environment
- flexibility of commissioners in not enforcing social services eligibility criteria on the service
- playing to the strengths and expertise of the organisation and its staff, volunteers and people using the service
- forming partnerships with other organisations and using their expertise
- working with community champions and leaders to identify the often subtle requirements of groups and individuals
- entrepreneurship in identifying and accessing opportunities for new developments and additional funding.

Sahelia House, Birmingham

Sahelia House (Friendship House) is a day service run by women for women as part of the mental health provision of Birmingham Social Care and Health Services. While continuing to provide a safe and supportive environment, it has also developed an increased focus on supporting people to engage with community activities. Over 90% of the women who come to Sahelia are now engaged in mainstream community activities, including training opportunities, adult education, volunteering and leisure groups. Knowing there is a safe place and warm welcome for them at Sahelia House helps women to take steps away from mental health services. Over 50% of the women who attend Sahelia House are from BME backgrounds. They report feeling more comfortable there than in other mental health settings. The service has developed a co-productive approach, based on the strengths of the staff and the individuals using the service. This has led to the development of several user-run groups and activities, further building the skills and confidence of women using the service.

→ ongoing basis'. The review identified a number of key issues that need to be considered if modernised day services are to meet the needs of the most vulnerable and excluded. First is the importance of 'safe space'. Many people report that one of the things they value most about day services is having somewhere to go that is familiar and comfortable, where people will have shared some of their experiences and distress, and where they will not experience discrimination. This 'safe space' is

particularly important when people are more acutely unwell, and can contribute to people feeling better able to face the sometimes challenging task of entering new environments and opportunities.

While 'safe space' did not feature prominently in the commissioning guidance, ensuring that 'safe spaces' are included in modernised day care provision has become an important consideration in many day service reviews and plans. The following questions might usefully guide decisions about the appropriate balance between 'safe space' and activities focused on community participation:

- is there an undue emphasis on 'safe space' within day service provision?
- what are the key features of 'safe space', and how can these best be provided to meet local need and contribute to a socially inclusive, recovery orientated service?⁶
- can 'safe space' be provided in different ways? For example, might modernisation provide a good opportunity to support people using services to run their own services?

Some people report finding it difficult, particularly initially, to get to a centre or meet in a community setting. In these instances, day services staff or volunteers might meet with people in their own homes or in the community to support them in developing independent living skills or as a first step towards community participation. It may also be necessary to provide flexibility in the intensity and duration of support offered, depending on the needs of the individual. Some people might need substantial input over a relatively short period of time; others might need less frequent support over a much longer time frame. The review identified concerns that strict time limitations on support could leave some vulnerable people feeling unsupported. Some people may also benefit from the flexibility of being able to re-access a service rapidly if their needs increase.

In addition, people who are most socially excluded may benefit from a period of 'social inclusion preparation' to develop their skills and confidence to engage with the local community.

User-run services

Although 54% of responses to the review reported user-run services in their locality, a more detailed examination suggests that actual provision is far more scarce. The commissioning guidance makes a clear distinction between 'user-run' services, 'in which service users provide the service', and 'user-led' services, 'in which service users make decisions about what should be provided and how, but the service may actually be provided by non-users'. However it was clear from the responses that not all the respondents to the review understood this distinction.

The review identified relatively few day services that are either entirely or substantially user-run, even though evidence suggests that support from others who are, or have been, in a similar situation is often particularly valued by people with mental health problems, and that peer support services are 'as effective, or more effective, than non-peer provided services'.⁷ The review reiterates the requirement in the guidance that peer support and

user-run services should be encouraged and funded as a key aspect of day service provision.

Staffing issues and transformation

The review found that the restructuring of day services often leads to quite different expectations of staff. Staff roles may move away from organising activities and providing informal support to individualised person-centred planning, bridge-building support, developing local partnerships and facilitating courses.

Some staff may not want to work in a different way and may not feel confident about doing so. Some may decide not to make the transition. However, there are ways that organisations can help enable staff to adjust to changed expectations, by:

- being clear about expectations
- providing training
- providing supportive supervision
- modelling good practice
- ensuring that the organisation, service and staff all demonstrate inclusive practice.⁸

A key feature of day services modernisation is often a transition to provision that has at its heart a commitment to the principles of recovery. In practice this focus often involves incorporating peer support and support for self-management skills into the work of day services. This change can mean that day services staff are involved in delivering structured self-management courses, often based on cognitive behavioural approaches. It is important to ensure that these staff are trained, equipped and supported for the role. They need a sound understanding of the underpinning principles and the limitations on what they are offering. However, it is the embedding of the recovery approach into the formal and informal culture of the service, including encouraging recovery-orientated conversations, that is likely to be the key factor in developing a recovery focused day service. Again, this shift is heavily dependent on the values, approach and skills of staff and volunteers.

Another staffing issue that emerged from the review was the need to prioritise staff tasks. With limited resources and a potentially widening remit for day services, it is important that organisations ensure that their staff are being used in the ways most likely to achieve their aims. This may, on occasion, mean reassigning capacity from less effective aspects of a service to those that are likely to be more effective.

Conclusions

The review of progress demonstrates that day service modernisation is difficult, but achievable and worthwhile. There is significant evidence of redesigned services achieving increased accessibility and inclusion, and, crucially, improved outcomes for people using them. However, there is a need for more outcomes-based research into the effectiveness of the service models being used, to inform future development.

A key theme running through the review was the need to strengthen the role of people using services through the further development of user-run services and the increased choice and control inherent in person-centred planning and direct payments. These changes are not just

BowHaven, East London

BowHaven is a user-run day service and local charity, which has been running since 2003 from the Bow Community Hall in East London. The manager has used mental health services, as have most of the volunteers and six of the seven trustees. BowHaven houses two types of user-run groups: pre-existing groups who come in to use the centre, and 'home grown' groups developed with the support of the manager and development worker. The pre-existing groups include support groups for people who self-harm and for members of the Afro-Caribbean community. The 'home grown' groups include drop-ins offering a range of activities such as IT training, cooking, art, keep fit and massage, and groups with a more specific remit, such as a support group for Asian women. People using the service also support each other to take part in activities in the wider community – for example, going out with the Monday night cinema club, or for a meal. The premises are provided at no cost by Tower Hamlets Borough Council. Tower Hamlets adult services department has a funding stream dedicated to the funding of user-run groups and activities and BowHaven has been able to give some new groups 'start up' funding to enable them to get off the ground before they have to look for other sources of funding. Several of the groups at BowHaven have set up bank accounts and benefited from this funding. Volunteer facilitators of the 'home grown' groups receive on the job training, support and encouragement from the manager, and several have also been on external group facilitation training.

about the roles of those using services but often require a parallel shift in the culture of services and the attitudes and roles of staff.

There is no 'one size fits all' model for day services. Commissioners and providers have to engage in a thoughtful, collaborative process of modernisation and service design to meet needs and achieve better outcomes in their area. Where services are located, how they meet the needs of the most vulnerable and excluded people, the development of user-run services, and the management of changes to staff roles are all key issues to consider in this process. ■

For further information on NSIP's day services modernisation activity visit www.socialinclusion.org.uk

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- 2 Department of Health/National Social Inclusion Programme. *From segregation to inclusion: commissioning guidance on day services for people with mental health problems*. London: Department of Health, 2006.
- 3 Department of Health/Care Services Improvement Partnership. *Supporting women into the mainstream: commissioning women-only community day services*. London: Department of Health, 2006.
- 4 Department of Health/National Social Inclusion Programme. *From segregation to inclusion: where are we now? A review of progress towards the implementation of the mental health day services commissioning guidance*. London: NSIP, 2008.
- 5 Bates P. Safe and sound. *Mental Health Today* 2007; February: 32–34.
- 6 See for example: Bromley Mind. *Defining 'safe space' in mental health day services*. London: Bromley Mind, 2008.
- 7 Scottish Recovery Network. *The role and potential development of peer support services*. Glasgow: Scottish Recovery Network, 2005.
- 8 Department of Health. *Capabilities for inclusive practice*. London: Department of Health, 2007.