



RESEARCH

Making My Day. Volunteering or Working at a Day Centre for Older People: Findings of Exploratory Research in English Day Centres

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Context: Day centres have long traditions in social care in the United Kingdom and internationally. In England, they are provided by a mix of organisations, they are not regulated, and there is no national representative body. Research mainly focuses on centre attenders and carers. Frontline staff and volunteer perspectives are rarely reported.

Objective: To highlight the role of day centre work and volunteering for individuals and inform recruitment and workforce development.

Methods: Qualitative interview data gathered from seven volunteers and ten staff at four English day centres for older people were thematically analysed. Data are drawn from three-year case study research investigating the role, outcomes, and commissioning of day centres.

Findings: Paid or volunteer work in day centres has the potential to make unique contributions to people's lives. Older volunteers and staff particularly value centres' group environment and the continuity involved which contribute to person-centred relationships and role satisfaction. These experiences and satisfaction help explain why day centre staff retention is above average in social care.

Limitations: Although in diverse settings, this research was small-scale. Only high-quality centres may have participated. Methods may have unintentionally excluded volunteers with learning disabilities.

Implications: Within a context of problematic recruitment and retention and policy aspirations for community engagement and building on local assets, findings are relevant to workforce development and local recruitment strategies. Further research might explore what creates the working and volunteering culture within a centre and links between culture and outcomes, with a view to developing a model of day centre culture.

Keywords: day centres; volunteers; workforce; outcomes; older people

Introduction

This paper considers aspects of long-term care that are little examined, whether separately or together, despite growing interests in paid care work and in volunteering. The focus is on day centres which have lengthy traditions in social care as both part of the not-for-profit (voluntary) sector and of local government welfare provision in the United Kingdom (UK) and internationally. We report the perspectives of volunteers and staff drawn from case study research of four diverse generalist day centres for older people. By generalist, we mean that they were not run specifically for one client sub-group, such as people living with dementia or attached to a hospice, or for older people from particular backgrounds. We define day centres as community building-based services that provide care and/or health-related services and/or activities specifically for older people who are disabled and/or in need of

support, which people can attend for a whole day or part of a day (minimum four hours). This excludes lunch clubs, drop-in cafes, and meeting centres and builds on previous definitions (Carter, 1981; Clark, 2001; McVicker, 2004; Tester, 1989). Internationally, day centres are referred to as day care centres, day clubs, adult day care, adult day services, day health centres, senior centres, or multipurpose centres (see Orellana et al., 2020c).

The focus of day centre research is, rightly, generally on their contribution to the lives of people who attend them. Ellen et al.'s (2017) review focused on types of programme and their impacts on attenders' and family carers' health and on health systems. In another recent review, we explored perceptions of centres, who benefits from them and how, and their purposes (Orellana et al., 2020c). Lunt et al.'s recent systematic review (Lunt et al., 2020) focused on the impact of day centres on older people with long-term conditions. What distinguishes a day centre from more informal social groups for people needing care and support is the presence of paid staff and/or volunteers and pre-arranged attendance. There is scant research

on staff and volunteers themselves; most often they simply provide accounts of the running of the day centre or the nature of their help and support for attenders (e.g., Glendinning et al., 2008; Rokstad et al., 2019; Ron, 2007; Weintraub and Killian, 2007) or interventions (Henwood et al., 2013), although Tester's (2001) survey suggested that day centre volunteering may promote social inclusion. Volunteers' role in the provision of social care (Cameron, 2020; Hussein and Manthorpe, 2014) is addressed, but volunteers are rarely the focus of data collection with two notable exceptions. Cameron et al.'s (2020) 2017–19 research on the role of volunteers in care settings for older people, including two day centres, which included exploring how volunteering was perceived and experienced by volunteers and paid members of staff. Lunt's (2018) 2014–17 research on the impact of day centre on older people with long-term conditions involved volunteers and staff, but with a focus on attenders. Little is known about why people work or volunteer in this setting, any benefits of doing so, or what they value. Furthermore, these two groups are rarely considered together.

This paper addresses this deficit by highlighting the role of day centre work and volunteering for individuals to inform recruitment and workforce development and sets this in the context of community assets that are being hypothesised as a necessary part of wider community responses to meeting social care needs (Charles et al., 2018; NICE, 2019; SCIE, 2017). It reports on an exploratory study investigating any unique contributions that day centre volunteering or work makes to local people's lives (that is, outcomes they would not have experienced if not volunteering or working at their day centre), how volunteers and staff feel about volunteering or working at their day centre, what they most enjoy about it, and volunteers' suggestions for what could improve their roles and volunteering or working in their day centre. Findings are discussed within the context of problematic workforce retention in adult social care but also growing in interest in England in what are referred to as the potential for community assets to change the narrative of provision (DHSC, 2019; SCIE, 2017). We present findings from a three-year study (2014–17) of four English day centres for older people that investigated, from a macro policy perspective and from multiple micro perspectives, what day centres offered, who used them, why and how, what they contributed to the lives of those involved in them. At mezzo level, it also explored professional perceptions and centres' relationships with local health and care services taking into account whether they perceived day centres' volunteers to be central to the 'offer' of day centres and in some ways being community assets (see Orellana, 2018). The study was of 'generalist' day centres, those not offering specialist care to a specific group, such as people living with dementia or stroke survivors, although some centres offered some more specialist support to some attenders.

Background

While adult social care in England is generally characterised by care homes or home care, day care is a third main part of the sector. This takes many forms, such as

short breaks (respite), day care with an occupational focus, leisure or socially oriented, or day care offering Green Care (de Bruin et al., 2010). At Green Care day care, widespread in The Netherlands, service users are involved in farm-related activities (e.g., feeding animals, sweeping, collecting eggs) or domestic activities (e.g., meal preparation, gardening, washing dishes). However, the mainstay of day care in England is building-based, either purpose-built or in community facilities such as church halls or community centres. There was substantial growth in day centres provided by local authorities under the expansion of the UK welfare state during the 1970s (Grundy, 1987), and a wide variety of types emerged (Edwards et al., 1980). Studies examining these different types were able to compare provision by local authorities, the NHS and the voluntary sector (Knapp and Missiakoulis, 1982), noting the importance of comparing clientele and costs to avoid over-hasty judgements about cost-effectiveness. By the mid-1990s, Curran (1995: 313) was able to describe day services as a 'cornerstone' in care for older people generally in the UK, although she acknowledged that they had emerged 'piecemeal', varied by locality and region, and were not generally well co-ordinated with other provision.

In more recent times, this legacy of a mixed economy remains in day care in England while most other care services are provided by commercial or private providers (Skills for Care, 2019b). Currently (2021) many English day centres are still run within the voluntary or not-for-profit sector and are largely 'staffed' by volunteers (Hussein and Manthorpe, 2014) while local authority provision, which flourished in the 1980s (Bacon and Lambkin, 1997), exists but is in decline (ADASS, 2011; Needham, 2014). There is little private day care provision in England, mostly associated with care homes offering day care, mainly for people living with dementia, as part of their operations. While several decades ago, the UK National Health Service (NHS) ran day hospitals for some patient groups (Smith and Cantley, 1985), these have declined considerably with the move of long-term care for older people to local authorities and subsequently to the private sector. It is in this mixed economy of care context that this paper is set.

Within this mixed economy, the wide variation locally of day centres for older people remains with different staffing models. Lunt (2018) describes a staffing model of Blended (staff and volunteers) centres, in addition to centres managed and run entirely by volunteers (Voluntary), and day centres staffed by paid workers (Paid). She found 'a greater lack of hierarchy between volunteers and clients than between paid staff and clients. The activities provided in Blended and Voluntary groups promoted group cohesion, connections, interactions, co-production, creativity and wider community engagement' (Lunt, 2018: 347–8). This suggests the value of distinguishing not only between provider type but also centre design and its staffing or personnel models.

It is currently impossible to provide accurate detail of numbers of day centres and their attenders, staff, and volunteers in England because these services are not regulated and do not have a national representative body. This contrasts with the United States (US), where a national

membership umbrella body for day services enables surveys with broad coverage (Anderson et al., 2013).

Volunteering in adult social care

Volunteer involvement in social care provision is well established in England (Cameron et al., 2020; Naylor et al., 2011). Volunteering is defined as providing unpaid help, either informally or in a formal setting, that aims to provide benefits outside a volunteer's household (International Labour Office Geneva, 2011). The voluntary activities people undertake to support their communities lie on a continuum; roles range from unpaid 'jobs' (formal volunteering) to simple acts of kindness (informal volunteering) (Allen et al., 2015). Formal volunteering, which includes day centre 'placements', is emphasised as having economic, social, and private value (Haldane, 2014; International Labour Office Geneva, 2011). A Social Return on Investment (SROI) evaluation of a peer support group for people with dementia, for example, presented volunteer wellbeing and other (private) outcomes as being unintentional service outcomes that increased its social value (Willis et al., 2018).

Volunteering is typically conceptualised as a response to a desire for social interaction, reciprocity, to make a difference or to national programmes encouraging voluntary activity (see Einolf and Chambré, 2011; Jones et al., 2016b).

A systematic review of the health effects of volunteering concluded that volunteering decreases mortality and improves subjective health, mental health and wellbeing, social interaction, and ability to cope, with the greatest volunteering benefits resulting from 'hands-on' involvement (Casiday et al., 2008). For adults with learning disabilities, volunteering may support the learning of new skills in a supportive environment, such as those necessary for social inclusion and community participation (Abbott and McConkey, 2006), may provide feelings of purpose and being valued, add structure to time, or enhance paid employment prospects. The National Council for Volunteering's (NCVO) 2018 national survey of volunteers covered perceptions of role, time, role boundaries, management, and reasons for starting, continuing, or stopping volunteering; focus groups of all ages reported particularly enjoying making a difference, the role itself, being valued, acquiring knowledge and skills, and working with and meeting people (McGarvey et al., 2020).

Volunteering is reported to be more beneficial for the health and wellbeing of older, rather than younger, volunteers (Casiday et al., 2008). Although Jenkinson et al. (2013) concluded, from their evidence review, that evidence of its mental health benefits was insufficient to consider it a public health intervention, the strongest evidence about volunteering in formal settings *in later life* highlights improved quality and quantity of social connections, improved sense of purpose and meaning, with other benefits including better life satisfaction, happiness, and wellbeing, and reduced depression following feelings of appreciation (Jones et al., 2016a).

A national survey found older people were most likely to volunteer for organisations supporting older people or

community groups than other activities (McGarvey et al., 2020). Older people themselves constitute the largest group (22%) of public sector volunteers. In Great Britain, women volunteer in slightly higher proportions than men; among both sexes, voluntary activity is lower among younger people, increases as people near retirement, peaks post-retirement, and declines slightly as individuals age (NCVO, 2020).

Turning to volunteering in day centres for older people, concerns have been expressed about the risk of blurred boundaries between volunteers and paid staff in these settings. In case study research, which included two day centres for older people, boundaries between paid care work and the volunteer role were poorly delineated and appeared at risk of becoming increasingly blurred (Cameron et al., 2020). This blurring raises questions concerning the quality-of-service provision, the professionalisation of care work, and the remuneration of and regard for care work. Cameron et al. (2020) identified three models of volunteer contribution: augmenting (i.e., enhancing existing services), discrete (i.e., volunteers provide a standalone service), and assisting/filling gaps (i.e., working with paid workers in existing services, sometimes filling gaps) which was identified as being most relevant to day centres. Advancements of the care workforce, in terms of an increasing focus on training and preparation for practice, were considered potentially undermined by an increasing reliance on volunteers (Cameron, 2020: 4).

Day centre employment

Because English day centres are provided by a mix of organisations and are not required to register with a body that would collect information about staff as part of its activities (in contrast to care homes and home care), we lack information about staff other than for day centres run by local authorities. The latest nationally collected social care staffing data estimates around 26,000 direct care jobs in adult day care (i.e. aged ≥ 18) in England, three-quarters of which were in the independent (private and not-for profit) sector (Skills for Care, 2019a). According to the latest publicly available data, average length of time in role was 8.4 years for people in the roles of (senior) care worker, activity coordination and other direct care-providing roles in day centres for all categories of older people (Skills for Care, 2017), although this included staff of specialist centres for people with dementia.

Aside from Lunt's (2018) aforementioned study, studies involving day care services staff are few. A survey conducted by the trade union UNISON (123 responses) found a picture of substantial decline in day centres owing to several factors, not least local authority budget pressures (Needham and Unison, 2012). While many of the survey findings related to the impact on attenders, it also heard of concerns related to the changing of staff terms and conditions. The authors considered that hopes for centres to move to new ownership were largely unfounded and that further centres would close.

Another study, addressing practitioners' views of the benefits for people living with dementia of attending 'generic' day centres, interviewed four day centre

managers (Laird et al., 2017). Managers described themselves as making the best of what they had in terms of resources, place availability and the constant client supervision challenges that needed to be proactively managed.

As this background section summarises (see further Orellana et al., 2020c), accounts from volunteers and day centre staff of their own experiences in work or voluntary activity are few. This present article presents details of experiences at, outcomes of, and feelings about volunteering or working in their day centre.

Methods

An embedded multiple-case study approach (Yin, 2014) was taken for this descriptive, explanatory study, which aimed to improve the understanding of day centres. Case study research involves studying a phenomenon in depth and in context by making use of multiple evidence sources (Stake, 1995; Yin, 2014). As noted above, it has been used in day centre research (see Lunt, 2018). Case studies range from descriptive (presenting characteristics), exploratory (identifying patterns and constructing interpretative models), explanatory (concerned with explanations or analysis), to comparative or evaluative (Yin, 2014).

Four day centres agreed to participate as case study sites. The first author (researcher) undertook weekly visits from September 2015 and October 2016 (14 weeks at each centre).

This necessitated initial engaging with centre managers to explain the purpose of the study and seek permissions for engagement. For one, permissions were also needed from the local authority. Following agreement, the researcher visited the centres during a familiarisation process to mix with attenders, staff, and volunteers. She then interviewed older attenders ($n = 23$), family carers ($n = 10$), day centre managers, frontline volunteers, and staff (those who worked directly with older attenders rather than in office, or other, roles) ($n = 23$) and local authority staff responsible for service commissioning or referral ($n = 13$). A donation of £100 was given to each centre following fieldwork. Findings related to centre attenders are published elsewhere (Orellana et al., 2020a, 2020c).

Sample – Centres, volunteers, and paid staff

Frontline volunteers ($n = 7$) and staff ($n = 10$) – individuals who are paid or unpaid and who work directly with attenders during a day centre day – were recruited from four day centres in the South-East of England purposively recruited to reflect organisational differences. One was run by a housing association (social housing and care provider) on the site of one of its extra care facilities (DCHA), one was run by a local authority in a purpose-built standalone building (DCLA), and two by not-for-profit organisations (DCV1, DCV2), one in a church hall and the other in a community hub building.

Volunteering/staffing strategies varied between sites. Using Lunt's (2018) model, DCHA and DCLA operated a Paid staff model. Neither actively recruited volunteers; however, at DCLA, each potential volunteer approach was considered individually. DCV1 and DCV2 were 'Blended' services. However, volunteers were the core service providers at DCV1, although (paid) assistant manager and manager also undertook frontline work if necessary; some volunteers undertook a mix of frontline and other roles (for example, cooking). DCV2's 'blended' model involved both paid frontline staff and volunteers; local demographics reportedly contributed to persistent difficulties in recruiting volunteers.

Participation levels in the research were high (see **Table 1**). Because there were fewer volunteers than expected at the local authority and not-for-profit day centres (paid staff and volunteers) and none at DCHA (social housing provider), the researcher returned to DCV1 after completing the visit periods and recruited further volunteers ($n = 2$) to balance participant numbers.

There was some volunteer involvement in case study sites by adults with learning disabilities, but no study participation. Across sites, there were four volunteers with learning disabilities at the time of recruitment, reduced to three during visit periods, all at the not-for-profit sector centres. Two volunteered at DCV1. The researcher observed them joining in with, and appearing to enjoy, many of the activities; one, who was younger and more physically able than the other, took initiative to help to set out furniture in the absence of another volunteer. A new volunteer,

Table 1: Recruitment of day centre staff and volunteers.

Day centre	Volunteers (n = 7)	Staff (n = 10)	Total recruitment
DCHA	0 of 0	4 of 5 (1 off sick for extended period)	4
DCLA	1 of 1	3 of 3	4
DCV1	5 (weekly numbers varied): 4 regular frontline + 1 dual role of: 4 regular frontline volunteers 3 in dual roles (frontline & kitchen) (2 with learning disability excluded on manager's advice) Some chefs (on rota) also stayed in afternoon The 'conversation volunteer' was not approached as it had been unclear this person was a volunteer.	1	6
DCV2	1 of 1	2 of 2	3

apparently with a learning disability, attended on week 11 but did not return during weeks 12–14; it is possible she was trying various services to make a choice. At the time of initial approach, one of DCV2's two volunteers had a learning disability but was no longer volunteering on the visit day when research visits started nine months later. Neither of the two DCV1 volunteers were invited to participate as its manager, who was provided with volunteer interview questions, advised they lacked sufficient capacity to provide informed consent and to address questions.

Data collection and analysis

Data were gathered in face-to-face qualitative interviews undertaken between October 2015 and October 2016. To discover whether day centres made a unique contribution to participants' (staff and volunteers) lives, they were asked whether volunteering/working there added anything to their lives that they would not experience otherwise. How participants felt about volunteering/working at day centres and what two things they liked best about this were also explored. Volunteers were asked if they disliked anything or had suggestions to improve their experience. Finally, all participants were asked whether they planned to continue in their roles and if they would recommend volunteering/working in day centres to others. Additionally, data about participants themselves, their roles and their route into day centre volunteering and prior work roles were gathered.

On average, interviews lasted 40 minutes (range 15–79 minutes) and took place in private spaces at day centres (e.g., meeting rooms, empty hairdressing salon) or participants' homes. Interviews were recorded and transcribed externally.

After removing identifiers, data were entered into NVIVO (version 11) (NVIVO, 2015). Analysis was inductive, iterative, and thematic (Boyatzis, 1998). Cross-case analyses of individual participant group data were undertaken; themes were identified across the different day centres and participant sub-groups (Ritchie and Lewis, 2014). The researcher undertook coding and analysis. Analysis and data saturation were discussed in regular team meetings with the second and third authors, with any discrepancies highlighted for discussion. All team members had experience of gerontological research with two having substantial experience in working in the voluntary sector.

Stakeholder involvement

Involvement was built into the study throughout. A study advisory group supported the study, meeting three times. Members, all with experience of day centres, were consulted about study materials (Ritchie and Lewis, 2014) and interpretation of findings. A separate advisory group that acts as a critical friend to the researcher's host unit provided further feedback on these. Site representatives attending a workshop were also consulted about findings.

Ethical considerations

The Health Research Authority's Social Care Research Ethics Committee (ref: 15/IEC08/033) awarded ethical approval. Local authority Research Governance approvals were subsequently granted. All eligible to participate (volunteering/working on the researcher's 'visiting' day

and able to give informed consent) were given a study Information Sheet, invited to participate, and given the opportunity to ask questions. Participants gave written informed consent before taking part. Efforts were made to be as inclusive as possible by offering volunteers the opportunity for paired interviews where assistance was needed; however, potential participants who were unable to bring a support person to the interview were not included. This facility was not needed.

Day centre managers collaborated positively, expressing no major concerns; some briefed staff/volunteers directly about the research before visits started. All appreciated the researcher having undergone an Enhanced Disclosure and Barring Service Check (for safeguarding purposes). The regular research visit strategy provided the opportunity to be accepted and trusted by potential participants. There had been a risk that staff may have felt evaluated resulting in limited cooperation. On completion of visit periods, some revealed prior worries about a researcher's presence, particularly one making notes, but said they had relaxed after a few weeks having started to get to know her and having seen how she joined in and spoke with everyone. Reservations about interview participation were apparent among some staff who were confused as to why they might be interviewed about the role and purpose of day centres. Managers and staff expressed appreciation that the researcher had taken part in activities, mixed well, and offered help (e.g., collecting cups, one-to-one support during activities, leading charades, holding doors open), thereby mitigating identified risks.

Given the small samples at each site, findings are not reported by day centre to protect individual anonymity, nor were they reported separately to sites.

Findings

All but one in each group reported volunteering/working at day centres making a unique contribution to their lives, that is, doing so added something to their lives that they would not have experienced were it not for their day centre role; some said it had added much to their lives. The two exceptions were a volunteer for whom day centre volunteering was one of many options of how they could spend their time and who simply volunteered because they wanted to, and a staff member who, despite declaring that working at the centre did not add anything to her life, said that doing so had made her more aware of people, thus attenuating the initial comment.

All participants said they would recommend volunteering/working at a day centre to others, with most answering enthusiastically.

All seven volunteers planned to continue at their day centres, with one of the two youngest also planning to look for further volunteering opportunities elsewhere, parental caring responsibilities permitting. While two said they would continue until they 'dropped', two more said their worsening health would affect how long they continued. One, despite recognising that daily demands on staff varied and that staff absence and attendance levels affected workload, maintained that a centre employing staff should be adequately staffed and should not require volunteers.

All but one staff participant said they planned to continue working at their day centres, if possible. The tenth felt she had worked in the role for long enough. She planned to continue working in social care but wanted to study and then apply for management roles while, somewhat contrarily, having emphasised her dislike for paperwork and preference for directly working with people.

The following section describes participants' characteristics and reports findings concerning experiences, outcomes, and feelings, which are categorised into three themes: 1) people, 2) mental wellbeing and health, and 3) factors affecting experiences.

Participant characteristics

Table 2 details participant's socio-demographic characteristics. Volunteers were aged between 57–77 years, and staff between 22–60 years. Most were female. All participants reported being the same gender as at birth and heterosexual. There was some ethnic variation among staff, but all volunteers were white British, six of whom volunteered at the two centres with no ethnic diversity among attenders, largely reflective of local populations. Just under half of staff participants had been born outside the UK. Most volunteers were widowed, separated, or divorced, and their living arrangements were diverse.

Table 2: Volunteer and staff socio-demographic characteristics.

Characteristics	Volunteers (n = 7)	Staff (n = 10)
Age		
20–29		1
30–39		2
40–49		3
50–59	3	3
60–69	1	1
70–79	3	
Male	1	1
Female	6	9
Gender identity		
Gender same as birth	7	10
Sexual orientation		
Heterosexual	7	
Ethnicity		
White British/English	7	4
White Irish		2
Any other white		1
Black African		1
Black British		2
Born in UK		
Yes		6
No (living in UK for 1, 10, 12, 30 years)		4
Marital status		
Widowed	1	
Separated/divorced	4	
Married	2	
Living arrangements		
Alone (including alone in sheltered housing)	3	
Live with adult child(ren)	2	
With spouse/partner	2	

Additionally, all but one volunteer reported having health conditions or disabilities; four had one type of health condition or disability, one had two types, and one had four types. These included long-standing health conditions (n = 5), mental health conditions (n = 3), hearing (n = 1), and sight impairment (n = 1).

Staff had been working at their centres for an average of 8.7 years (3 months to 18 years). Most were care/support workers (n = 8), one an activity specialist, and one a senior care worker, who managed other care workers and also held a specialist role, which involved working with stroke survivors, planning and running the rehabilitative stroke group, and undertaking referrals (e.g., to GPs, physiotherapists, occupational therapists, social workers). Prior activities or jobs included being a full-time parent, a social care personal assistant, hairdresser, cleaner, working at another day centre (for older people, mental health, or physical disabilities), working in a care home/extra care facility, working in social services, or working at the same centre before its clientele changed from being people with learning or physical disabilities to older people. It was one participant's first job. Four had worked with older people previously.

Volunteers supported attenders and staff but did not undertake personal care. They had been volunteering at their centres for an average of 3.7 years (3 months to 7 years) for an average of 6.7 hours weekly with an average volunteering day of 4.6 hours. Five volunteered for one day, one for two days, and one for three days weekly. Six of the seven started to volunteer after retiring (or in the process of retirement), either because of wanting some structure or something to do (n = 4) or having 'fallen into' volunteering accidentally (n = 2). One's changed personal circumstances had prompted volunteering, which she hoped would link her with the community she had recently moved to and regain confidence. Three had specifically wanted to volunteer with older people.

People

Almost all participants' most-enjoyed aspects of their roles derived from social contact with people at their centres.

Volunteers

Volunteers particularly enjoyed interacting with the people at their centres, whether staff, volunteers, or attenders. For some, this social aspect was a unique contribution that their volunteering made to their lives. They either enjoyed meeting people there or had made friends with other volunteers, which, for one, counteracted potential isolation:

'I'm not just isolated and I am seeing *all* sorts of ages and not just people of *my* age.' (Volunteer 4 – emphasis in the original)

Volunteers talked about enjoying feeling 'warmth' from attenders and enjoying their different characters and laughing with them:

'It's such fun. The older people they have just got, you know, we always have a good laugh.' (Volunteer 7)

Feeling part of a team was especially enjoyable. For a few, the whole environment felt like family:

'It's like an extended family, it's really nice. The staff are a good team. (...) It just feels like a *family*. You know, a family situation where you feel there is genuine and sincere care here. (...) The longer I've been here, the *more* I feel I'm part of their family. (...) You *do* get close to the people that come daily.' (Volunteer 4)

Because of this, some offered additional support to attenders; one volunteer had supported a former attender when moving house.

Volunteers gained satisfaction from doing something useful and feeling needed:

'And you feel as though you are helping people or giving the old people – I shouldn't say old people – the "members" a bit of pleasure, because some of them don't see anybody, do they, all week, and they seem to enjoy it.' (Volunteer 6)

Volunteering provided the opportunity for skills transfer either from former work to the volunteering role or to use skills acquired from volunteering or working elsewhere (e.g., first aid, moving, and handling). Being able to apply skills learnt from previous paid work with people was what one volunteer enjoyed most.

Some commented on colleagues' characteristics and the impact of these. Volunteers felt that other volunteers and staff were efficient and caring. One referred to volunteers, staff (office and frontline), and the manager as a 'wonderful crowd' (Volunteer 2). Another found the manager especially caring; she smiled describing how the '[manager] goes to town with parties (...) she has a proper cotton tablecloth. She really gives the elderly respect, love and kindness (...) She makes them feel special' (Volunteer 4). One felt that one particular volunteer's liveliness was popular among attenders. Another appreciated having male volunteers, feeling this was welcomed by male attenders, and useful 'for personal things like going to the toilet.' (Volunteer 2).

Staff

Staff particularly enjoyed working with people generally – other staff, volunteers, and the older attenders. They enjoyed having good colleagues who worked well together:

'My colleagues are really good (...) there is oodles of teamwork here. It's just great.' (Staff 4)

'I don't think I've come across anybody in the 18 years I have been here that I felt that uncomfortable around that I am not able to communicate with.' (Staff 8)

Working there gave both contact with older people and the chance to be involved in the lives of and build relationships with the people they supported:

'It's not only that we are *working* with them; you build a kind of *relationship* with them as well.' (Staff 9)

They enjoyed that attenders were willing to engage in conversation and join in activities, which made these fun:

'No matter what you bring to them, they are willing to try it and give it a go. If it doesn't work, well they know they have tried it and it didn't work. If it works well, yippee, you are okay. Say, for example, when I introduced line dancing, circle dancing (...) there was all this grumbling but, in the end, they still came for it. Now, it's fun. They are enjoying it, despite the fact that they are not jumping up and down, they can just sit down and do their dancing as well while sitting. It's fun.' (Staff 4)

Staff participants said they had learnt from attenders about the value of family and how family members can support each other, that everybody is different, had acquired cultural knowledge about the UK, and had benefited from seeing people's resilience and desire to enjoy life:

'I am *learning* about life and all the different life stages. (...) A lot of them have been through a lot. A lot of them have diabetes and have lost their legs and stuff. It's just amazing to think and they are still in here and they are happy and making the most of it.' (Staff 10)

Working with people meant that 'every day is what you make it. You get out what you put in and it's always slightly different' (Staff 5). A few staff highlighted the need to be a 'people person' and having patience to do the job.

Mental wellbeing and health

Volunteers

Much of what volunteering at a day centre was reported to have added to participants' lives concerned mental wellbeing or health. It gave them something to look forward to, improved confidence, and provided fulfilment. Improved confidence helped one manage her own problems and another overcome her shyness, difficult emotions, and feel like a 'helpful, valid member of society' (Volunteer 5). One volunteer, who lacked other immediate ties or responsibilities, felt fulfilled by the sharing and interaction that took place at the centre. Another other gained fulfilment from giving:

'...if you love what you do, you get as much back as you give to them if you can make them smile and feel special (...) makes me a much happier, kinder person.' (Volunteer 2)

One volunteer reported that her mental health condition had not relapsed since volunteering, which she attributed to improved wellbeing gained from this activity, while another said that 'it just enhances life generally (...) It's just

good fun' (Volunteer 7). Talking about how volunteering had helped her depression, a third said:

'I can't tell you how much (...) we divorced (...) And from something sad in your own family life, this has helped me gradually bounce back and feel *me* again which is certainly very worthwhile, *very* worthwhile (...) I feel a bit more like me (...) which is a good thing. And it's through volunteering, you know.' (Volunteer 5)

As the following quote illustrates, volunteers also took pleasure from seeing the difference that centres made to attenders, with one volunteer saying that she would be likely to attend herself later in life:

'I'd miss it if I didn't have this. It's the best voluntary work I've done, and I've tried different voluntary sectors. Out of all of them, even work, paid work, this has been the best. I will carry on until (...) I'm told we don't need you as a volunteer. I definitely, I would use it as a place to come to not be at home isolated. (...) In relation to all jobs I've had in my life, I've never known *anything* like it.' (Volunteer 4)

Some volunteers talked about how much they enjoyed centre volunteering. Three acknowledged the mutuality of donating their time and efforts and that they also benefited from doing so; volunteering was a 'lifeline' for one's own wellbeing. Others particularly enjoyed the structure volunteering added to the week, the one-to-one work, the flexibility that enabled one to take days off as needed, the training undertaken, and joining in with group activities. In contrast, another volunteer gained much satisfaction from a peaceful rural journey to the day centre which de-stressed her and contrasted sharply with her previous volunteering position to which she arrived feeling stressed because of traffic problems.

Staff

Staff were overwhelmingly positive, with most saying they looked forward to, loved, enjoyed, were happy in or proud of their work:

'I've never come into work fed up, saying I don't want to do it. You know what I mean? It's looking *forward* to coming to work and *enjoying* it.' (Staff 3)

'I am *proud* of what I do. I feel I am proud that I am able to come here and just be myself as well.' (Staff 8)

That staff could 'be themselves' added to their pleasure. One said it had given them back their identity after moving from care work in a task-focused and time-constrained residential setting which felt 'soul-destroying' (Staff 5). Other staff described feeling personally fulfilled as their work felt worthwhile:

'the first thing they tell you when you start working here is how much they value and how much they look forward to it and almost they said like it's like dead days in between.' (Staff 5)

Participants derived feelings of satisfaction or worth they considered they would not have otherwise experienced from seeing how their support made a difference and knowing their service provided something attendees may not get elsewhere:

'I just feel that like they might come in, like I come to [attender] and she might be really sad. I just get a *lot* of pleasure out of, within half an hour they are different people. (...) It's nice to see them *change* from being sort of low and a little bit helpless to feeling capable, which is a *lovely* feeling.' (Staff 6)

Staff particularly enjoyed gaining this satisfaction. They enjoyed seeing attendees' moods improve or knowing that weights were lifted from their minds, seeing them being proud of their achievements in craftwork, or 'just being there for them and making sure they are okay' (Staff 10), and supporting attendees' independence by encouraging them to do things for themselves if they were able.

Work also positively affected wellbeing; one staff member, who reported having two diagnosed mental health conditions, recounted how the symptoms of one had lessened and the other was in remission, attributing this to her job. Work made participants happier, more confident or feel 'better as a person' (Staff 10). There was recognition that the benefits in terms of happiness were reciprocal:

'[Attender] says I am her smile; and she is mine. She makes me laugh. (...) I know that I'm gonna make them happy and they are going to make me happy.' (Staff 7)

Work, for some, was even fun.

'I think it's just such a happy place... Work is *very* fun.' (Staff 6)

Although work was satisfying and enjoyable, deaths of attendees brought sadness, and work could be exhausting:

'Yes, because you think, how can I be tired, you know? I've been like sitting down, doing an awful lot of sitting down, drinking tea and stuff like that. But that is actually *really, really* important part of the job. I think how can you be so exhausted? But it is exhausting. (...) *Emotionally* exhausting I think more than anything. I think, yeah.' (Staff 6)

However, such exhaustion was not a negative experience (and would not connect with the exhaustion of emotional burnout):

'Well, I am exhausted at the end of the day. [Interviewer: Physically? Mentally? Both?] Both. But I think that's just, you know... If you take your job seriously and you try to do as much as you can in a day, that's just how it should be. (...)' (Staff 2)

Factors affecting experiences

Volunteers

While some volunteers felt very appreciated and looked after, one participant felt overloaded and insufficiently appreciated, believing this to result from having proved herself competent at taking initiative, although she acknowledged the manager's special efforts to support her physically, given her health condition. Those feeling appreciated commented upon enjoying specific events for volunteers, supportive staff, and the manager's attitude. Being thanked by a manager was highly valued. One commented that the manager was 'forever saying thanks to everybody. (...) Because obviously, without all the volunteers, (...) if they all stopped, it wouldn't run. She's very *thoughtful* indeed and *amazing*, her memory for what people are doing and what have you.' (Volunteer 7)

Meetings were important for discussing volunteers' ideas, problems, and activities:

'They're always open to suggestions from any of the volunteers to see how they can enhance the experience...' (Volunteer 1)

No participant envisaged any changes that could make their role better for them, but several subsequently commented upon operational matters, including the inherent background noise and interruptions intrinsic to a shared building, the impact of which might be lessened by different seating arrangements and 'little niggles'. These concerned others' non-use of a 'uniform' introduced for security purposes, receiving inconsistent instructions, not being told certain things in advance, certain volunteers occasionally being difficult or over-precious about their role, and favouritism seemingly being shown towards one attendee.

Staff

One staff participant commented that her satisfied exhaustion was tainted by feelings of having insufficient time:

'I often have the feeling that there's a lot, lot more that I would have liked to have done, but there wasn't enough time. So, I, you know, that is a feeling I often take away to be honest.' (Staff 2)

Managerial recognition of work was important:

'She thanks me every night I go home and that's all I need. (...) I take my hat off to her for that reason. That little thank you means a lot, you know.' (Staff 8).

Regular supervision also plays an important role, both for points needing to be addressed and to ensure senior staff

were aware of work matters. There was a view that '[supervision meetings] should be regular. (...) But it doesn't unfortunately happen, because everybody is not here or whatever. When it does happen, it's very effective' (Staff 8).

Discussion

This study adds to the evidence about staff and volunteers supporting older people in day centres. New findings include that involvement with a day centre, by volunteering/working at one, can be a life-enriching experience that provides unique input to the lives of volunteers/staff, and that centres' congregative nature make an important contribution to the best-liked aspects of day centres because of the continuity of people – both of service users and the volunteers/staff participants worked alongside – this allows. These points may be relevant to workforce debates in social care in the UK and internationally and to perspectives on day centres as assets within communities and not just as part of social care.

The recurring theme of factors relating to the continuity day centres afford provides further insights on both the value placed on this and its utility in services from a human resources perspective. Continuity of contact was one of staff's most-liked parts of their job, as developing relationships with those they supported enabled seeing the impact of their work. Experiencing teamwork was also one of the most-liked aspects of both volunteering and staff roles. These reflect two of the six 'senses' contributing to quality of relationship-centred care: a sense of belonging (feeling part of a team) and sense of fulfilment (being able to provide good care and feel satisfied with one's efforts) (Nolan et al., 2006). Thus, findings echo those of Manthorpe et al.'s (2017) longitudinal study of social care work, which concluded that valued relationship-centred care is grounded on interactions between providers, service users, families, and the wider community (Tresolini and Pew-Fetzer Task Force, 1994). The level of study participants recommending day centre volunteering to others was far higher than for civil society and public sector adult volunteers responding to a survey in Great Britain (McGarvey et al., 2020). Although survey respondents' most-liked aspects of volunteering reflected those emerging from this study, a host of least-liked factors were identified by survey respondents, concerning time, role, recognition, management and organisation, resourcing, and relationships with others, that were not raised by participants in the present study.

Job satisfaction is important for staff retention. This study heard of staff's job satisfaction and the component parts of this which may help to explain why staff retention in day centres is above average for older people's social care services, thus affording benefits of continuity for both employers and attenders (ekosgen, 2013, Orellana et al., 2020a). Hussein et al.'s (2016) longitudinal analysis of National Minimum Data Set for Social Care (NMDS-DC – the largest national social care workforce data set available in England; since re-named Adult Social Care Workforce Data Set [ASC-WDS]) data found lower vacancy and turnover rates across adult day care than in homecare and care homes. Staff participants' average length of time

in role (8.7 years) was just over the 8.4 years cited earlier, also comparing favourably with the average 3.5 years for homecare roles. Low staff turnover leads to financial efficiencies, better teamwork, and a well-trained staff group who know their clients and their needs, preferences, dislikes, and interests well (ekosgen, 2013), important elements for personalised approaches.

This paper has also provided evidence that, for their volunteers, generic day centres were a source of active ageing (World Health Organization, 2002). Lloyd et al. (2014: 329) argued that, because active ageing delays the onset of disease and reduces health expenditure, responsibility for it should be 'a social and community matter.' Thus, day centres are part of a range of community assets (SCIE, 2017) with respect to their potential for maximising health, wellbeing, functioning health, and independence and making a contribution not only to centre attenders but to the lives of their volunteers and staff.

Given the above, it is arguable that, to better assess the impact of day centres, impact measurement might be extended to those who work or volunteer in them.

Although work-related wellbeing is recognised as important for individual, work, and employer outcomes, the tendency is for validated tools to focus on negative impact, for example compassion satisfaction and fatigue (for example, Stamm, 2005), burnout (for example, Maslach et al., 1996), or environmental/managerial/pay factors (Sirgy et al., 2001). Very few studies appear to have included measures focusing on positive aspects of working in adult social care, for example, emotional rewards such as those we have reported in this article, and these were not conducted in day centres (Flynn et al., 2018; Pătraș et al., 2018; Willemsse et al., 2015). With quality of work provided being key to social care service user outcomes and with turnover so problematic in social care, understanding care workers' experiences, motivations, and perspectives is important. At the time of writing (March 2021), development of a care work-related quality-of-life tool is underway to begin to address how work impacts on social care workers' quality of life (see www.pssru.ac.uk/ascotforstaff/homepage).

The value of volunteering tends to be restricted to the context of social impact/value/return on investment, with its value to the person volunteering being overlooked despite this, potentially, being a factor influencing a decision to continue in the role. Haldane (2014) argues that volunteer recruitment may become easier if people are more aware of the private value (benefits) of volunteering which include enhanced well-being, health benefits, and increased skills and employability. He estimates the private value of volunteering in the UK is more than £40 billion per year for wellbeing alone, not including health benefits or employability skills. While NCVO is dedicated to supporting volunteering and gathering national data, there may be benefits for individual providers of gathering data from their own volunteers. Outcomes for day centre volunteers may merit further attention given the lack, and importance, of evidence for preventive services (Allen and Miller, 2013), the planned growth of social prescribing (NHS, 2019), a need to evidence a service's social value to

justify receipt of funding, and, for example, for inclusion in pre-retirement planning course as a potential avenue to continue one's sense of purpose or feelings of citizenship beyond retirement, a transition known to result in a sense of loss for some people (Bordia et al., 2020).

Nonetheless, obstacles to measuring the impact of working and volunteering in day centres may be lack of inclination and resources to gather, analyse, and use the data by day centres themselves, statutory commissioners, and potential referrers or funders. Even the absence of standardised outcome measures and data collection approaches – with respect to attenders – in the US has been raised (Anderson et al., 2020). Given their scale and status as integrated within the US health and care system (Orellana et al., 2020c), this is, perhaps, foreboding for England where day centres are unregulated, mostly invisible in official guidance, and do not occupy a clear place within health and social care policy vision. Impact measurement – even concerning service users/attenders – may also not be embedded into the culture of English day centres or may be beyond the capacity of some (e.g., volunteer-run centres). Furthermore, such data may not appeal to statutory commissioners given the small scale of day centre provision – compared with, for example, home care – and the resources required for data analysis (Orellana 2018). For it to be acceptable and regularly implemented, incorporating impact measurement into supervision or support should not be a complicated, time-consuming, or costly obstacle. For example, changes in individual subjective mental wellbeing could be monitored by use of the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) (NHS Health Scotland et al., 2008) when a volunteer starts at a day centre and again at regular intervals. However, although a short, straightforward measure, some volunteers are older than the age range for which it is validated (13–74 years) (Taggart et al., 2015). The General Health Questionnaire (GHQ12) (Goldberg, 1992) is another straightforward and short measure of mental health and wellbeing. An alternative to validated tools may be to gather qualitative data on the impact of volunteering on individuals as part of regular supervision or support meetings which can be presented as case study evidence.

Strengths and limitations

Strengths lie in the study's in-depth nature. Rigour was maximised by lay scrutiny of interview questions, regular visits, which habituated participants to the researcher and led to a trusting rapport, interview recording and transcription, and taking a systematic approach throughout. Findings' transparency and trustworthiness were reinforced by feedback from the study advisory groups and site representatives. Their validity is enhanced by participating centres' diversity. Diversity and the emergence of common themes across centres help compensate for limitations regarding the low number of participating centres in one English region and small sample sizes. A risk of bias is that poor-quality day centres may not have agreed to participate. Future studies should consider how to include people with learning disabilities and other communication needs.

Implications for practice and policy and research

Implications for policymakers suggest a need to look beyond financial costs when commissioning or reviewing provision; day centres offer added value beyond outcomes for their attenders (Orellana et al., 2020b, 2020a) and family carers (Orellana 2018) that are under-reported, such as addressing isolation and possible loneliness among volunteers and job satisfaction. Undertaking commissioning without a full understanding of workforce capacity and availability undermines the principles of evidence-based commissioning. Day centre staff/volunteers appear to be positive about their work and these settings appear less affected by the high levels of staff turnover endemic in much of the sector. The satisfying involvement of volunteers chimes with the policy aspirations for community engagement and building on local assets (DHSC, 2019).

In respect of the workforce, human resources are one of many roles for day centre managers; they both manage and support staff and volunteers. As Cameron et al. (2020) noted, this is potentially a difficult task and there is much to learn from how it can be done well. Study participants suggested that managers promoted the centres' culture and were person-centred in their treatment of staff, volunteers, and attenders.

Since process outcomes are one indicator of service quality, research is needed to better understand what creates working and volunteering cultures within centres and to explore the links between culture and outcomes. This may address, for example, what a manager's role involves, what culture prevails and the role it plays, what role the building/environment plays, and whether this transcends a manager's influence. Findings may inform the development of a model of day centre culture as there is for care homes (see www.myhomelife.org.uk). Clearly, day centre outcomes are primarily important for their older attenders and family carers. However, if staff and volunteers experience the work as positive, there is room to argue that this will lead to benefits for the whole centre community and may enhance community engagement in social care and the development of community assets.

Conclusion

This paper has illuminated the central importance of the day centre setting and culture which provide meaning and unique benefits to both staff and volunteers. It has engaged with the growing interest in theories that community assets will need to play a more prominent role in meeting social care needs. Both derive benefits from the congregate nature and continuity day centres offer, which contribute to the development of person-centred relationships between volunteers, staff, and centre users. Centres' consistent and welcoming environment may be felt by older people who volunteer and the social care workforce at a time when recruitment and retention are problematic.

Ethics and Consent

The Health Research Authority's Social Care Research Ethics Committee (ref: 15/IEC08/033) awarded ethical approval. Local authority Research Governance approvals were subsequently granted. Before taking part, all partici-

pants gave informed, written consent to audio recording of the interviews and pseudonymised use of the data.

Acknowledgements

The authors extend thanks to study participants (and non-participants with whom the first author spent time at the centres), day centre provider organisations for agreeing to be involved, initial local authority contacts, and members of the NIHR Policy Research Unit in Health and Social Care Workforce's Service User and Carer Advisory Group for their contributions, and the anonymous reviewers for their helpful comments.

Funding Information

This work was supported by the Dunhill Medical Trust (grant number: RTF59/114). The views expressed here are those of the authors and not the funder. Authors 1 and 2 are supported by the National Institute for Health Research Applied Research Collaboration South London (NIHR ARC South London) at King's College Hospital NHS Foundation Trust. The views expressed are those of the authors and not necessarily those of the funders.

Competing Interests

The authors have no competing interests to declare.

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How to cite this article: Orellana, K, Manthorpe, J and Tinker, A. 2021. Making My Day. Volunteering or Working at a Day Centre for Older People: Findings of Exploratory Research in English Day Centres. *Journal of Long-Term Care*, (2021), pp. 177–191. DOI: <https://doi.org/10.31389/jltc.58>

Submitted: 24 September 2020

Accepted: 29 March 2021

Published: 09 June 2021

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