

## **Shaw Healthcare Day Services Public Consultation Findings Analysis**

### **Summary of key findings from the public consultation**

- 158 responses to the public consultation were received, comprising 146 standard surveys and 12 easyread survey responses.
- 31 responses were received from current and former Shaw Healthcare day centre customers, 20% of the total.
- 45 responses were received from family and friend carers of current and former Shaw Healthcare day centre customers, 28% of the total
- 78 responses were received from other stakeholders (49%). This included local residents, health and social workers, community and voluntary sector workers and volunteers, and independent health and social care providers.
- Two focus groups were held as part of the public consultation. Detailed analysis of the focus groups is given at Section 7 of this report.

### **Key findings from current and former Shaw Healthcare day service customer responses to the public consultation survey**

- 81% of current and former customers felt the day centre was 'very important' for them to take part in activities. 68% felt the day centres were 'very important' for personal care
- 74% of current and former customers disagreed with the proposal (disagree/strongly disagree) with 58% strongly disagreeing.
- 58% of current and former customers thought the proposal would have a negative impact, whilst only 13% thought it would have a positive impact.
- Of those who felt the proposal would have a negative impact 89% thought it would have a serious impact.
- 70% of customers said it would be difficult to travel to activities in different locations

Detailed analysis of current and former customer survey responses is given at Section 2 of this report.

### **Key findings from family and friend carers of current and former Shaw Healthcare day service customer responses to the public consultation survey**

- 89% felt the day centre was 'very important' for the person they cared for to take part in activities. 71% felt they were 'very important' for personal care.
- 87% felt the day centre was 'very important' for them to have respite from their caring role.
- 84% of family and friend carers disagreed with the proposal (disagree/strongly disagree) with 73% strongly disagreeing.
- 76% of family and friend carers thought the proposal would have a negative impact, whilst only 2% thought it would have a positive impact.
- Of those who felt the proposal would have a negative impact, 85% thought this impact would be serious.
- 87% of family and friend carers said it would be difficult to travel to activities in different locations.

Detailed analysis of family and friend carer responses to the survey is given at Section 3 of this report.

### **Key findings from other stakeholder responses to the public consultation survey**

- Overall, 76% disagreed with the proposal
- 94% felt that day centre users would be negatively impacted and 95% felt that family and friend carers would be negatively impacted.
- Clear majorities of stakeholders felt that local communities (73%), the voluntary and community sector (74%), the health and social care sector (86%) and independent health and care providers (71%) would be negatively impacted.

Detailed analysis of other stakeholder responses to the survey is given at Section 4 of this report.

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## **1 Public consultation overview**

- 1.1 The public consultation on the proposal to permanently close six Shaw Healthcare day centres ran from 24 June to 5 August.
- 1.2 The public consultation was developed in compliance with the four Gunning Principles for public consultation and every effort was made to remove any barriers to participation that people from under-represented groups, such as those from minority communities and others with protected characteristics, may face.
- 1.3 The consultation was widely promoted using a variety of channels, including media, social media, through relevant community networks and the residents e-panel, to ensure that people with protected characteristics had an equal opportunity to participate and share their views. The County Council adhered to its duties under the Accessible Information Standard and documentation was available in other formats such as easy read, large print and audio, on request.
- 1.4 A survey questionnaire was published on the Your Voice online platform and was also available in Easy Read and other formats, such as hard copy, audio or large print, on request. Easy Read versions were prepared in advance of the consultation.
- 1.5 The pre-consultation engagement had evidenced the communication needs of the current Shaw Healthcare day service customers and their family and friend carers. Consequently, telephone 'interviews' focussed on the questions in the survey were again held with these customers and carers. They were also sent hard copy surveys with a pre-paid envelope. The accompanying letter made clear that only one channel could be used to share their views. In order to maintain impartiality, 'Independent Lives' undertook the telephone interviews on the county council's behalf.
- 1.6 In total, 158 responses to the survey were received, comprising 146 standard surveys and 12 easyread survey responses.
- 1.7 31 responses were received from current and former Shaw Healthcare day centre customers, 20% of the total. 45 responses were received from family

and friend carers of current and former Shaw Healthcare day centre customers, 28% of the total. The full breakdown of responses is given in Table 1.1.

**Table 1.1 – Which of these statements is right for you?**

	<b>No.</b>	<b>%</b>
Used to attend a Shaw Healthcare day centre and would be going if it was open	25	16
Used to attend a Shaw Healthcare day centre but have stopped	4	3
Family and friend carer for someone who used to attend and would be going if it was open	27	17
Family and friend carer for someone who used to attend but has stopped	18	11
Local resident	27	17
Health and social care worker	39	25
Voluntary and community sector worker or volunteer	10	6
Work for an independent health and social care provider	2	1
Other	4	3
No response*	2	1

- 1.8 Two respondents to the hard copy version of the easy read customer survey did not answer the question (Table 1.1). These responses have been included in the current and former customer analysis.
- 1.9 57% of responses from current and former customers were completed by someone else on their behalf, whilst 40% were completed by the respondent. One respondent did not specify.
- 1.10 The proportion of current and former customers who attended each of the Shaw Healthcare day centres is given in Table 1.2, alongside the proportion of family and friend carers who cared for attended each of the centres.

**Table 1.2 Which day service did you or the person you care or cared for attend? (%)**

<b>Day Centre</b>	<b>Customers</b>	<b>Carers</b>
Burleys Wood	6	24
Deerswood Lodge	16	16
Forest View	13	11
Mill River Lodge	42	29
Warmere Court	10	11
Rotherlea	13	7
Not sure	0	0
Not answered	0	2

- 1.11 Key community groups were invited to engage with their service users, and where possible, hold virtual/web-based 'focus groups'. A focus group pack was developed, which included Easy Read versions of the materials and an offer to facilitate sessions. Focus groups were held with the Adults Services Customer and Carer Group and the Minorities Health and Social Care Group.

## **Survey analysis**

### **2 Current and former customers of the Shaw Healthcare Day Centres**

- 2.1 As per Table 2.1, 81% of current and former customers felt the day centre was 'very important' for them to take part in activities. 68% felt the day centres were 'very important' for personal care and a further 16% felt they were 'quite important'.

**Table 2.1: Before it closed because of coronavirus, how important was the Shaw Healthcare day centre for the following? (current and former customers, %)**

	<b>taking part in activities</b>	<b>personal care</b>
Very important	81	68
Quite important	0	16
Not very important	13	0
Not at all important	3	3
Don't know	0	6
Not applicable	3	6

- 2.2 As shown in Table 2.2, 74% of current and former customers disagreed with the proposal (disagree/strongly disagree) with 58% strongly disagreeing. 6% agreed with the proposal, including one person who strongly agreed.

**Table 2.2 How far do you agree or disagree with the proposal? (%)**

Strongly agree	3
Agree	6
Neither agree nor disagree	16
Disagree	16
Strongly disagree	58
Don't know	0

- 2.3 As Table 2.3 illustrates, 58% of current and former customers thought the proposal would have a negative impact on them, whilst only 13% thought it would have a positive impact.

**Table 2.3: What impact do you think the proposal would have on you? (%)**

Positive impact	13
Neither positive nor negative	16
Negative impact	58
No impact	3
Don't know	10

- 2.4 Of those who felt the proposal would have a negative impact on them, eight (89%) thought it would have a serious impact and one (11%) felt it would have some impact.
- 2.5 Current and former customers were asked to provide more information about why they felt the proposal would impact them. The responses have been grouped into two key themes, as follows.

*Loss of the day centre*

- 2.6 Amongst the most frequently expressed concerns was the loss of a service which was valued by customers for a range of reasons, including the following:
- The day centres provided an opportunity to get out of the home and take part in stimulating activities and socialise with a familiar group of people (both other service users and staff). For some it was the only opportunity they had for social interaction and to take part in activities.
  - It was a 'highlight of the week' that was something to look forward to, providing stimulation and motivation.
  - The human interaction at the day centres was important for people with dementia.
  - The Shaw Healthcare day centres could support people with more complex medical and personal support needs, which others could not. An example was given of the administration of medication, which was not possible at other day centres the respondent had attended.
  - Day centres acted as a stepping-stone to residential care for people as their needs progressed, making the transition easier to manage.
  - Several people had not liked other day centres they had attended and contrasted this with their positive experiences at their Shaw Healthcare day centre.

*Covid-19 pandemic*

- 2.7 The pandemic had negatively impacted many respondents, some of whom reported increased loneliness and worsening physical and mental health. The lengthy closure of the day centres owing to the Covid-19 restrictions had meant the loss of a valued 'outlet' which had contributed to the negative experience of this period.

## Priorities for future provision

- 2.8 Customers were asked to select the types of support that were important for people who may have used day centres. The results are shown in Table 2.4, including the top five ranked most important types of support.

**Table 2.4 What types of support are important for people who may have used the day centres? (%)**

Type of support	%	Rank
Specialist services/ support groups	71	=3
Personal Assistants (PAs)	52	5
Reablement	35	
Care and support at home	65	4
Community centres	71	=3
Activities for specific interests	42	
Lunch clubs	45	
Leisure centres	29	
Carer respite	77	1
Dedicated carer advice/ support	45	
Other	16	

- 2.9 Other options included 'experienced and knowledgeable people who understand my condition', 'opportunities to socialise in an appropriate and supportive environment', 'a small day centre' and several pleas to retain the current day centres.
- 2.10 Customers were also asked to select the things that were important for people to access activities and support. The findings are given in Table 2.5, including the top five ranked most important things for people to access activities and support.

**Table 2.5: Which of the following things are important for people to be able to access activities and support? (%)**

<b>Important for accessing activities and support</b>	<b>%</b>	<b>Rank</b>
Activities outside the home are local	68	5
Support and care provided locally	58	
Support and care in own home	52	
Personal care where activities take place	77	=4
Staff trained to support range of needs	90	1
Venues and facilities are accessible	77	=4
Help with mobility at venues	84	2
Less time spent travelling	48	
Support with communication	42	
Other	19	

- 2.11 'Other' options included that people whose level of need meant they could not take part in 'activities' were looked after and given some stimulus outside of their home in the carer's absence, a person to support someone with anxiety to attend sessions, and regular daily socialising and care.

### **Travel**

- 2.12 70% of customers said it would be difficult for them travel to activities in different locations. 3% said it would be easy whilst 23% said it would be neither easy nor difficult. A further 3% did not know.
- 2.13 The most frequently cited comment about transport was the customer's reliance on the transport provided to take them to the day centre and bring them home for them to be able to access the service. The transport was important as it could accommodate wheelchairs and people with complex needs, including medication and personal care needs. One customer noted the benefit of the social aspect of the provided transport and that if their carer had to take them to activities this would reduce their respite time.

### **Additional comments on the proposal**

- 2.14 Finally, customers were asked if they had any additional comments on the proposal. Comments included the following.
- Day care was essential to make a care-at-home model sustainable, as carers required regular respite to be able to continue with their caring role.



- Care at home could be isolating and support provided in the home, including personal assistants (PAs), was not equivalent to the benefits of attending a specialist day service.
- Local activities in the community were not suitable alternatives for people with higher level needs and disabilities.
- Some respondents were sceptical that their opinions would have an impact on the decision.
- The proposal was short-sighted given the growing population and increasing levels of need.
- There were several pleas to retain the services.

2.15 An alternative proposal was suggested to make day care accessible to more people, to provide more information about the service and to lower the cost.

### 3 Family and friend carers

3.1 As per table 3.1, 89% of family and friend carers of current and former customers felt the day centre was 'very important' for the person they cared for to take part in activities, whilst 71% felt it was 'very important' for personal care.

**Table 3.1: Before it closed because of coronavirus, how important was the Shaw Healthcare day centre for the following (current and former family and friend carers, %)**

	<b>Taking part in activities</b>	<b>personal care</b>	<b>Carer respite</b>
Very important	89	71	87
Quite important	9	13	7
Not very important	2	4	0
Not at all important	0	2	0
Don't know	0	9	0
Not applicable	0	0	7

3.2 87% of family and friend carers felt that the day centre was 'very important' for them to have respite from their caring role, with a further 7% saying it was 'quite important'.

#### **The proposal**

3.3 As shown in Table 3.2, 84% of family and friend carers of current and former customers disagreed with the proposal (disagree/strongly disagree) with 73% strongly disagreeing. Four respondents (8%) agreed with the proposal, including two who strongly agreed.

**Table 3.2: How far do you agree or disagree with the proposal? (%)**

Strongly agree	4
Agree	4
Neither agree nor disagree	7
Disagree	11
Strongly disagree	73
Don't know	0

- 3.4 As Table 3.3 illustrates, 76% of family and friend carers thought the proposal would have a negative impact, whilst only 2% thought it would have a positive impact, 9% thought it would have neither a positive nor negative impact and 11% thought it would have no impact on them.

**Table 3.3: What impact do you think the proposal would have on you? (%)**

Positive impact	2
Neither positive nor negative	9
Negative impact	76
No impact	11
Don't know	2

- 3.5 Of those who felt the proposal would have a negative impact, 85% thought the impact would be serious, whilst 9% felt there would be some impact. 3% felt the impact would be minor and 3% didn't know.
- 3.6 Family and friend carers of current and former customers were asked to provide more detail about their views on the proposal and its potential impact. A wide range of impacts were recorded. These have been grouped into the following broad themes.

*Impact on carers/carers respite*

- 3.7 The potential loss of carer respite was by far the most frequently cited negative impact, with many expressing concern as to whether they would be able to cope without the opportunity for respite that the day centre had afforded them.

*"When my husband was able to attend the day centre, 3 days a week. This gave me some respite to feel normal and feel part of the human race, as caring for someone 24/7 is extremely mentally draining."*

- 3.8 Concern about the potential impact of closing the day centres on carer mental health and wellbeing, and that of the person they cared for, were also frequently cited.

*"I am at burnout (again). I cannot envisage carrying on my caring role without day care provision. I/we feel totally abandoned and without an effective 'voice'"*

#### *Loss of the day centre*

- 3.9 Similarly to customers, family and friend carers cited a range of benefits of attending the day services for the person they cared for. In addition to those listed at 2.6, these included.

- Carers could feel reassured during their respite time that the person they cared for was at a safe and secure venue.
- The day centres had provided a stimulating and social environment for people with complex needs, including dementia and Parkinson's Disease.
- Day centres provided a familiar environment, with a regular group of attendees and staff. This continuity was valued, particularly for people with conditions such as dementia and autism, who benefited from routine.
- The staff at day centres were trained to support higher-level care needs, including manual handling and personal care.
- Day centres were viewed by some a 'lifeline' to service users and their carers and had been loved by some customers who had been attending for a long time.
- Without the day centre there could be increased travel requirements to attend different venues.
- The day centre had enabled one family carer to continue to work full time.

#### *Covid-19 pandemic*

- 3.10 The prolonged restrictions imposed by Covid-19 had powerfully impacted family and friend carers and the person they cared for. The closure of services and support meant that carers had lost opportunities for respite and some had been providing care without a break as a result.

*"In C0vid-19 times there have been no opportunities for respite so as carer I keep going 24/7 x 7 days a week it's exhausting & my mental health has definitely suffered!"*

- 3.11 Some carers observed that the person they cared for had declined over the past year, which they felt had been exacerbated by the lack of stimulation and activities provided at the day centres.

*"I have really noticed a big change in my mum's mental wellbeing since not being able to attend her twice a week day centre sessions. These two days a week helped her cope with loneliness and mental stimulation, which is vital in people with dementia."*

- 3.12 For some carers the prospect of the centres not opening again after the experience of the pandemic was deeply concerning, as the centre's re-opening had been the '*light at the end of tunnel*'.

### Priorities for future services

3.13 As shown in Table 3.4, carers were asked to select the types of support that were important for people who may have used day centres. Also included are the top five ranked most important types of support.

**Table 3.4 What types of support are important for people who may have used the day centres? (%)**

Type of support	%	Rank
Specialist services/ support groups	84	=3
Personal Assistants (PAs)	18	
Reablement	53	
Care and support at home	58	5
Community centres	84	=3
Activities for specific interests	47	
Lunch clubs	51	
Leisure centres	29	
Carer respite	89	1
Dedicated carer advice/ support	60	4
Other	13	

3.14 'Other' responses included.

- Advice from occupational health to adapt homes
- Knowledge that the person being cared for will be safe on a regular basis, picked up and dropped off for an affordable price
- Criticism of the proposal and perceived short-sighted cost-cutting
- A plea to retain the current day centres.

3.15 Carers were also asked to select the things that were important for people to access activities and support. The findings are shown in Table 3.5, including the top five most frequently selected options by current and former carers.

**Table 3.5. Which of the following things are important for people to be able to access activities and support? (%)**

<b>Important for people to access activities and support</b>	<b>%</b>	<b>Rank</b>
Activities outside the home are local	69	
Support and care provided locally	71	5
Support and care in own home	33	
Personal care where activities take place	76	4
Staff trained to support range of needs	93	1
Venues and facilities are accessible	80	3
Help with mobility at venues	82	2
Less time spent travelling	49	
Support with communication	29	
Other	7	

3.16 'Other' options included.

- 1:1 assistance and activities
- That support is not limited to care 'in the home' or a limit on the number of people customers can socialise with.
- Help with medication.

### **Travel**

- 3.17 87% of family and friend carers said it would be difficult for them, or the person they care or cared for to travel to activities in different locations. 2% said it would be easy whilst 9% said it would be neither easy nor difficult. A further 2% did not know.
- 3.18 Carers most frequently cited their dependence on the provided transport owing to the age and level and complexity of need of the customer, the limited mobility for many customers and the importance of wheelchair accessibility. The familiarity of the route and drivers was noted as beneficial for a customer with dementia and some carers felt peace of mind knowing that the customer was properly supported whilst being transported and returned home.
- 3.19 Some carers no longer drove or had a car, including one respondent who did not drive and lived 30 minutes from their parent and would therefore be required to use taxis. Other respondents worked and would not be able to manage pick-up and drop-off within their schedule. It was also noted that some carers had their own busy lives and commitments to manage.

### **Additional comments on the proposal**

3.20 Family and friend carers were asked if they had any additional comments on the proposal. Responses included the following.

- Sadness and frustration at the potential closures, particularly following the impact of the pandemic on carer health and wellbeing.
- There were several pleas to retain the services, which were 'vital' for attendees and family and friend carers.
- There were questions as to what the alternatives to the day centres would be and some scepticism that any alternative provision would be provided.
- The cumulative impact of closures reducing options for day services was cited by some. This included the previous closure of the county council's day services. Maidenbower in Crawley was given as an example by two carers.

3.21 Several alternative proposals were suggested, including:

- Raising awareness of the service to increase uptake for places.
- Increasing funding for the day services.

## **4 Other stakeholders**

4.1 78 consultation responses were received from other stakeholders, as per table 4.1.

**Table 4.1 Stakeholder group response totals**

<b>Stakeholder</b>	<b>No.</b>
Local resident	27
Health and social care worker	39
VCS worker or volunteer	10
Independent health and social care provider	2

### **The proposal**

4.2 As per Table 4.2, there was strong disagreement with the proposal from all stakeholder groups, including both provider respondents. Overall, 76% disagreed with the proposal, with 9% agreeing.

**Table 4.2: Do you agree or disagree with the proposal? (%)**

	<b>overall</b>	<b>local resident</b>	<b>health/ care worker</b>	<b>VCS</b>	<b>Providers</b>
Agree	9	7	10	10	0
Neither	13	15	13	10	0
Disagree	76	70	77	80	100
Don't know	3	7	0	0	0

### **Impact of the proposal**

- 4.3 As per Table 4.2, Stakeholders viewed the impact of the proposal as negative for all groups, most notably day centre users (95%) and family and friend carers (94%). Providers were viewed as the least negatively impacted (71%), although both providers responding to the consultation perceived the impact as negative.

**Table 4.2 What impact do you think the proposal could have on the following groups? (%)**

	<b>day centre users</b>	<b>family/ friend carers</b>	<b>local communities</b>	<b>VCS</b>	<b>Health and care</b>	<b>Providers</b>
Positive	3	3	4	8	1	9
neither	0	0	13	9	6	4
negative	95	94	73	74	86	71
None	0	0	3	0	0	0
Don't know	1	4	6	8	5	14
no response	1	0	1	1	1	3

- 4.4 Stakeholders were asked to provide more detail about the reasons for their views on the proposal and its potential impact. The following broad themes have been drawn from their responses.

#### *Loss of the day centres*

- 4.5 Similarly to day service customers and family and friend carers, the potential loss of a wide range of benefits of day centres was frequently cited by stakeholders when considering the impact of the proposal. In addition to those already given at 2.6 and 3.9, comments included.

- Staff were trained to support people with higher-level needs and could help finding medical issues and signs of deterioration in health and wellbeing.
- Day centres were a cost-effective model, delaying long-term placements and the activities offered could also help delay the progression of conditions such as dementia.
- The day centres provided for people with complex needs and conditions such as dementia that the voluntary and community sector can't easily replace.
- Activities were social and not offered on a 1:1 basis, and this was beneficial for customers.
- Day centres provided dignified care, in a 'near normal' setting.

#### *Loss of carer respite*

- 4.6 The negative impact of the loss of opportunities for regular carer respite was a further major theme of stakeholder responses. There was concern that carers would struggle to cope without the opportunity for respite and this could lead to increased risk of carer breakdown. The age and frailty of many carers was highlighted, as was the demanding nature of care for people with complex conditions such as dementia.

*"If you close these facilities who is going to give these often elderly and frail carers a desperately needed day or two off a week? Would you offer an 84-year-old woman a job that was working with someone living with dementia? Hours are 24/7 and no breaks!"*

- 4.7 The day centres provided a safe space for the person cared for to be looked after and this reassurance was important for carers to feel comfortable taking respite. Some felt that home-based care alternatives would not offer the same opportunity for genuine carer respite as a day centre, whilst closure of the centres may lead to an increased demand for residential respite, which was more expensive and had less availability.

#### *Impact of Covid-19*

- 4.8 The pandemic was viewed as having created potentially significant additional need, owing to a deterioration in mental health, wellbeing and progressive conditions such as dementia. As a result, closing the day centres would reduce capacity at a time when this would potentially be needed to meet increased need and ease pressure on the health and social care systems.

#### *False economy*

- 4.9 An additional theme was that the proposal was short-sighted, as the day centres performed a valuable preventative function for customers and their family and friend carers. The removal of this preventative function could have serious impacts on customers and carers and ramifications for the wider health and social care system.

*"It is a short-sighted proposal and will result in more client isolation and distress, people experiencing carer breakdown or crisis, increasing the burden on social services in terms of finding emergency placements, increasing unnecessary hospital admissions"*



### *Alternative provision*

- 4.10 A further theme in the responses was concern regarding alternatives to the day centres. Some felt that there was a lack of community provision and, where available, this was not often able to support people with complex needs and conditions such as dementia. There was a potential risk of social isolation for people with dementia in rural areas, owing to a lack of suitable provision.
- 4.11 Many community and voluntary organisations were already facing significant challenges because of the pandemic. They would also require additional funding if they were asked to innovate and develop alternative provision.
- 4.12 Some felt that it was difficult to assess the potential impact as it was not clear what the alternatives would be, and that not enough information was available in the consultation to understand this. This led to some feeling that the proposal was a cost-cutting exercise, rather than being led by need or the potential cumulative impact of closures on provision.

### **Additional comments on the proposal**

- 4.13 Stakeholders were asked if they had any additional comments on the proposal. Their comments included the following.
- 'Building-based' services were important, particularly specialist services for people with conditions such as dementia. A mix of provision was needed.
  - Services that were seen to be underperforming should be supported to develop, not closed.
  - Low uptake for the day centres reflected a complex process for allocating places, not a lack of demand.
  - The county council should work more closely with partners and stakeholders across the health and care system, including voluntary and community sector providers, before decisions are made.
  - Several respondents agreed with the proposal. One was felt that there was an opportunity for a 'modern up-to-date approach', although alternatives needed to be in place.
  - Two respondents expressed concern about the current service delivery, and it was questioned whether this represented good value for money.
- 4.14 A number of alternative proposals were suggested, including:
- Undertake work to increase uptake
  - Simplify the process for accepting people into the service
  - Reduce the number of places being purchased from Shaw
  - Ring-fence funding for alternative provision
  - Close the day centres but use the sites as training hubs
  - Overhaul the service offer with a new provider

## 5 Survey respondents – demographic overview

### Age

- 5.1 As shown in Table 5.1, current and former customers and family and friend carers both had an older age profile than respondents overall.
- 5.2 84% of current and former customers were aged 65 years and older, including 26% who were aged 85+ years old. 36% of family and friend carers were aged over 65 years old, and a further 36% were aged 55-64 years old.

**Table 5.1 Which of the following age groups best describes you? (%)**

	<b>overall</b>	<b>carers</b>	<b>customers</b>
18-24	2	2	0
25-34	8	2	0
35-44	8	4	3
45-54	15	13	0
55-64	27	36	10
65-74	25	20	48
75-84	4	7	10
85+	8	9	26
Prefer not to say	4	4	3
skipped	1	2	0

### Sex

- 5.3 Overall, 71% of respondents were female and 23% were male. 4% preferred not to say and 1% did not respond.
- 5.4 71% of family and friend carers were female and 20% were male. 7% preferred not to say and 2% did not respond.
- 5.5 58% of current and former customers were female, and 39% were male. 3% preferred not to say.

### Ethnicity

- 5.6 As shown in Table 5.2, large majorities of respondents were White British.

**Table 5.2 What is your ethnicity? by group (%)**

	<b>Overall</b>	<b>carers</b>	<b>customers</b>
White British	85	78	90
White other	5	4	3
Mixed	2	2	0
Asian	1	2	3
Black	0	0	0
Chinese	1	0	0
Gypsy/Irish	0	0	0
Other	0	0	0
Prefer not to say	4	7	3
no response	3	7	0

**Disability**

- 5.7 As shown in Table 5.3, 87% of current and former customers had a disability, compared to 13% of carers and 27% of respondents overall.

**Table 5.3 Do you consider yourself to have a disability? By group, %**

	<b>Overall</b>	<b>carers</b>	<b>Custo- mers</b>
Yes	27	13	87
No	65	71	10
Prefer not to say	7	11	3
no response	1	4	0

- 5.8 As per Table 5.4, a majority of disabled respondents in all groups had a physical impairment. 43% of disabled carers had a mental health condition.

**Table 5.4 Please tell us what your disability is, by group (%)**

	<b>Overall</b>	<b>carers</b>	<b>Cust- omers</b>
Physical impairment	65	71	63
Sensory impairment	21	14	26
Mental health	33	43	33
Learning disability	14	0	22
Long-term condition	33	0	30
Other - state	21	14	26

**Religion**

- 5.9 As shown in Table 5.5, 68% of customers and 51% of respondents overall and family and friend carers were Christian. Two respondents were Muslim and one was Jewish.

**Table 5.5 What is your religion? By group (%)**

	<b>overall</b>	<b>carers</b>	<b>Custo- mers</b>
Christian	51	51	68
Muslim	1	2	3
Buddhist	0	0	0
Hindu	0	0	0
Jewish	1	0	0
Sikh	0	0	0
No religion	30	22	23
Other	1	0	3
Prefer not to say	14	18	3
No response	3	7	0

**Sexuality**

- 5.10 72% of respondents overall were heterosexual, 3% were homosexual/gay/lesbian and 1% were bisexual. 2% defined as other, 17% preferred not to say and 5% did not answer the question.
- 5.11 73% of carers were heterosexual. 20% preferred not to say and 7% did not answer the question.
- 5.12 58% of customers were heterosexual, 16% were homosexual/gay/lesbian and 6% defined as other. 10% preferred not to say and a further 10% did not answer the question.

**Gender re-assignment**

- 5.13 85% of respondents overall had the same gender as the one they were assigned at birth and one person's (1%) gender was different. 8% preferred not to say and 6% did not answer the question.
- 5.14 76% of carers had the same gender as the one assigned to them at birth, 11% preferred not to say and 13% did not answer the question.
- 5.15 97% of customers had the same gender as the one assigned to them at birth and 3% preferred not to say.

**Pregnancy/maternity**

- 5.16 One respondent (1%) was currently pregnant/ been pregnant in the last six months, 84% were not, whilst 9% preferred not to say and 7% did not answer.
- 5.17 73% of carers were not pregnant/been pregnant in the last six months, while 13% preferred not to say and a further 13% did not answer the question.
- 5.18 90% of customers were not pregnant/been pregnant in the last six months, whilst 6% preferred not to say and 3% did not answer the question.

**6 Focus Groups**

- 6.1 Two focus groups were held as part of the consultation, as follows.

- Adults' Services Customer and Carer Group
- Minorities Health and Social Care Group

- 6.2 Participants discussed four questions regarding the proposal, its potential impact and the priorities for future provision.

### **Views on the proposal**

- 6.3 In both focus groups there was concern that the proposal was being put forward before it was clear what alternative provision was available. The importance of ensuring adequate provision was in place before closing the day centres was stressed in both groups.
- 6.4 There was some concern that the proposal assumed that other organisations were available to provide local support, which may not be the case. For example, in Worthing there were only a small number of organisations/centres which supported older people and in Crawley there were already waiting lists for some day services. It could also be a 'logistical nightmare' transporting people between different community-based activities and services, rather than a single location.
- 6.5 Owing to changes in strategic approach, many voluntary and community providers had increasingly withdrawn from the provision of clubs/centres providing day activities and now looked for others to provide, while they focussed on different types of support.
- 6.6 Community-based activities were often not suitable for people with higher level needs, including dementia. An example was given of volunteer-run lunch clubs, which did not have the skills to support greater needs or a secure venue. This issue was particularly acute for people living in rural areas such as Midhurst and Petworth, who may have long journeys to Chichester to access services.

### **Views on the impact of the proposal and the reasons for that impact**

- 6.7 As with the responses to the surveys, the benefits of the day centres for the wellbeing, motivation and stimulation of attendees were emphasised in both focus groups. Many people attending day centres were used to the people around them and had made friends there.
- 6.8 The importance of the day centres in maintaining carer mental health and wellbeing whilst ensuring respite was also emphasised in both focus groups.
- 6.9 Overall, day centres made an 'unbelievable, massive' difference to people and were 'godsend' for customers and their carers.
- 6.10 The benefits of the day centres had been illustrated by their closure during the pandemic. One participant's disabled relative attended a day centre (not provided by Shaw Healthcare) and they had observed a marked deterioration in their relative's skills retention and stimulation when the centre had been shut.
- 6.11 In both groups it was noted that the loss of the day centres could lead to isolation, impacts on mental health and wellbeing and the likelihood that people would develop more complex care needs. This could potentially lead to an increase in long-term, residential placements that could ultimately be more costly for the county council than maintaining the day centres.

## **Views on the types of support that are important for people who may have used the day centres and their family and friend carers**

6.12 Participants discussed a range of priorities for people who may have attended day centres, including the following:

- 'Most important' was for people to be in a different environment to their home, as this can become 'like a prison'. Getting out could help someone return home a 'completely different person'.
- Familiarity of place was 'key'. It could be 'transformative' when people get used to a place and this could lead to less challenging behaviour. People couldn't simply swap locations; they needed to feel comfortable and confident. This was particularly important for people with dementia.
- Places that provided a secure environment, where people can feel safe and are with communities of similar service users/needs.
- Support with personal care, for example, bathing and toileting.
- Reliable transport must be available – people needed to be picked up and taken home, with support workers to assist them.
- Culturally specific services to cater to the needs of diverse communities, for example appropriate food.

## **Additional comments on the proposal**

6.13 A range of additional comments on the proposal were raised in the focus groups, including the following:

- The ethos of day services should be rethought, with an emphasis on equity of care and a greater understanding of diverse communities and their needs. Burleys Wood was cited as an example of a service that had focussed on cultural competency for the South Asian community.
- A participant had been working with the South Asian community to encourage greater use of support and activities that take place outside of the home, providing respite for family members. A reduction in provision, particularly culturally sensitive services such as Burleys Wood, risked undermining this work and turning the widespread assumption that South Asian families always provide care within the family into a self-fulfilling prophecy.
- If we want more people from diverse communities to come forward earlier for diagnosis for conditions such as dementia, we need to provide a range of suitable support for them to access throughout the pathway.
- Being part of the community was 'wonderful' but would require a lot of planning and may need more resources than the current day centre model.
- Extensive cuts to services since 2010, including the closure of the county council's own day centres, had been premised on community-based alternatives 'popping up everywhere', but these had not materialised.
- Carers must be part of the conversation around alternative support.
- Talk to the voluntary sector and voluntary and community sector organisations in every major town as these had expertise on what was available locally.
- The pandemic had 'blown apart' the usual structure of life and people's mental and physical health had suffered to a great extent. People needed an 'anchor' to help them rejoin society.
- There was not uniform quality of services, including those that were inspected by the Care Quality Commission. The council needed to ensure it effectively scrutinised services and assessed providers.

- The county council needed better follow-up of safeguarding concerns in care homes, as carers did not always feel it was safe to leave the person they were caring for in these services.

6.14 Several alternatives to the proposal were suggested, including:

- Carry out research into the use of the centres before taking a decision, to demonstrate that this was an evidence-based decision.
- Don't necessarily close all the centres.
- If there are more places than are being used, then consider a reduced offer in the same space, rather than shutting down the service.

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