DAY CENTRES FOR THE ELDERLY; THE ARCHITECTURAL SETTING AND USER REQUIREMENTS

By

Oya Pakdil

Architect B.A., M.Sc.

A thesis submitted in partial fulfilment of the requirements of Doctor of Philosophy, submitted to the Council for National Academic Awards, undertaken at the Post-Graduate Research School, Department of Architecture, Oxford Polytechnic

Submitted in October 1983

TABLE OF CONTENTS

CHAPTER VI

A COMPARISON BETWEEN A NEW SOCIAL DAY CENTRE AND A
NEW DAY CARE CENTRE

CHAPTER VII

A COMPARISON BETWEEN A NEW SOCIAL DAY CENTRE AND AN
OLD SOCIAL DAY CENTRE

CHAPTER VIII

A COMPARISON BETWEEN AN OLD SOCIAL DAY CENTRE AND AN OLD DAY CARE CENTRE

CHAPTER IX

SUMMARY OF FINDINGS AND DESIGN CONSIDERATIONS

LIST OF TABLES

LIST OF FIGURES

LIST OF DIAGRAMS

LIST OF PLANS

ACKNOWLEDGEMENTS

DECLARATION

1.   The candidate, Oya Pakdil, while registered for the degree of Doctor of Philosophy, was not registered for another award of the C.N.A.A. or of a University during the research programme.

2.   The candidate, Oya Pakdil, while registered for the degree of Doctor of Philosophy, did undertake and complete advanced studies in connection with the programme of research in partial fulfilment of the requirements of the degree.

Oya Pakdil

Oya Pakdil

ABSTRACT

Day centres for the elderly; the architectural setting and user requirements.

Oya Pakdil

A preliminary examination of day centres for the elderly indicated that there was a lack of detailed research and knowledge relevant to the requirements of users and the design of both social day centres and day care centres. In addition, the potential existed for a mismatch between the changing requirements of the users of social day centres, as they age and become more frail and/or disabled over time and the comparatively static characteristics of architectural setting designed to accommodate independent old people.

The aim of this research was to study this problem area in detail. This involved a broad examination of the characteristics of the elderly population and the services provided for them in order to establish the general context in which day centres are provided. This enabled a more detailed investigation to be undertaken and an examination of the different types of day centres provided in terms of the characteristics and the requirements of their elderly users and the architectural settings provided, to be undertaken.

From this, three main propositions were formulated. The three main propositions 1, 2 and 3 were tested in a number of comparative case studies based on four day centres which included two social day centres and two day care centres, one of each type was new and one old. Data was collected using a variety of methods on a total of 281 users and 23 staff and four architectural settings.

It was found that the fit between the requirements of users and the architectural setting was less close in the old social day centre than in the new social day centre, the new day care centre and the old day care centre, but in all four day centres some constraints were experienced by the users and staff because of some organisational inadequacies and design decisions which indicated a lack of understanding of the users requirements.

The conclusions include some design considerations on specific areas of architectural setting in day centres for the elderly providing design information for the design of future day centres.

INTRODUCTION

The objective of this study is to investigate how and to what extent an improved built environment can be provided for the elderly users of day centres. An analysis of the related literature was undertaken and is discussed in two parts in this study. The first part is concerned with the characteristics of the elderly population and the general range of services provided for the elderly in England. A major factor emphasised in these sources was that the number of elderly people has been increasing not only quantitively but also as a proportion of the total population with particular emphasis being placed on the increasing proportion of people over 75 years old who are more likely to be disabled and/or frail. The literature indicated that there is a greater likelihood that individuals will suffer physical and/or mental disability as they grow older, but there is no certainty that this will always occur. Some 'young' elderly people may become dependent on other people whereas others may have minimal disabilities or none at all before they die (Chapter I). In this research this complex dynamic process of physical and/or mental change is referred to as either 'the ageing process' or 'the dynamism of ageing'.

An examination was carried out of the policies, the current ideas about caring for the elderly underlying them and the resulting services provided to meet the needs of elderly people, which constitute the background context for this study. At present, the main aim of Government policy for the elderly is to keep them in the community for as long as possible and support them with various types of services in their own familiar home environment

1

(Chapter II). One type of provision, inter alia, is day centres for the elderly which are intended mainly to provide companionship and/or day care for old people who continue to reside in their own homes. In the next part of this study, the various types of day centres and other clubs at present provided for the elderly are examined in detail. From this it emerged that there were two types of day centres namely social day centres which were for able-bodied and independent elderly people and day care centres for frail and dependent elderly people (Chapter III).

The evidence from the preliminary stages of this research suggested that there was no data on the users' requirements and the architectural settings of social day centres and day care centres. Moreover, the architectural setting and services provided within them have proved unable to meet the changing requirements of their users over time because of the dynamic nature of the ageing process and relatively static and unflexible character of the architectural setting in social day centres but no detailed research had been carried out to establish the nature of this relationship (Chapter IV).

The aim of this study is, therefore, to investigate whether the architectural settings of social day centres and day care centres meet the requirements of their users and the extent of mismatch between the changing requirements of elderly users and the architectural setting in social day centres. In this research the concept of architectural setting has been used to cover the following features of the buildings: area of rooms, design and location of facilities and rooms, equipment in use, circulation areas, distances between rooms and facilities.

The need for this study mainly stems from the paucity of existing knowledge about and guidance on design aspects of day centres which became apparent during the preliminary stages.

In order to facilitate the research three main propositions were formulated and these formed the basis of the research. To test these three main propositions 1, 2 and 3, the following comparisons were made between:

1) A new social day centre and a new day care centre.

2) A new social day centre and an old social day centre.

3) An old social day centre and an old day care centre.

The findings from the examination of these three main propositions showed that the fit between the users requirements and architectural setting was higher in the new social day centre, the new day care centre and the old day care centre than the old social day centre. However, all four day centres studied had some design defects due to lack of understanding and information about how these architectural settings were to be used by the elderly and the staff, which, in turn, contributed to the provision of many of the inappropriate design features discovered in this study (Chapters VI, VII, VIII).

The last part of the study discusses the main conclusions derived from the findings of the research and the design considerations for future buildings of day centres (Chapter IX). It is intended that these conclusions will be of assistance to local authorities who provide various types of day centres and have indicated their interest in this topic. Although this study was

3

carried out in certain areas and in particular day centres, the findings and the design considerations are likely to be of use for providing structured design information for those planning and designing day centres in the future.

CHAPTER I

SOME CHANGES IN THE NATURE OF THE SOCIETY IN TERMS OF ELDERLY PEOPLE

Day centres for the elderly are the main concern of this research and to understand why these are provided, it is necessary to consider the elderly population, their life style, some of the problems they experience and how these have been understood by those responsible for providing services and buildings for the elderly. In this chapter, it is proposed to explore the evolution over time of perceptions of ageing, old people and some of the constraints they experience. In order to take these considerations into account, the emphasis is placed on examining first, the type of research undertaken and its historical development and second, some of the constraints which may be experienced by elderly people.

Ageing and problems of old age have not suddenly emerged recently. Old age always has been a stage in the human life cycle, but historically there was a lack of official interest in the conditions and problems of the elderly population, which persisted into the first half of this century.(1) One of the main reasons for this was that few people survived long enough to reach old age and the elderly were a comparatively small proportion of the population. During the twentieth century life expectancy has increased: for example, for men and women at the age of 60 in 1901, it was 73.4 years for men and 74.9 for women, but in 1971, this had increased to 75.1 years for men and 79.7 years for women.(2) The number and percentage of elderly people in the total population have grown remarkably from the beginning of this century to the

present time as shown in Table 1. In 1901, the number and percentage of elderly people aged 65 and over in the total population were 1.8 million and 4.7% respectively. By 1931, the number in this age group had increased to 3.5 million representing 7.6% of the total population. In 1980, this number had risen to 8.4 million and 15.0% of the total population of United Kingdom.(3)

Years	Total population (millions)	Age 65 and over elderly population in total population (millions)	The percentage of elderly people in total population (%)
1901	38.2	1.8	4.7
1931	46.1	3.5	7.6
1980	56.0	8.4	15.0

Table 1 -   The numbers and percentages of elderly population in total population in years in United Kingdom.

Source: Office of Population Censuses and Surveys, 1982.

As an increasingly significant group of people the elderly could not escape notice, not only by government, but also by other organisations. Investigation of the conditions and problems of the elderly has expanded during this century providing a greater perception and understanding of their life style and requirements for services. It seems, there have been four broad stages in this development of understanding and in each stage the nature of research has been related to certain aspects of the elderly population and has distinct characteristics. These four stages are, first, pre-World War II, second, World War II-mid 1950s, third, mid-1950s - 1960s and

6

finally, the 1970s onwards.

In the first stage there was very little research which related to the elderly population. At the beginning of this century some surveys were carried out which were concerned, inter-alia, with the elderly, but these were on a limited basis; for example, there were studies concerned with pensions and the effects of the Poor Law.(4) In 1909, the reports of the Majority and Minority of the Royal Commission on the Poor Laws appeared and both contained sections on the aged.(5) In the years between 1910 and 1946 no large-scale inquiries were held (6), but the development of interest in ageing accelerated in the second stage during and immediately after World War II, when various plans were made to rehabilitate the country after the War.

During these years there were two main reports which related to the elderly, the first was the Beveridge Report in 1942 (7) and the second, the Rowntree Report in 1946.(8) The first of these was concerned with a range of topics some of which related to the elderly. In particular the problem of financing people in old age was specifically recognised and discussed. Recommendations were made that the elderly and other groups should be covered by an insurance scheme and some guiding principles for social insurance and allied services were laid down.(9) In contrast, the Rowntree Report was concerned specifically with the elderly and although it was broad in scope, it was limited in depth. It contained findings of a research project which was financed by the Nuffield Foundation and undertaken by the Rowntree Committee in 1944-1946. The Committee were appointed in order:

> To gather as complete information as possible
> with regard to (i) the various problems -
> individual, social and medical associated with
> ageing and old age; (ii) the work being done by
> public authorities and voluntary organisations
> and the public and private resources that exist,
> for the care and comfort of old people in Great
> Britain... (iv) medical research on the causes
> and results of ageing.(10)

These surveys related to social, economic and medical aspects of old age were the starting point for the development of post-war policy and the provision of services for the elderly. Some of the results and recommendations from these surveys were applied as a basis for legislation between 1944-1948.(11) As a result of these post-war Acts a range of new or expanded services were established which benefitted the elderly. These included a new health system, new pension schemes, residential homes and domicilary services which will be discussed in detail in the next chapter.

During the 1950s, there were further studies of the elderly, most of these in the latter part of the decade. In these years the main research concern was initially with the medical aspects of ageing but social and other aspects of old age were also being investigated. Research projects included national studies of the health of the elderly by Hobson and Pemberton (12), employment by Thomas and Osborne (13) and some local studies, for example of the social contacts of old people by Liverpool University.(14) By the late 1950s and early 1960s greater importance was being given to investigating social aspects of the elderly population. A number of surveys were carried out which examined various aspects and problems of the elderly. Most of these placed special emphasis on discovering 'the needs

8

of elderly people', defining what exactly was meant by 'needs' and considering whether existing provision met these needs.(15)

In this period, the surveys were carried out at three levels; local, national and cross-national. Local surveys included one by Wynne Griffith in 1958 on the needs of old people in rural areas (16), a more geographically restricted project by Richardson, Brodie and Wilson in 1959, which investigated the social and medical needs of old people in Orkney (17), and a wider survey by Richardson of age and need in Scotland in 1964.(18) In the late 1950s and 1960s some of other aspects of elderly people's life were investigated including social networks, retirement patterns and the social class of old people. Although the studies investigated the elderly population of one area, they often had wider implications. These studies included Townsend's examination of the family life of old people in Bethnal Green, which was published in 1957.(19) A related study published in 1960, examined family and class in a London suburb and attempted to compare middle class families with the working class families of Bethnal Green.(20) A national survey of life in old peoples' homes was also carried out by Townsend in these years and was published as a book 'The Last Refuge' in 1962.

In the mid-sixties a large scale cross-national survey was carried out by Shanas et al. They used an inter-disciplinary approach to investigate various aspects of elderly population in different countries.(21) In broad terms, the aims of the survey was to find out the capacities of the elderly population in relation to their social and economic circumstances in three industrial

societies, namely Britain, the USA and Denmark. A survey by Tunstall in 1966, which was part of a cross-national survey was concerned with old people living alone and the social isolation and loneliness they experienced.(22) This study concluded that social policy must do more to help the aged remain independent.

By the early 1960's, it was becoming clear from the information gathered in these surveys that there had been a lack of understanding in depth of the various requirements of old people and as a result of this provision organised for them had often been inflexible and limited. For example, in 1940s and 1950s many residential homes for old people were provided by local authorities in the belief that these institutions could offer adequate care for all those elderly people who required it. During that period any old person over the age of 65, not necessarily sick or infirm, could be placed in an old people's home.(23) However with the Townsend study in 1962, some deficiencies and inadequacies of institutional care and their effects on elderly residents were publicised. One of the findings was that the life pattern in the homes and over-care by staff made many of the residents more dependent than was really necessary. Dependency of the elderly and how to measure it became a main research concern in the later years. Additionally, Townsend in the same survey emphasised that the slowly accumulated information from the various surveys made clear that social provision which reached the elderly people was not as completely effective as had been supposed.(24)

The findings from these surveys, not only revealed the deficiencies in provision for the elderly but also gave a

10

clearer picture of the life style of old people and their requirements which helped the providers of services for the elderly to express their concern for old people in much more sophisticated ways. This was reflected in the Seebohm Report in 1968. It recommended, the creation of new local Social Services Departments which would have a comprehensive approach to people's social problems, including those of the elderly based on an understanding of their particular needs.(25) It stated that:

> A unified social service department will be able to take a more comprehensive view of the development of such services, but to do so it will have to know the extent and pattern of need in its area and be aware of all the local resources likely to be available.(26)

In the light of these recommendations, the 1970 Social Service Act set up local Social Services Departments and enabled them to establish their own research sections and from then onwards the investigation of the various needs and problems of their own elderly population became a local authority concern.(27) Since then many studies have been undertaken in different areas. Most of these examine the existing local provision for the elderly and assess whether this meets their requirements. Some of these studies are unpublished, others are issued as working papers and may be published by University of Birmingham in 'Clearing house for local authority social services research'.(28)

At the present time, in addition to these studies by local authorities, national surveys and evaluative research continue to investigate different subjects related to the elderly; for example, a study of day services for adults by Carter came out in 1981. This was a national survey which covered day services for the physically and/or mentally

handicapped, mentally ill, offenders and elderly people in thirteen local authorities.(29) Some other studies re-examined or evaluated the findings of existing research, such as a study of the effectiveness of social care for the elderly by Goldberg and Connelly in 1982. This examined the results and implications of social care for elderly people living in their own homes for the examples given in other studies.(30)

Although it is difficult to generalise about the problems and lifestyle of the elderly, there is now sufficient information from these various research studies about this group to be able to identify some constraints which are likely to be experienced by them. These constraints may be in economic resources and income, physical health, social roles and relationships and psychological and mental changes. They are all discussed in outline in this chapter.

Retirement is one of the major changes experienced by most elderly people. This brings not only a change of occupation but also a change of social status.(31) Whilst most elderly people have low social status imposed on them by compulsory retirement, Gray and Wilcock argue that the increasing frequency of disability in old age may lead to unemployment and corresponding low status for some people who are under pensionable age.(32) On average the income level of a retired person is much lower than the income of an employed person but perhaps more important is the fact that retired people no longer occupy key positions in the work force.(33)

In addition to these changes in occupational and financial status, elderly people also experience changes

in physical and mental capabilities. Many deficiencies, diseases or disabilities are linked with age and their incidence increases with advancing age.(34) The most common of these are sensory defects, nutritional deficiencies, incontinence and difficulty with mobility.

As ageing progresses, there is likely to be a changing appearance, loss or deterioration in the sense of hearing, sight, speech, smell and sensitivity to temperature declines especially to cold.(35) Many old people experience some of these sensory defects.(36) In 1978 in a survey of the elderly at home, Hunt showed that the failure of sight amongst mobile elderly people increased with age. Problems with sight were experienced by 4.5% of men in England between the ages of 65-75 years but this percentage increased to 15.2% for men aged 85 and over. Comparable figures for women showed an increase from 4.0% for those aged from 65 to 74 years to 17.5% for those aged 85 years and over.(37) A similar pattern of deterioration is experienced in hearing capacity. The General Household Survey in 1980 showed that 20% of men and women aged 65-69 years in Great Britain have difficulty in hearing but do not wear hearing aids; this percentage increased to 34% for both men and women aged 85 years and over.(38)

Many surveys have shown that a large percentage of old people do not have an adequate diet and are likely to suffer from nutritional deficiencies.(39) Frequently, if old people are cooking only for themselves, they tend to neglect their diet, often eating convenience foods which may be more easily prepared and less expensive but are often lacking in essential nutrients.(40) As a consequence of the lack of adequate intake of protein, fibre, minerals

13

and vitamins, many deficiencies can occur, such as changes in the skin, nails and hair, the thinning of bones and/or various bowel diseases.(41) Some studies have identified those most at risk of nutritional deficiency as very old people living alone and/or the housebound.(42)

Incontinence is another constraint experienced by many elderly people, particularly those aged 75 years and over.(43) The causes of this condition vary ranging from infections, ineffective muscles, diseases of the brain and spinal cord to a lack of social awareness which occurs most frequently amongst confused elderly people.(44) Tinker emphasised that incontinence can prevent an old person from an independent life; for example, it is sometimes laid down that the people who are incontinent cannot be admitted to sheltered housing.(45)

The physical mobility of elderly people is often impaired. This may be due to loss of muscle power and changes in the bones and joints as well as changes in motor sensory components of the nervous system.(46) The least mobile are the bedfast and housebound. In 1976, Hunt found that 1.9% of the over 80's were permanently bedfast compared with 0.4% of those aged 75-79 years and none between 65-75 years.(47) The two most common diseases which influence mobility are osteo-arthritis and rheumatoid arthritis. Both can badly effect the joints in the body and mobility is restricted accordingly.(48) Hunt found that among the elderly housebound or bedfast living at their own home in England, arthritis and rheumatism represented the highest percentage of causes given for loss of mobility, i.e. 36.2%.(49) In addition, other illnesses such as a stroke may result in an old person being confined

to a wheelchair and becoming dependent on other people. In the same survey Hunt found that 14.9% of the bedfast and housebound elderly gave stroke/paralysis as the reason for loss of mobility. Additionally, some minor disorders of the feet, such as corns, overgrown toenails or ulcers may effect the mobility of the elderly to some extent.(50) Loss or reduction of physical capabilities frequently makes it difficult for elderly people to get around. The consequences of this are usually social rather than medical, as inability to get to the shops or to visit friends and relatives often results in loneliness.(51)

One of the most important areas of past and present research is with the social aspects of ageing. Social interaction, social isolation, loneliness, family relationships are some of the most frequent topics investigated in this area. Some theories have been put forward on ageing and social interaction. Two main theories were concerned with successful ageing that is how the elderly could achieve this by leading a fulfilled life and how they should be helped to do this.(52) One of these theories is known as 'Activity Theory', which was put forward by Havighurst in 1953.(53) This theory proposed that the person, who can maintain his level of activity and interaction with other people, is the person who will be satisfied with life. If this theory is correct then old people should never leave a day unfilled and should spend their time mixing with others possibly by joining clubs or centres.(54) However Chown argued that many people do not like this kind of life.(55)

The second theory is 'Disengagement Theory' which was devised by Cumming and Henry in 1961.(56) This theory

15

stated that when people reach their 60s and 70s they gradually move away from their former interests and activities and reduce their level of interaction with other people. If this theory is correct, then old people should be left on their own and nothing should be done to counteract their loneliness and/or isolation. However as it is known from the Tunstall's research, old people often complain if they are left alone. Chown argued that both theories are oversimplified and not correct in their original forms. She emphasised that:

> Each of us spends a lifetime developing a unique
> personality, and it really seems rather unlikely
> that everybody should suddenly, in old age, start
> to react with a standard approach to life.(57)

Thus, on the one hand whilst some theories have been put forward which made very broad generalisations on ageing, other studies have concentrated on some specific constraints experienced by the elderly, particularly social isolation and loneliness. Various studies have attempted to define the terms of 'isolation' and 'loneliness', but there is no one agreed definition for either term. However in general, there is a conceptual distinction between isolation and loneliness. Isolation relates to circumstances which can be measured to some extent, whereas loneliness related to feelings, which are difficult to measure.(58) The dictionary definition of isolation is 'alone, separated' and one of the dictionary meanings of lonely is 'sad or melancholy because one lacks companions, sympathy, friendship'.(59)

Shanas et al, identified four ways in which elderly people could be isolated from their society. These were:

16

1   By comparison with their contemporaries; this might be termed peer-contrasted isolation.

2   By comparison with younger people; this might be termed generation contrasted isolation.

3   By comparison with the social relationships and activities enjoyed by the same people at an earlier stage of the life-cycle, in youth or middle-age; this might be termed age-related isolation or desolation.

4   By comparison with the proceeding generation of old people; this might be termed preceding cohort isolation.(60)

Most studies of social isolation, for example old people's homes by Townsend (61), loneliness by Tunstall (62) and old people in three industrial societies by Shanas et al (63) have examined social isolation mainly in terms of these four points. Similar methods have been used to measure the social isolation in these studies, which accumulated information on social activities to find out the number of social contacts which old people have.

Hadley and Webb attempted to find out why some old people were isolated or lonely.(64) They identified a number of reasons but sometimes these overlapped. The reasons were first, some old people had a long-term, close relationship with one person such as their husband, wife, a sibling or a very close friend and when this person died, the surviving partner experienced isolation or loneliness. Second, old people who had been a part of a large and active network of family or friends may subsequently become isolated, because of either their increasing immobility, the emigration of their children, or changing houses and moving away from their existing environment. Third, a number of people became isolated because of ill-health whether mental or physical. Finally, they identified a group of old people who had lived with the problems of

17

loneliness and isolation all their lives. this group included some people who had difficulty in establishing close relationships and remained single, but there were others who experienced loneliness although surrounded by friends and relatives.(65)

Apart from these reasons, some studies emphasised that there are some conditions which may place old people at risk. Hadley and Webb found three indications for identifying these people at risk. These were:

1 the fact of living alone;
2 of being widowed, separated or divorced;
3 of having recently suffered a traumatic
   bereavement.(66)

The number of elderly people who live alone in this country is very high, with the percentage of women living alone being higher than that of men. According to the General Household Survey in 1979-1980, in Great Britain, the percentage of men aged 65-74 years who lived alone was 13% and increased to 27% for those aged 85 years and over. The corresponding percentages for women living alone was found to be higher, it was 39% for elderly women aged 65-74 years and increased to 54% for those aged 85 years and over.(67)

The findings from General Household Survey in 1980 indicated that 'the frequency with which people saw relatives or friends tended to fall with age, which might be expected, given that the older people are, the less likely they are to have relatives and friends of their own generation still alive'.(68) In addition, it found that the proportion of elderly people who said that they did not visit relatives or friends at all rose from 9% of those aged 65-69 years to 42% of those aged 85 years and over.(69) The same survey also showed that there was a

considerable difference in the freqency of social contacts between single people and those who were widowed, divorced or separated. The percentage of single old people living alone, who did not see their relatives or friends at all was 6% of those aged 65 years and over, compared with 2% for widowed, divorced or separated people aged 65 years and over who lived alone.(70)

In some cases there appears to be a link between social problems and the mental deterioration or confusion in old age which some old people experience. Disorders of the intellect, failing memory, declining intelligence and disorientation in time and space - often occur simultaneously in a condition called confusion.(71) Gray and Wilcock argued that:

> ...such disorders are usually associated with physical disorders of the brain, particularly with dementia, but social factors can also cause intellectual disorder.

They emphasised also that:

> ...isolation can cause disorientation in time and space... though disorders can be caused by lack of human contact but even those elders who are not isolated may suffer intellectual deterioration due to sensory deprivation - blindness and deafness.(72)

Another experience which may cause confusion is moving an elderly person from one environment to another. Frequently, this can be seen in institutions, because old people may become more disorientated and forgetful when they have moved from their own home to an unfamiliar environment.(73)

Thus, although there are a wide range of constraints which may restrict the life style of elderly people, it is important to stress that many elderly people experience only some of these and that the incidence and severity of

these constraints tend to increase with age. One of the most important facts about the elderly is the wide age range within this group with, a 30 year difference between those aged 60 years and those aged 90 years. The requirements of people at the extremes of this age range are likely to be totally different, yet all those within it are frequently treated as a uniform group. Ideally the services which are provided for this group should offer a considerable variety of choice in order to meet the various needs of different elderly people. The next chapter examines the official responses to meet the requirements of this divergent group of people in terms of services provided.

REFERENCES

1   Townsend, P., Wedderburn, D., 'The aged in the Welfare State', G. Bell & Sons, 1965, p.10.

2   Central Statistical Office, 'Social Trends', HMSO, No. 5, 1974, p.91, Table 28.

3   Central Statistical Office, 'Social Trends', HMSO, No. 12, 1982, p.14, Table 1.2.

4   Townsend, P., Wedderburn, D., op. cit., p.10.

5   Ibid, p.10.

6   Ibid, p.10.

7   Beveridge, Sir W., 'Social Insurance and Allied Services', (The Beveridge Report), HMSO, 1942.

8   Rowntree, B., 'Old People, Report of a Survey Committee on the Problems of Ageing and the Care of Old People', The Nuffield Foundation, Oxford University press, 1947, p.1.

9   Beveridge, Sir W., op. cit.

10   Rowntree, B., op. cit.

11   Townsend, P., Wedderburn, D., op. cit. p.10.

12   Hobson, W. and Pemberton, J., 'The Health of the Elderly at Home', London.

13   Thomas, G., Osborne, B., 'Older people and their Employment' (Social Survey for Ministry of Labour and National Services. Report No. 150/1, unpublished,) 1950.

14   Liverpool Personnel Services Society and Liverpool University Department of Social Science, 'Social contacts in old age', Liverpool, 1953.

15   Tinker, A., 'The elderly in modern society', Longman, 1981, pp. 18 - 20.

16   Wynne Griffith, G., 'The needs of old people in rural areas', Journal of the Royal Society for the promotion of Health, July/August, 1958.

17   Richardson, I.M., Brodie, A.S., and Wilson, S.,
      'Social and medical needs of old people in Orkney:
      report of a social survey', Health Bulletin, Scotland,
      Vol. 17, No. 4, 1959.

18   Richardson, I.M., 'Age and need', E & S Livingstone,
      Edinburgh, 1964.

19   Townsend, P., 'The family life of old people', an
      inquiry in East London, Routledge & Kegan Paul, London
      1957.

20   Bracey, H.E., 'In retirement', Routledge & Kegan Paul,
      1966.

21   Shanas, E., Townsend, P., Wedderburn, D., Henning, F.,
      Milhof, P., Stehouwer, J., 'Old people in three
      industrial societies', Routledge & Kegan Paul, 1968.

22   Tunstall, J., 'Old and alone', Routledge & Kegan Paul,
      1966.

23   Townsend, P., 'The last refuge', Routledge & Kegan
      Paul, 1962, pp. 32-33.

24   Ibid, pp. 28-34.

25   Home Office et al, 'Local Authority and Allied
      personnel Services', (The Seebohm committee), HMSO,
      1968.

26   Ibid, p. 96, No. 310.

27   Local Authority Social Services Act, 1970.

28   University of Birmingham, Clearing house for Local
      Authority Social Services Research.

29   Carter, J., 'Day services for adults': somewhere to
      go, George Allen & Unwin, 1981.

30   Goldberg, E.M., Connelly, N., 'The effectiveness of
      social care for the elderly', Heinemann Educational
      Books, London, 1982.

31   Gray, M., Wilcock, G., 'Our elders', Oxford University
      Press, 1981, p.16.

32   Ibid, p.16.

33 Ibid, p.16.

34 Hall, M. 'Physical health', p.27, in Age Concern, easing the restrictions of ageing, 1972.

35 Carp, F.M., 'Urban life style and life cycle factors; in Lawton, M.P., 1976, p.22.

36 Hazel, K., 'Social and medical problems of the elderly', Hutchinson of London, 1976 (fourth edition), pp.109-111.

37 Hunt A., 'The elderly at home', HMSO, 1978, p.71, Table 10.5.1.

38 Office of Population Censuses and Surveys, 'The general household survey', HMSO, 1980, p. 188, Table 10.11.

39 Gray, M., Wilcock, G., op. cit., p.189.

40 Ibid, pp.189-192.

41 Ibid, pp.189-192.

42 Moore, J., Melotte, C., 'How day services can care for the elderly and handicapped', Health and Social Service Journal, 24 November 1978, p.1346.

43 Gray, M., Wilcock, G., op. cit., p.168.

44 Ibid, p.168.

45 Tinker, A., op. cit., p.61.

46 Age Concern, op. cit., p.29.

47 Hunt, A., op. cit., p.68.

48 Gray, M., Wilcock, G., op. cit., p.148.

49 Hunt, A. op. cit., p.71., Table 10.31.

50 Gray, M., Wilcock, G., op. cit., p.148.

51 Ibid, p.156.

52 Chown, S.M. 'Psychological and emotional aspects', p.43, in Age concern, easing the restriction of ageing, 1972.

53 Havighurst, R.J., Albrecht, R., 'Older people', Longmans Green, New York, 1953.

54 Chown, S.M., op. cit., p.43.

55 Ibid, p.43.

56 Cumming, E., Henry, W.E., 'Growing old', Basic books, New York, 1961.

57 Chown, S.M., op. cit., pp. 43-44.

58 Tinker, A., op. cit., p.163.

59 Hornby, A.S., 'Oxford advanced Learner's dictionary of current English' Oxford University Press, 1974, p.451, p.500.

60 Shanas, E., et al., op. cit., p.260.

61 Townsend, P., 1962, op. cit.

62 Tunstall, J., op. cit.

63 Shanas, E., et al, op. cit.

64 Hadley, R., Webb, A., 'Loneliness, social isolation and old people: Some implications for social policy', Age Concern, June 1974, p.6.

65 Ibid, pp.4-5.

66 Ibid, p.6.

67 Government Statistical Office, 'Social Trends', HMSO, 1982, (12), p.238, Table 13.18.

68 Office of Population Censuses and Surveys, 'The General household survey, 1980', pp.174-176.

69 Ibid, p.175.

70 Ibid, p.175.

71 Gray, M., Wilcock, G., op. cit., p.118.

72 Ibid, p.18.

73 Ibid, pp.118-119.

CHAPTER II

EVOLUTION OF SERVICES FOR THE ELDERLY

Day centres for elderly people are a comparatively new development within the overall provision of buildings and services for the elderly. In order to understand the philosophy behind this development, it is necessary to examine the evolution of the significant ideas behind the general provision of services for the elderly. Therefore, it is proposed to consider relevant government policies and how the aims of these have changed since the Second World War, to discuss some of the advantages and disadvantages of specific services resulting from these policies and to indicate where day centres fit amongst the general provision.

Current policy is to provide a variety of supportive services and suitable accommodation in order to enable the elderly to maintain an independent life style within the community for as long as possible.(1,2) In addition, residential provision in old people's homes and hospitals continue to play an important role in the care of very frail and ill elderly people. The present spectrum of provision of various types for the elderly are as shown in Fig. 1. Day centres are an integral part of this total provision.

In Fig.1, provision of various types of services is classified under two main headings based on the type of accommodation in which services are provided for the elderly. The first is institution based provision. In this case elderly people live in specially designed buildings (institutions) in order to receive required treatment and care on a long term basis. One example of

I. Institution based provision (elderly people live in specially designed buildings (institutions) in order to get required care or treatment)

Geriatric Hospitals   Residential Homes

II. Community based provision (elderly live in their own homes)

Home

Not specially designed housing (existing housing for all age groups)

Specially designed housing

Sheltered housing (with warden)

Specially designed housing (without warden)

Mobility Housing

Wheelchair Housing

Services provided at home

Domiciliary services
- Home help
- Meals on Wheels
- Aids and Adaptations

Nursing and Personel care services
- Health Visitor
- District Nurse
- Bath Attendant
- G.P. Service
- Street Warden

Services provided outside home

Services for social contact
- Common rooms in Sheltered housing
- Lunch Clubs
- Social Clubs
- Drop-in Centres
- Social day centre

Services for day care
- Day hospital
- Day care in Residential Homes
- Day Care Centre

Fig. 1 - Provision of services of various types for the elderly according to type of accommodation they live.

these institutions is the geriatric hospital which concentrates specifically on dealing with medical problems of the elderly, aiming to transfer elderly patients back to their homes after their treatment is complete; these are not considered in detail as they are outside the main area of this research. The other relevant type of residental institution is the old people's home, where elderly people who need constant care and attention live permanently in order to receive help and care from the staff. The second main heading is community based provision. This consists of supportive services which are domiciliary, nursing and personal care services. They include home helps, meals on wheels and district nurses brought to old people living in their own homes.

Hence, the main difference between 'institution based provision' and 'community based provision' in terms of provision of accommodation and services is that in the first case the elderly have to move from their own house to special institutional accommodation in order to obtain required care and help. In the second instance, the elderly can continue to be housed in their own home and receive care and help from supportive services on a regular basis as required.

Although, at the present time, the emphasis is on community care, this has not always been the case. Since the Second World War, there have been two important developments in approaching the care of the elderly in Britain. One has been to try to change the character and atmosphere of institutions for the elderly, first by introducing a number of features to make them more homely and second, by encouraging greater contact with the

community outside these institutions. The other has been to place more emphasis on community care as an alternative to institutional care, trying to keep elderly people living independently in their own homes by providing suitable housing and services both within and outside the home. The timescale of the development of these services for the elderly can be seen in Fig. 2 which also illustrates the increasing importance of community care in the 1970s and 1980s.

The first relevant post-war changes in social policies for elderly people were introduced in the National Assistance Act, in 1948. This Act stated that local authorities were 'required to provide residental care for all persons who, by reason of age, infirmity or any other circumstance, are in need of care not otherwise available for them'.(3) Local authorities were enabled to provide specifically designed or adapted buildings, which were called 'Residential Homes' for the elderly.(4) These were intended as alternative accommodation for needy old people who would previously have been housed in large workhouses. The latter, which at the beginning of the seventeenth century, had provided refuge not only for the elderly but also for the sick, orphans and the mentally ill but had largely become specialised were abolished by this Act.(5) Although this Act also allowed for the provision of specially designed dwellings for the elderly, recreational facilities, such as old people's clubs and meals in elderly people's own homes or elsewhere, the main emphasis was initially placed on the development of institutional care in old people's residential homes.(6)

These new residential homes for the elderly were to

1601	1948	1960	1970	1980 1982

AIDS & ADAPTATIONS

HOME HELP

MEALS ON WHEELS

GRANNY ANNEXES

MOBILITY HOUSING

WHEELCHAIR HOUSING

DAY CARE IN RESIDENTIAL HOMES

DAY CLUBS | SOCIAL DAY CENTRES | SOCIAL & DAY CARE CENTRES

DAY HOSPITALS

VERY SHELTERED HOUSING

ALMHOUSES | SHELTERED HOUSING

WORKHOUSES | RESIDENTIAL HOMES

| 1601 | 1948 | 1960 | 1970 | 1980 1982 |
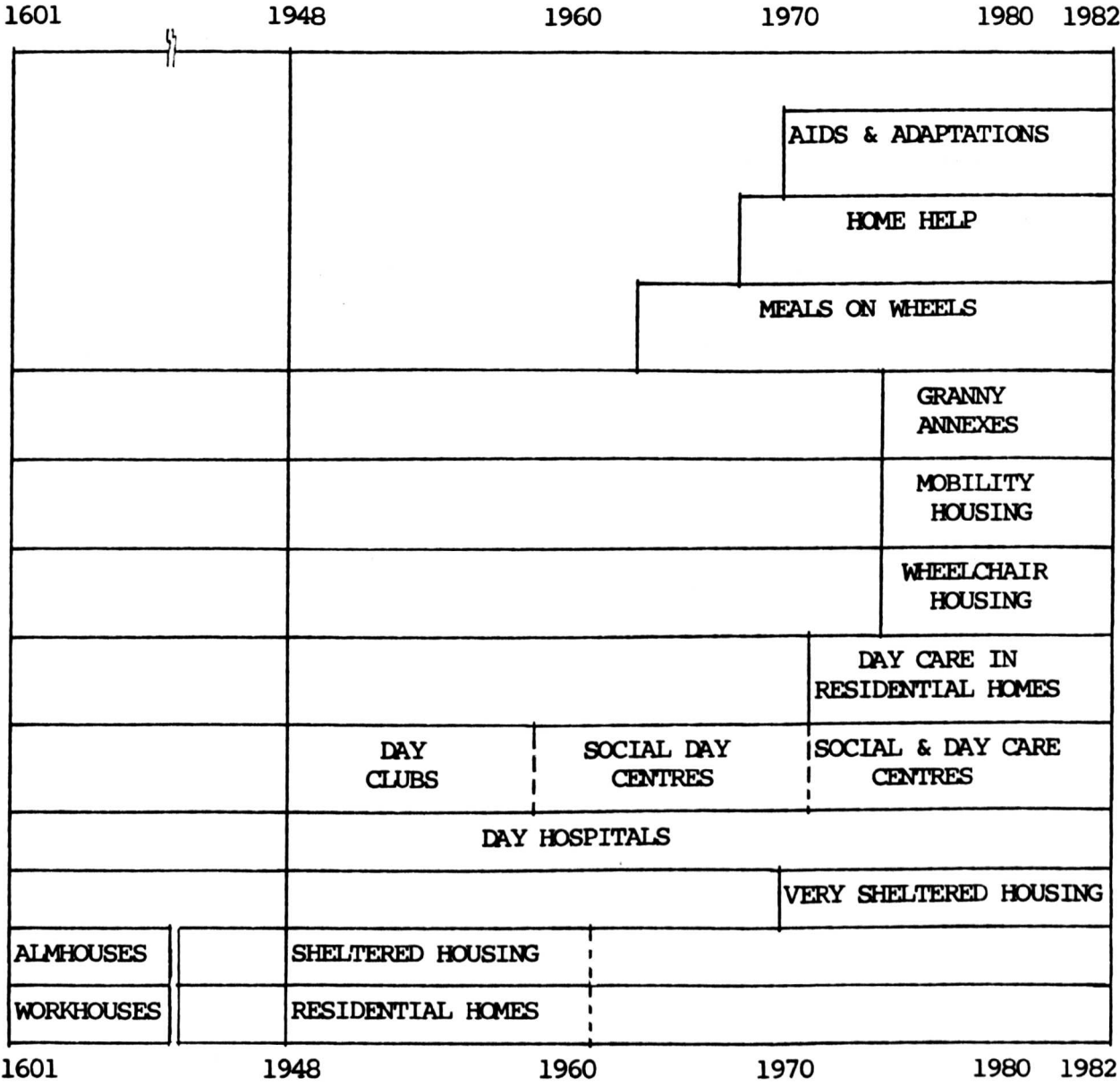
Fig 2. Some of the services for the elderly, which provided in
historical context according according to legislative and
effective starting dates.

29

be different from the workhouses in design, size and the type of care provided.(7)   In the late 1940s and 1950s purpose-built or converted old people's homes were set up, ideally with 25-30 places compared with the hundreds of places in many of the old workhouses.(8)   The idea behind these services was to provide care and attention for old people in a hotel type of environment.   This was explained in the Ministry of Health annual report, 1948 as follows:

> The old 'master and inmate' relationship is being replaced by one more nearly approaching that of an hotel manager and his guests.(9)

Although, old people's homes advantages for residents such as the opportunity of twenty four hour staff care and help, by the late 1950s and early 1960s, it was becoming clear that there were some disadvantages in caring for elderly people in these institutions.   For example, the effects of institutionalisation on the elderly in residential homes were publicised in an extensive study by Townsend in 1962 on residential homes.(10)   His research pointed out that elderly people in the Homes tended to experience:

> Loss of occupation, isolation from family, friends and community, loneliness,... loss of privacy and identity and collapse of powers of self-determination.(11)

Institutions were seen not only as a barrier to normal living, but also encouraging the dependency of elderly people.(12)   It was stressed in Townsend's study that the majority of elderly people were not:

> So handicapped by infirmity that they could not, given a small amount of support from the domiciliary social services, live in homes of their own in an ordinary community.(13)

One response to such criticisms was to attempt to create a more homely environment in residential homes.   How

this was done and what exactly is meant by the characteristics of a homely environment for elderly people was explored in a research project by Barrett.(14) Despite these changes and the fact that the number of residents aged 65 and over in local authority residential homes increased from 66,200 in 1961 to 109,700 in 1980 in England and Wales,(15) institutional care was for a variety of reasons unable to cope with needs of the increasing number of elderly people needing care. A number of factors have combined to shift emphasis from policies advocating institutional care to those encouraging care in the community. Firstly, there was a general reaction against institutional care, not only for the elderly but also for others, such as the physically and mentally handicapped, which led to consideration of what alternative accommodation and supportive services ought to be made available for these groups.(16) The difficulty of getting suitable staff for residential homes was another problem.(17) In addition the comparatively high cost of residential care was a crucial issue.(18) However perhaps the most important factor was (and continues to be) that most elderly people want to remain independent in the community for as long as possible rather than be cared for in institutions.(19)

Thus, the other response to the recognition of these various disadvantages of institutional care was to place more emphasis on other types of provision which could help the elderly to live in their own homes in the community. One aspect of this was to increase the provision of specially designed housing for the elderly. This was recommended in a housing manual published by the Ministry

31

of Health in 1944, which gave guidance to local authorities on the type of provision that was needed.(20)   It recommended that small, self-contained grouped dwellings with a warden should be provided for the very old who may need care;(21)   this was later called Sheltered Housing. The other type of accommodation was self-contained flats or bungalows without a warden service intended for the more able-bodied elderly who were able to look after themselves.(22)

A Ministry of Housing and Local Government circular published in 1969, gave advice to local authorities on both the principles of housing for the elderly and detailed design guidance.(23)   In both these publications, the main purpose of such specially designed housing is to provide convenient accommodation for the elderly which is small, easy to maintain, heat and with access to shops and other facilities.

It was pointed out in a study by Rose and Bozeat, 1980 that these specially designed housing schemes provide opportunities for social contact and help among the elderly tenants.(24)   The study also emphasised the importance of the communal facilities such as, a common room in Sheltered Housing as a means of helping their independence and stimulating the social contact of residents with each other as well as other people in the community.(25)   But some others mention the disadvantages of sheltered housing in terms of causing isolation or loneliness of the elderly, usually because they had to move away from a familiar neighbourhood and their friends and relatives and found it difficult to settle down in a new environment.(26) Nevertheless, only 8 per cent of elderly households live in specially designed housing with or without warden

provision, with the vast majority of the elderly living in ordinary housing.(27)

Parallel to the new developments in housing in the 1960s, it was recognised that community based services would have to be extended to meet the needs of the elderly living at home if better provision for the elderly was to be provided. Different types of services were developed to meet the four main needs of this group of elderly people. These were for, 1) health care, 2) personal care, 3) house care, 4) social contact. The provision of services to meet these different needs were divided between the Health and Social Services.(28)

Regarding hospital provision by the late 1950s and early 1960s it became clear that there were constraints and limitations in resources available for future development of this type of provision to meet the needs of the elderly in addition to the rest of the population. This led the policy makers to think about ways of making better use of existing hospital resources.(29) There was an increasing recognition of the need for the development of supportive services for the elderly who were living in the community. It was realised that if suitable domiciliary and health care services could be provided, these would thus free more hospital resources for acute and serious cases.(30) In addition, it was hoped that provision of these supportive services would delay or avert the entrance of some old people to residential homes or hospitals.(31)

Supportive services, either provided at home or outside the home have been designed to meet the needs of ageing. Some services are provided by Health Authorities, these cater for the health care of the elderly at home and are carried out by health visitors and district nurses

where basic nursing care is required.(32)

In addition, these elderly people who need rehabilitation on physical maintenance can have treatment in a day hospital on a regular basis.(33)

Other relevant services are provided by Social Service Departments to meet the needs of those elderly people who have disabilities and incapabilities which make it difficult or impossible for them to undertake daily tasks at home without assistance. These tasks include doing housework, preparing meals or shopping or washing clothes. Home helps are provided to assist with this work and the meals on wheels service deliver hot meals to old people in their homes.(34,35)

Another problem caused by the deterioration of the physical capabilities of the elderly is the inability to have a bath without assistance. In these cases bath attendants may be provided to give a bath. Another type of problem experienced by the elderly is loneliness or social isolation from society.(36) To some extent the requirements of companionship and social contact of some elderly people can be met in social clubs or day centres.(37) Hence, the different needs of old people require different expertise from services providing community based facilities.

During the late 1960s and early 1970s greater powers were given to local authorities to make arrangements to provide meals and recreation for elderly people in their homes, as well as in day centres, clubs and recreational workshops. These powers were first extended in the National Assistance Act (Amendement) 1962, (38) but of greater importance was the impact of the Seebohm Report published in 1968.(39) This was a review of the

organisation and responsibilities of the local authorities concerning the administration of these services was the establishment of a single social service department in each local authority. This took place in 1971, following the Local Authority Social Services Act, 1970.(40) The philosophy behind this re-organisation was to provide a single local authority department which would be more concerned and able to provide a co-ordinated and comprehensive approach to different client groups including the elderly, than had been possible previously when responsibility was shared between different departments.

Following this Act, provision for the elderly of domestic help, residential accommodation, general welfare, meals and recreation, registration of old people's homes and social work support came under the responsibility of local authority social services departments.(41) With their increased powers these departments were enabled to provide more effective and better co-ordinated home help and meals on wheels services to the elderly people in their own homes. The number of elderly people aged 65 and over in England who have home helps rose from 404,200 in 1971/72, to 659,000 in 1979/80, representing an increase per 1,000 population from 67.1 to 95.5.(42) The number of meals delivered by meals on wheels services to old people in their own homes also increased from 13.2 million in 1969 to 27 million in 1980/81, giving an increase of 224 to 386 per 1,000 population aged 65 and over in England.(43)

In addition to domiciliary and nursing services there are various services which are provided outside the home. On the one hand, there are social clubs, drop-in centres, lunch clubs, social day centres for the elderly

who require social contact and companionship.(44) On the other hand there are day hospitals, day care places in residential homes or day care centres for the elderly, to provide for those requiring not only companionship but also maintenance treatment and rehabilitation or help and supervision in daily activities or occupation outside the home or to give relief to people who are caring for their elderly relatives or friends.(45, 46) However, the aims of some of these different types of provision outside the home overlapped and in order to identify the main purposes of day centres within these several types of provision, it is necessary to examine them in greater detail and the next chapter will concentrate on this.

REFERENCES

1   Department of Health and Social Security, 'Priorities for Health and Personal Social Services in England', A consultive document, HMSO, 1976, p.38.

2   Department of Health and Social Security, 'Care in Action', A handbook of policies and priorities for health and personal social services in England, HMSO, February 1981, p.32.

3   'National Assistance Act', 1948, Part III, Section 21(1) a.

4   Townsend, P., 'The last refuge', Routledge & Kegan Paul, 1962, p.32.

5   Ibid, pp.17-25.

6   Goldberg, M., Connelly, N., 'The effectiveness of social care for the elderly', Policy Studies Institute, Heinemann Educational Books, London, 1982, p.41.

7   Townsend, P., op. cit., pp. 32-39.

8   Ibid, p.32.

9   'Annual Report of Minsitry of Health', 1948, in Department of Health and Social Security, The Census of Residential Accommodation, 1970, p.1.

10   Townsend, P., op. cit., pp. 430-438.

11   Ibid, p. 434.

12   Tinker, A., 'The elderly in modern society', Longman, 1981, p.38.

13   Townsend, P., op. cit., p.434.

14   Barrett, A., 'User requirements in purpose-built Local Authority Residential Homes for old people, the notion of domesticity in design', Ph.D. thesis, 1974.

15   Government Statistical Office, 'Social Trends', HMSO, 1982,(12), p.239, Table 13.21.

16   Townsend, P., op. cit., p.107.

17   Department of Health and Social Security and Welsh Office, 'The Census of Residential Accommodation', HMSO, 1970, pp.11-18.

18   Wager, R., 'Care of the elderly - an exercise in cost benefit analysis', The Institute of Municipal Treasurers and Accountants, 1972, pp.65-66.

19   Tinker, A., op. cit., pp.37-38.

20   Ministry of Health, Housing Manual, 1944, HMSO, p.22.

21   Ibid, p.22.

22   Ibid, p.22.

23   Ministry of Housing and Local Governemnt, Circular 82/69, 'Housing Standards and costs: Accommodation specially designed for old people', HMSO, 1969.

24   Rose, E.A., Bozeat, N.R., Communal facilities in Sheltered Housing', Saxon House, 1980, pp.3-4.

25   Ibid, pp.19-31.

26   Social Services Buildings Research Team (SSBRT), Oxford Polytechnic, 'Sheltered Housing design problems - An overview; in a report on a seminar held at the University of Nottingham, 13-15 april, 1977m p.19, some unresolved aspects of Sheltered Housing for the elderly and the disabled, Institute of Social Welfare, 1977.

27   Hunt, A., 'The elderly at home', HMSO, 1978, p.41, Table 8.2.1.

28   Goldsmith, S. 'Designing for the disabled', RIBA Publications Ltd., Third Edition, 1976, p.71.

29   Ministry of Health, Survey of Services available to the Chronic Sick and Elderly, 1954-1955, Summary report prepared by Boucher, C.A., HMSO, 1957.

30   Brocklehurst, J.C., 'Role of day hospital care', British Medical Journal, 27 October 1973, pp. 223-225.

31   Ibid, pp.223-224.

32   Hunt, A., 'The elderly at home', HMSO, 1976, pp.87-90.

33   Farndale, J., 'The day hospital movement in Great Britain', Pergamon Press, 1961, pp.9-13.

34   Marks, J., 'Home help', Occasional papers on social administration, No. 58, Bell, 1975, p.30.

35   Stanton, B.R., Meals for the elderly, King Edward's Hospital Fund for London, 1971, p.19.

36   Tunstall, J., 'Old and alone', A sociological study of old people, Routledge & Kegan Paul, London, 1966.

37   Carter, J. 'Day services for Adults: somewhere to go', National Institute, Social Services Library No. 40, George Allen & Unwin 1981.

38   'The National Assistance Act', 1948, (Amendment), 1962.

39   The Seebohm Committee, 'Local Authority and Allied Personal Social Services', HMSO, 1968, No. 310.

40   'Local Authority Social Services Act', 1970.

41   Ibid.

42   Department of Health and Social Security, 'Home Help Service', Personal Social Services, Local Authority Statistics, England, 1979-1980, October 1980, A/F80/1.

43   Department of Health and Social Security, 'Domiciliary services, meals, aids and adaptations', Personal Social Services, Local Authority Statistics, 31 March, 1981. A/F81/18.

44   Morley, D., Day care and leisure provision for the elderly, Age concern, National Old Peoples' Welfare Council, 1974, pp.7-11.

45   Carter, J., op. cit., p.140.

46   Brocklehurst, J.C., op. cit., pp.223-225.

CHAPTER III

SERVICES PROVIDED FOR SOCIAL CONTACT AND DAY CARE FOR THE ELDERLY

In the previous chapter various services were identified as providing either social contact or day care for the elderly in a setting away from their own homes. These services have developed in an 'ad-hoc' way since World War II, in parallel with the other services for old people. In the late 1940s, there was only limited provision for elderly people to obtain either social contact in clubs or medical rehabilitation in day hospitals and the aims of each of these types of service were clear and distinctive. By the early 1980s the number of day centres had increased and a range of different types of centres with various names had emerged as summarised in Fig. 3. At one extreme of this range, day hospitals provide a full-time comprehensive service offering a high level of care for the elderly. At the other extreme may be either a social club run by its members with meetings once a week in a church hall, or a slightly more formal club in the common room of a sheltered housing scheme. Currently, there are different combinations of these services in different areas and to some extent their objectives overlap. In order to explain this complex situation, it is necessary first, to examine how the range of day centres developed from the late 1940s to the present time and second, to summarise the current status of day centres and show how the distinction among these services has blurred.

Before World War I, clubs for the elderly were provided on a limited scale by voluntary organisations throughout the Country.(1) Most of these clubs were for

Day Hospital	Day Care places in Old Peoples' Home	Social Day Centre	Drop-in Centre	Social Club	Lunch Club	Common rooms in Sheltered H., Church Halls
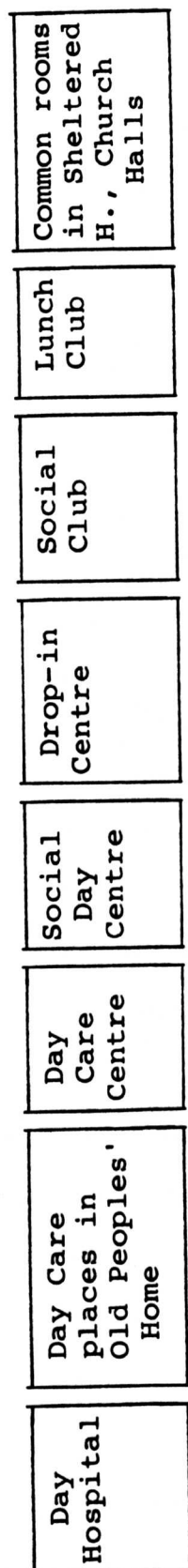
Fig.3 - Range of services for elderly people providing social contact or day care.

informal social gathering but there were others which provided meals and were called lunch (or luncheon) clubs. In the late 1940s new legislation allowed for the provision of two clearly distinguished types of 'day care' for the elderly. One was the medical side of day care which was provided in day hospitals, as described previously, the other was the social aspect of day care which was provided in clubs.(2)

In the 1948 National Assistance Act, the provision of meals and recreation for old people became a local authority concern.(3) The Act stated that:

> A local authority shall have power to make such arrangements as the authority may from time to time determine for providing meals and recreation for old people in their homes or elsewhere, and may employ as their agent for the purposes of this subsection any voluntary organisation whose activities consist or include the provision of meals or recreation for old people.(4)

In addition, this Act enabled local authorities to encourage and provide finance for premises, equipment, furniture, transport or staff for voluntary organisations, which started or continued to provide similar club facilities.(5)

Despite their growth in numbers during the 1950s the provision of clubs for the elderly was a slow process until the 1960s. Initially only a very small number of old people were in touch with these clubs, but there were indications that more were interested in joining them, as illustrated by some research done at the time. The National Old People's Welfare Committee reported in their 'Progress Report for 1953' that there were about 3,578 clubs in Britain, of which at least 378 met daily, 155 several times weekly and 68 fortnightly.(6) It stated that

42

about 180,000 old people of pensionable age were attending old people's clubs.(7) A local survey carried out in Birmingham in 1949, showed that many old people wanted to join a club or have a hot meal provided.(8) It was found that 29% of pensioners requested club membership and 30.7% would like hot meals.(9) Although these surveys revealed some demand for clubs and limited developments to meet this by both official and voluntary efforts, club provision was not widespread.

Although it is not possible to identify a definite date when the term 'day centre' emerged, there is evidence that in the late 1950s some local authorities started to refer to some of their clubs for the elderly as 'day centres'.(10) During the 1960s, the recognition of the increasing importance of day centres came about with the increase in the proportion of elderly people in the population and general change in attitudes and policies for the care of the elderly in society as described previously in Chapter I and II. The policies of some local authorities began to place greater emphasis on providing non-institutional facilities; this included the expansion of their provision of day centres for the elderly. In the late 1960s the objectives and mode of operation of these establishments varied from place to place, according to the priorities of the different local authorities.(11) Thus, in some areas, these centres were not intended to be more than a social club, meeting once a week or once a fortnight in a Church Hall.(12) In contrast, in other areas, day centres were provided specifically for the purpose of prolonging the ability of those at risk of being admitted to a hospital or old people's home by enabling them to care

43

for themselves in their existing environment.(13) The details of type of activities in these clubs and day centres will be examined later.

As in the expansion of other social services, a key factor in the development of day centres, was the 1970 Local Authority Social Services Act, which gave more powers to local authorities with the establishment of a single Social Service Department in each area.(14) Some of these new departments set up their own research sections, which enabled them to carry out their own projects to explore local needs for social services. They had opportunities to concentrate on special groups of people including the elderly, to assess their specific requirements. Although some local authorities request and are given specific advice on recommendations concerning the provision of day centres by the relevant central government department, there is not yet any clear, general central government policy and/or guidance for this type of provision.(15) In 1973, Local Authority Building Note 2, for residential accommodation for elderly people mentioned day centres briefly in the section on design considerations as follows:

> The siting of a centre/club close to a home, which residents are free to attend, may have some advantages, but services (apart from heating), facilities and management should as a rule be separate. The Centre or club activity should not be an obtrusive and certainly not a dominant factor.(16)

In 1975, the DHSS expressed the intention to publish specific design guidance for day centres but this has not yet been done.(17)

Despite this lack of central government guidance, the number of local authority day centres for the elderly increased from 191 to 436 between 1973 and 1981 in England

representing an 128% increase over this time span as shown in Fig. 4.(18)   The number of places for the elderly in these centres also increased from 8,814 in 1973 to 20,723 in 1981 in England, giving 135% increase overall these years as shown in Fig. 5.(19)

Although the number of local authority day centres increased between 1973 and 1981, the rate of increase was not always the same in each year, for example, the increase was 6.2 per cent between 1974 and 1975 representing the minimum annual increase during this period, which contrasts with the maximum increase of 21.0 per cent achieved between 1977 and 1978 (Fig. 4).   The rate of increase of places for the elderly in local authority day centres has followed a similar pattern to some extent with the minimum increase of 5.5 per cent occurring between 1974 and 1975, but the maximum increase of 32.3 per cent between 1975 and 1976 (Fig. 5).

The national distribution of centres and places is uneven, as shown in Fig. 6, which gives the numbers and percentages of local authority day centres and places for the elderly in these centres in different regions in England at 31 March 1981.(20)   A research memorandum which was published by the Greater London Council in 1978 showed that there are wide disparities in the provision of day centres for the elderly between the London Boroughs.   For example, in 1976 Lewisham provided 393 places per 100,000 population age 65 and over in day centres for the elderly, whereas Waltham Forest provided only 11 places per 100,000 of the elderly population.(21)

number of local authority
day centres

400
300
200
191
100

min.
210   223
247
max.   285
345
393
408
436

1973 1974 1975 1976 1977 1978 1979 1980 1981   Years
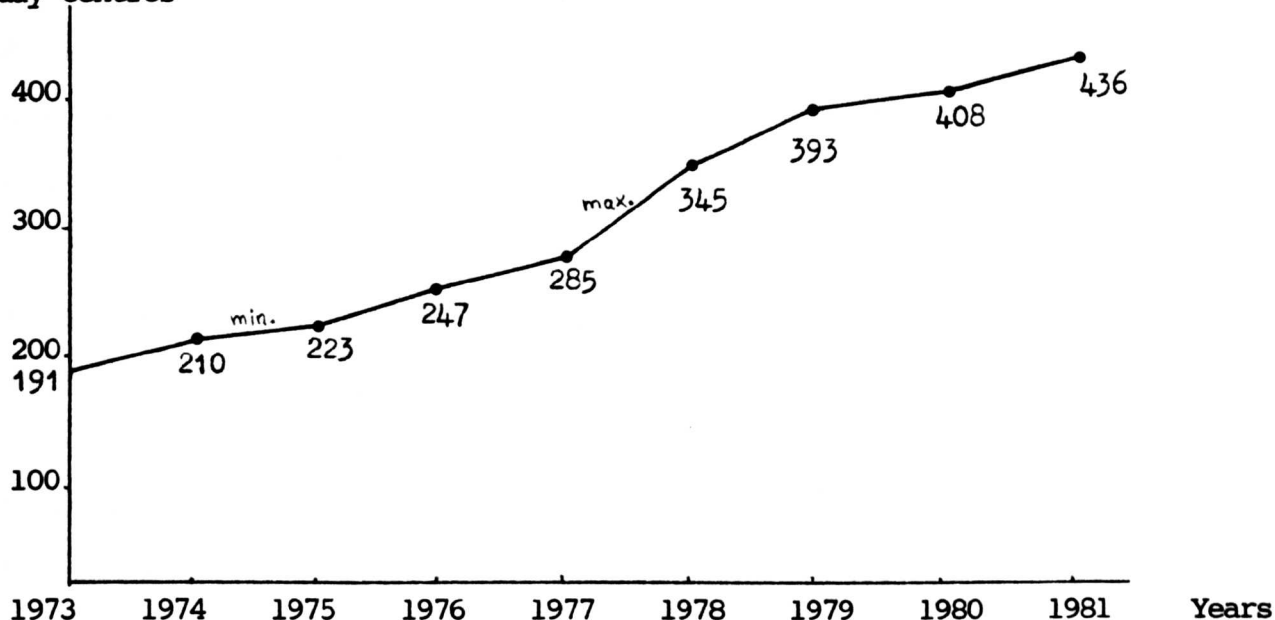
Fig. 4   Number of day centres for the elderly (Local
            Authority) in England between 1973-1981.

Source: DHSS Social Services, Local Authority
            Statistics 31.3.81.

number of places in local authority
day centres

20,000
15,000
10,000
8,814
5,000

20,723
18,889   19,988
17,757
15,334
14,052
min.
10,058   10,618
max.

1973 1974 1975 1976 1977 1978 1979 1980 1981   Years
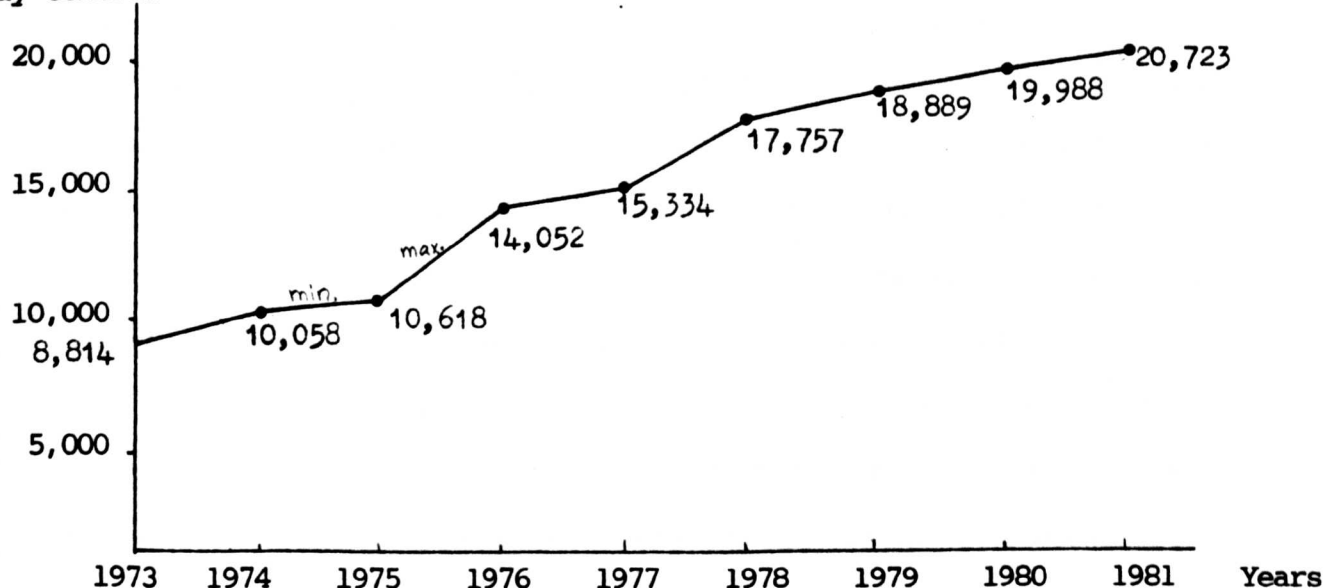
Fig. 5 Number of elderly people in day centres (Local
         Authority) in England between 1973-1981

Source: DHSS Personal Social Services, Local Authority
         Statistics 31.3.81.

Regions	Elderly persons 65 and over		% of centres in total	% o places in total
	Centres	Places		
Northern	18	968	4	5
Yorks/Humberside	88	3228	20	15.5
North Western	51	3016	12	14.5
West Midlands	27	913	6	4.5
East Midlands	21	1380	5	6.5
London North	44	2251	10	11
London	132	7349	30	35
Southern	44	1217	10	6
South Western	11	401	3	2
England Total	436	20723	100	100

Fig. 6- Number of Local Authority day centres and places for the elderly according to regions in England at 31 March 1981.

Source: DHSS, Personnel social services, Local Authority Statistics 31.3.81.

This expansion of day centre provision in the 1970s was accompanied by a major change in the objectives of day centres in some areas. Until then most areas had concentrated on 'social provision' which aimed at offering the elderly social contact, the provision of food, entertainment and some interests away from their home.(22) During the 1970s some local authorities began to provide another type of day centre to cater for the needs of some of the increasing number of very frail, elderly people.(23) This type of day centre which had previously been pioneered on a very limited scale, offered a special type of service, known as 'day care provision' and these centres are refer- red to as 'day care centres' in this research (Fig. 3).

This new type of provision included special facilities for training in mobility and teaching daily living activities in addition to opportunities for social interaction. It requires higher staffing ratios than in social centres, in order to provide the higher level of supervision and help necessary to cater for the more complex and various requirements of frail old people.(24, 25)

Up to the present time, these developments have resulted in a range of centres with a variety of different names. In theory these services could be organised to provide what is officially referred to as 'a continuum day care service' in all areas. This would include day hospitals for the treatment and rehabilitation of mentally and physically disabled people, through day centres for the maintenance of frail and disabled elderly people to social centres serving as recreational facilities for the more able-bodied elderly.(26) In practice, the type and level of provision of these services varies in different areas. Although to some extent these centres are providing similar facilities, their aims have overlapped and the balance between services offered differs. In order to investigate similarities and/or dissimilarities between these centres, in terms of their aims and provision in them, these centres are classified according to their main purposes by the author for the purpose of this study. These can be shown by dividing the centres into the two broad groups which are shown in Fig. 7.

These groups are first, 'social based centres', which consist of common rooms in sheltered housing, lunch clubs, social clubs, drop-in centres and social day centres and second, 'day care based centres', namely day hospitals, day

Max

Min

Day Care Based Centres

Social Based Centres

Provision of day care

Provision of social contact

| Day Hospital | Day Care places in OPH | Day Care Centre | Social Day Centre | Drop-in Centre | Social Club | Lunch Club | Community rooms in Sheltered H. Church Halls |
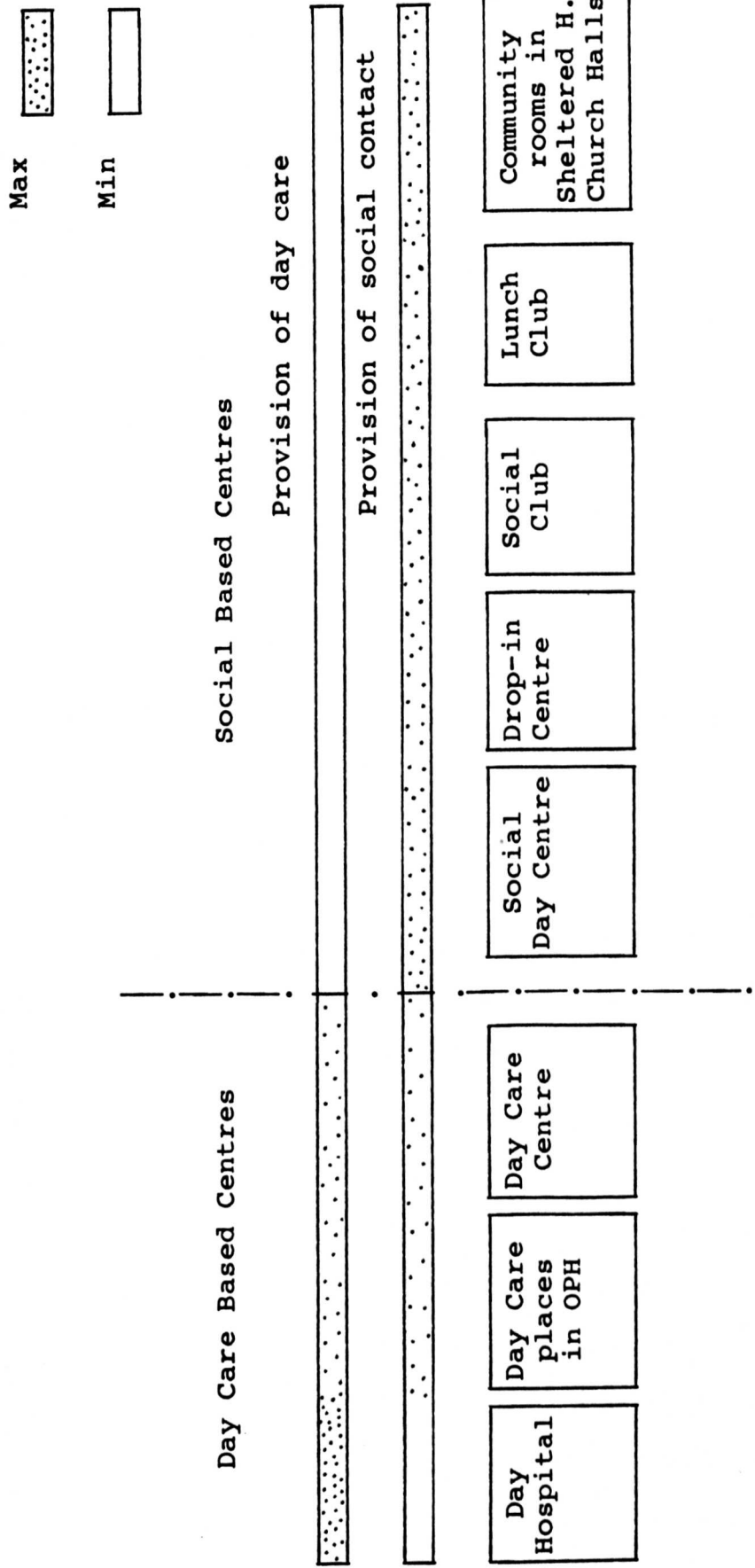
Fig. 7 Spectrum of centres for the elderly showing their main purposes

care places in residential homes, day care centres.(27, 28) Although these centres have been classified under two headings, there are similarities and dissimilarities not only within each group, but also amongst the centres in the two groups. In order to demonstrate this, it is necessary to compare the centres in each group and then the two groups both in terms of their primary and additional aims, the resulting balance between the type of and time spent on various activities and organisational factors, such as the frequency and length of opening times of centres, staff employed, transport laid on and the type of premises provided.

1.   Comparison of centres in 'Social based centres' and 'day care based centres'

1.1 Social based Centres:

In general, the main aims of social based centres are to provide social contact and companionship but there are similarities and dissimilarities in the way these aims are achieved first, in the nature of the activities provided, second in their organisation and finally, in their physical setting. By comparing these centres in terms of their aims and activities it can be shown that in some centres there are additional aims and/or in some cases the aims of the providers and users differ. An example of the latter can be found in lunch clubs where the main objective of those running them is to serve nutritious and cheap meals for the elderly.(29) However, a survey revealed that the primary aim of those attending is social contact.(30)

Apart from lunch clubs, the providers of other centres aim to offer different levels of social contact. In the

case of clubs held in common rooms in sheltered housing schemes, the aim is to encourage social interaction between the tenants and other elderly people who live in their own homes in the vicinity of the housing scheme.(31) This may be achieved by introducing organised entertainment, holding informal group meetings or providing facilities for hobby activities or a combination of these.(32) But as research done by Rose in 1978 pointed out, the achievement of this aim very much depends on the efforts of the warden who is responsible for making the arrangements and on the location of the schemes in relation to the availability of the other local facilities and transport services.(33)

In social clubs and social day centres social interaction is achieved in similar ways to some extent. Activities such as entertainment and outings are arranged in both types of centres, but these are offered more frequently and in greater variety in social day centres than in social clubs.(34) Additionally, in social day centres hot meals are provided and art and craft activities are accommodated. The latter activities not only develop the skills of the elderly users in art and craft work but also keep them occupied.(35)

Another pattern of social contact can be seen in drop-in centres. These provide an informal meeting place for the elderly and give them an opportunity to choose a more limited level of social contact, if they are unable or do not wish to attend more organised groups.(36) Activities are limited in these centres which usually offer opportunities for chatting, reading newspapers or having a snack.(37)

Thus, these examples have shown how the balance of

activities provided varies and the aim of social contact
can be achieved by providing alternative patterns of
similar activities in different types of centres. In
addition to the variety and different balance of activities
there are differences in the way these centres are
organised, in terms of when they are open, their staff and
whether transport is provided.

There is variation not only in the frequency of
opening times of these centres but also in the length of
time they are open. There is a clear distinction between
centres with limited opening times and those open for most
of the week. Most types of social based centres open on a
regular but limited basis. For example, lunch clubs are
open only once or twice a week and only midday lunch
hours.(38) Social clubs follow a similar pattern opening
once or twice a week usually in the afternoon.(39) Even
where a centre is open more frequently, old people may not
choose to go to every session. For example, although the
common room in sheltered housing may be available for use
everyday, it is evident that in some schemes old people
attend only once or twice a week.(40) In contrast, social
day centres are open on more days per week and for a longer
time than clubs. Most of them are in use five days a week
and usually from 9.00 - 10.00 a.m. to 4.00 - 5.00 p.m.(41)
Thus one of the crucial differences between social day
centres and the others in this group is that the former are
open more days per week and for a longer period.

Staffing levels and qualifications also vary. In most
of the social day centres full-time, paid staff are
employed by the Social Services Departments, whereas the
other types of centres are mostly staffed by
volunteers.(42) The other basis of comparison in terms of

organisation is special transport provision to and from the centres. This is not available in most types of social based centres, although some social day centres and a few social and lunch clubs may provide it for their users.(43)

The physical setting of all these various types of social based centres also differs from each other. The main distinction is between clubs held in purpose built premises and those using existing buildings, which may or may not be adapted for the elderly. In the first group, there are common rooms in sheltered housing, which are usually specifically designed for social use by the elderly and most of the local authority day centres which tend to be purpose built.(44) The second group contains most of the lunch clubs, social clubs and drop-in centres, which take place in existing premises, such as church halls or large houses.(45) In some cases these buildings may have been converted for use by the elderly.

Although most of the clubs using the converted type of premises are attended by active elderly people, a problem arises as they become more frail and/or disabled, for example after having a stroke or being confined to a wheelchair. Then many of them have to leave these centres, because of the inadequacy of the built environment and/or the equipment provided, for example the building may not be accessible for wheelchairs.(46) However this problem is not confined to buildings not specifically designed for the elderly. Despite the fact that most of the local authority purpose-built social day centres were specially designed to accommodate a variety of activities, in practice, some aspects of them have proved inadequate when they were used by elderly people.(47) These deficiencies will be

discussed in detail in the next chapter.

1.2 **Day Care based Centres:**

In addition to these social based centres, there is a second group of services, which provide various levels of 'day care' for the elderly. There are three types of day care service in this group; these are day hopsitals, day care in old people's homes and day care centres.(48) These three types of centres were classified under the name of 'day care' because they have a common aim to try to enable frail elderly people to remain in their own homes. In order to do this they all provide daily care and supervision but when they are examined in detail, it becomes apparent that as with social based centres, there are various dissimilarities as well as similarities between the three types of service. This can be shown by comparing first, their aims and activities second, organisational factors and third, their physical setting.

In terms of historical development, provision of day hospitals started earlier than the other two, with the first day hospital being set up in 1946,(49) but in all three types of provision, their main period of expansion was in the 1970s.(50) Throughout their development there has been a clear distinction between day hospitals and the other two types of day care which continues today. Day hospitals, which are provided by health authorities concentrate mainly on the medical rather than the social aspects of day care.(51) Their main aim is to rehabilitate elderly people who are mentally and physically in need.(52) In contrast, day care places in residential homes and day care centres are provided by the social services departments for frail elderly people, with the emphasis on

giving personal care, rather than medical provision.(53) In addition, some of the day care users in residential homes are being prepared for residential care by introducing them gradually to life in an old people's homes.(54) Similar aims and patterns of care can be seen in day care centres which have premises physically combined with those of residential homes.(55)

Although activities in each type of centre vary from area to area, in general, day hospitals provide occupational therapy for rehabilitaion, physiotherapy for physical maintenance and various medical and nursing facilities, but none of these are provided in the other two.(56) Nevertheless, although there are no organised social activities in most day hospitals, the nature of some medical treatment, such as group therapy, spontaneously encourages the development of some social interaction among the patients who need company.(57)

Day care users in old people's homes are given cooked meals, snacks, tea and may attend any appropriate activities and socialise with residents. Some elderly people who are in need of personal care may be assisted when having a bath or using the toilet, or eating their meals, but the level of care offered depends on the availability of staff and the extent of facilities provided specifically for day care users in different residential homes.(58)

Similar care activities for a much larger number of elderly people are provided in day care centres. These also offer mobility training, musical movement sessions and organise various social and craft activities; for example indoor games, such as bingo, various parties and

outings.(59) Hence, day care centres offer their users a much greater opportunity for meeting other people and a wider choice of activities and occupations than is available for those attending day hospitals or receiving day care in an old people's home.

Although all three types of day care based centres are usually open set times on five days a week, the frequency of attendance of users of centres varies in each centre depending on the policies of local authorities and the requirements of the elderly. Most day hospitals are open five days a week and in some areas patients attend every day but in others they attend only once or twice a week.(60) A similar attendance pattern can be seen not only in day care places in residential homes but also in day care centes, which both usually open five days a week from 9.00-10.00 a.m. to 4.00-6.00 p.m.(61)

One of the most important aspects of these three types of day care based centres is the provision of transport. All of them provide special transport for their users, usually this is an ambulance with a lift.(62) Without this special transport most of the users, who tend to have mobility problems or other disabilities, would not be able to come to these centres. Area health authorities arrange transport to day hospitals and social services deparments provide it for day care centre users and for those with day care places in old people's homes. The organisation of transport has certain problems. In day hospitals the most common problem is the timing of the ambulance service, to meet the unit's timetable, the patients' convenience and any emergencies.(63) Another transport problem is seen in day care centres where some elderly users have to travel

long distances to attend, often arriving at their day centre very late in the morning.(64)

The pattern of staff provision varies widely in the three types of day care service. Day hospitals employ trained medical staff and nurses supported by ancillary staff.(65) Where there are day care places in old people's homes; the home's staff are expected to look after day users as well as residents. In some cases these staff have not received any training.(66) Similarly in day care centres where care staff are also employed, it seems that most of the staff learn from experience on the job rather than from formal training, although there is not much information on this topic.

All these three types of provision tend to be located near other types of provision for the elderly or they share premises and/or facilities.(67) For example although day hospitals often have separate purpose-built premises, they are an integral part of the hospital service. Most are related to a specific district general hospital and may have their premises within the hospital grounds.(68) There tends to be a close relationship between the day hospital and the geriatric and clinical departments of the general hospital.(69) Frequently day hospitals and geriatric departments share the same premises and facilities.(70) Similarly in residential homes with day care places, the day care users share the club facilities of the home with the residents. In many instances day care centres are located in the same buildings as a residential home but each is run as a separate organisation.(71) Although the combined use of premises has some advantages sometimes conflicts arise. For example in the case of day care

places in residential homes, conflict has arisen in some homes between the residents and day care users. This is usually about who should have certain territory in terms of using equipment and/or furniture or usage of different areas in the residential homes.(72) In addition there may be uncertainty amongst the staff about where their priorities lie between caring for residents and those having day care.(73)

2. **Comparison between 'social based centres' and 'day care based centres'**

In broad terms, the comparison between two main groups suggested that the aims of social based centres were mainly social contact and companionship. On the contrary, the aims of day care based centres were focussed on some physical and/or medical care in addition to social contact and companionship. According to the evidence provided from the existing literature, the activities undertaken in centres of each group are as illustrated in Fig. 8. This shows that the social and art and craft activities were more concentrated in social based centres than in day care based centres and only a few care activities, such as hairdressing, nutritional care and bathing were sometimes provided in some social day centres. In contrast, care activities were mainly taken place in day care based centres, although these activities were different in type and level in different centres.

Apart from activities, there were differences between the two main groups of centres in terms of staffing and transport. In day care based centres more trained and professional staff were employed but this was not the case for social based centres. In addition, although all three

DAY CARE BASED
CENTRES

SOCIAL BASED
CENTRES

Care Activities	
Occupational Therapy	
Physiotherapy	
Medical treatment, nursing care	
Mobility training	
Total personal care	
Chiropody	
Bathing	
Laundry	
Hairdressing	
Nutritional care, meals	

DAY HOSPITAL

DAY CARE PLACES IN OLD PEOPLE'S HOME

DAY CARE CENTRE

COMMON ROOM IN SHELTERED HOUSING

LUNCH CLUB

SOCIAL CLUB

DROP-IN CENTRE

SOCIAL DAY CENTRE

Social Activities

Entertainment e.g. Concerts, Dancing

Indoor Games e.g. Bingo, Snooker

Reading, Watching T.V

Discussion Groups

Informal meetings, chattings

Outings, holidays

Art & Craft Activities

Dry craft work e.g. knitting, basket making soft toy making.

Wet craft work e.g. painting, pottery

Fig 8. - Activities in 'social based centres' compared with those in 'day care based centres'.

59

day care based centres had transport provided for their users, this service was not available generally for the users of the social based centres. The frequency and length of opening times of the centres were various in each group. Although day care based centres were open 5-6 days a week and for 6-8 hours a day, social based centres were mostly open for a limited period (only for one or two days a week for a few hours a day) except social day centres which were open 5 days a week. The types of buildings used as centres were various. Some centres were using existing premises, some converted buildings while others were using purpose built buildings. In general, although there were some purpose-built social based centres, they were mainly placed in existing premises. In the case of day care based centres, all three types of provisions usually shared the buildings with the other provisions but there were some centres which were purpose-built.

This chapter examined first, the historical development of day centres and second, the similarities and dissimilarities among centres in each of two main groups and then between these two main groups namely 'social based centres' and 'day care based centres', in terms of their aims, activities, organisational factors (transport and staff provision, frequency and length of opening times...) and architectural setting.

The next chapter will concentrate on more detailed examination of two types of day centres, namely social day centres and day care centres in order to identify the specific problem area of this research.

REFERENCES

1   Dixon, R., Muthesius, S., 'Victorian Architecture', Thames and Hudson, 1978, pp. 74-78.

2   Brocklehurst, J.C., 'The geriatric day hospital', King Edward's Hospital Fund for London, 1970, pp. 11-13.

3   'National Assistance Act', 1948, section 31, pp. 649-650.

4   Ibid, pp. 649-650.

5   Ibid, p. 650.

6   The National Old People's Welfare Committee, 'Progress Report for 1953', in Shenfield, B.E., Social Policies for old age, Routledge and Kegan Paul, 1957, p.175.

7   Ibid, p.175.

8   Old People's Welfare Committee, 'A sample survey of old people over seventy in Birmingham' December 1949, in Shenfield, B.E., op. cit., pp. 219-220.

9   Ibid, pp. 219-220.

10 Barber, R.M., 'Setting up a day centre', Health visitor, July, 1970, Vol. 43, No. 7, pp.232-234.

11 Moulton, L., 'Day centres for the elderly', an examination of their role and function, British hospital journal and Social Service Review, 27 October 1967, p. 2039.

12 Ibid, p. 2039.

13 Ibid, p. 2039.

14 'Local Authority Social Services Act', 1970.

15 Symons, J., 'Day Care Centres', Centre on Environment for the Handicapped, 1981 pp. 8-10.

16 DHSS, Welsh Office, 'Local Authority Building Note 2, Residential Accommodation for elderly people', HMSO, May 1973, p. 3, Section 3.14.

17 Symons, J., op. cit., p.8.

18 Department of Health and Social Security, 'Adult training centres for mentally handicapped and day centres for the mentally ill, the elderly and the

younger physically handicapped' at 31 March 1981, England, Personal Social Services, Local Authority Statistics, A/F81/8, p. (v).

19   Ibid, p. (v).

20   Ibid, p. 12.

21   Pascoe, N., 'Day care services provided by Local Authorities in day centres for elderly and the younger physically handicapped (aged under 65) and in mixed day centres', 1973-1976, Greater London Council, Research memorandum 1978, p.3.

22   Carter, J., 'Day services for adults: somewhere to go', George Allen & Unwin, 1981, pp. 139-140.

23   Schrader, H.N., 'Welfare services commentary', The Municipal Review, May 1967, pp. 263-264.

24   Carter, J., op. cit., pp. 29-30.

25   Morley, D., 'Reviewing day care centres', Age Concern, winter 1973, p. 23.

26   Goldberg, E.M., Connelly, N. 'The effectiveness of Social care for the elderly', Heinemann Educational Books, Policy Studies Institute, 1982, pp. 118-119.

27   Morley, D., 'Day care and leisure provision for the elderly', Age Concern, National Old People's Welfare Council, 1974, pp. 11-21.

28   Ibid, pp. 11-21.

29   Ibid, p. 20.

30   Clegg, P.E., 'Day care for the elderly in the Metropolitan Borough of Kirklees', University of Bradford, Social Work Research Unit, Department of Applied Social Studies, June 1978, p. 106.

31   Morley, D., op. cit., p. 19.

32   Ibid, p. 19.

33   Rose, E.A. 'Communual facilities in Sheltered Housing', Saxon House, 1978, pp. 127-128.

34   Morley, D., op. cit., p. 17.

35   Schrader, H.N., op. cit., p. 264.

36   Ibid, p. 18.

37   Ibid, p.18.

38   Clegg, P.E., op. cit., p.104.

39   Hearnden, R., Fujishin, B., 'Members of Old People's Clubs - Needs and Services: a survey in West Bromwich', Centre for urban and regional studies, University of Birmingham, Research Memorandum no. 35, September 1974, p.7.

40   Rose, E.A., op. cit., p.62.

41   Clegg, P., op. cit., p.40.

42   Ibid, p.42-p.104.

43   Ibid, p.41.

44   Moulton, L., op. cit., p.2040.

45   Clegg, P., op. cit., pp. 96-97.

46   Ibid, p.96.

47   Symons, J., op. cit., p.2.

48   Goldberg, E.M., Connelly, N., op. cit., p.118.

49   Farndale, J., 'Day hospital movement in Great Britain', Pergamon Press, 1961, p.2.

50   Carter, J., op. cit., p.22.

51   Brocklehurst, J.C. 'Role of day hospital care', British Medical Journal, 27 October 1973, p.223.

52   Farndale, J., op. cit., p.9.

53   Carter, J., op. cit., pp. 22-31.

54   Ibid, p.131, pp.265-273.

55   Ibid, p.131, pp.265-273.

56   Brocklehurst, J.C., 27 October 1973, op. cit., p.223.

57   Brocklehurst, J.C., 1970, op. cit., pp. 80-81.

58   Clegg, P.E., op. cit., pp.48-50.

59   Morley, D., op. cit., pp.13-14.

60   Brocklehurst, J.C., 1970, op. cit., p.50.

61   Moulton, L., op. cit., p.2040.

62   Ibid, p.43.

63   Ibid, p. 43.

64   Symons, J., op. cit., pp. 91-93.

65   Brockleshurst, J.C., 27 October 1973, op. cit., pp. 224-225.

66   Clegg, P.E., op. cit., p. 50.

67   Carter, J., op. cit., pp. 22-31.

68   Brocklehurst, J.C., 27 October 1973, op. cit., pp. 224-225.

69   Ibid, p. 224.

70   Ibid, p. 224.

71   Carter, J,. op. cit., pp. 29-30.

72   Ibid, p. 30.

73   Ibid, p. 30.

CHAPTER IV

DAY CENTRES AND THEIR ARCHITECTURAL SETTING

As the previous chapter showed the various types of day centres for the elderly and the design of the buildings which accommodate them have developed in an ad-hoc way rather than being planned systematically. Some of these buildings have been designed according to general design principles defined to enable handicapped or disabled people to be accommodated in a variety of building types. Most of these principles came out of research studies carried out in the 1960s and 1970s.

In the 1960s when architects started to consider how design could help the disabled, they were not particularly concerned with the requirements of elderly disabled people but rather with changes in the built environment which would be of benefit to all disabled people. The concept of barrier-free environment for the disabled was introduced and applied to building design. These standards aimed to remove environmental barriers and so facilitate the integration of all handicapped people with the rest of society (1).

The introduction of barrier-free standards represented an attempt to establish rules for designing spaces, fittings, furniture and equipment that would meet the needs of these with what are known as sensory-motor* incapacities. As these occur with relatively higher frequency among people as they age, the elderly benefitted

---

* Sensory incapacities: such as, impaired sight, hearing or speech.
  Motor-incapacities: such as weaknesses in upper and/or lower limbs and/or reduction in muscle strength with these components.

from these changes to some extent. Some of these recommendations derived from technical specialists, who were dealing with disability and/or medical rehabilitation particularly for people who were wheelchair users.

In Great Britain various design recommendations for those confined to wheelchairs were made and published in the late 1960s. A major contribution was made in 1967 when Goldsmith published basic design principles derived from research which aimed to help designers and administrators provide adequate settings for wheelchair users.(2) This research was extended and subsequently specially designed housing suitable for wheelchair users was developed known as 'wheelchair housing'.(3) Although some years later it became clear that wheelchair housing had some inadequacies, it was a starting point for the future development of design for the disabled.

In addition to this work on housing, Goldsmith made recommendations as to how the disabled could be accommodated in buildings other than housing, such as those used for health care, welfare, education, recreation, transport, entertainment and cultural activities. These recommendations included specific design standards for different parts of these public buildings, namely lifts, ramps, entrances, doors, handrails, floor surfaces, telephones and WC compartments. He also identified facilities in the buildings which could be designed to allow for ambulant disabled people, wheelchair users, deaf and blind people. In addition, some recommendations were made for facilities for the use of disabled people outside these buildings, for example ramped kerbs and special parking bays.(4)

In the 1970s, the Chronically Sick and Disabled Persons Act was passed. Section 4 of this Act is specifically concerned with access to public buildings for disabled people. It states:

> Any person undertaking the provision of any building on the premises to which the public are to be admitted, whether on payment or otherwise, shall, in means of access both to and within the building or premises, and in the parking facilities and sanitary conveniences to be available (if any), make provision, in so far as it is in the circumstances both practicable and reasonable, for the needs of members of the building or premises who are disabled.(5)

Towards the end of the 1970s further attention was given to designing public buildings which allowed for access and use by disabled people. In 1979 some standards for public buildings were published by the British Standards Institution under the 'Code of Practice for Access for the Disabled to Buildings'.(6) This gives information to architects and designers on how to ease the access of disabled persons to public buildings and allows for them to move around the buildings by recommending specific dimensions for entrance halls, toilet cabins, internal staircases and doors.

Also in 1979 a design note was published by the Department of Education and Science giving advice on how to make education buildings accessible and useable by disabled people. Seven elements of provision were identified by this document as follows: Parking facilities adjacent to one of the entrances of the buildings; one level of entrance on an external ramp; minimum door widths; internal ramps or lifts in buildings on more than one level; WC compartments for wheelchair users; a medical inspection room and adequate fire exits.(7) Detailed requirements

under each heading were set out and illustrated in the corresponding parts of this document which was based on research carried out in a number of schools.

Two years later, in 1981, the Disabled Persons Act was passed concerning:

1. needs of the disabled on highways;

2. amendments of the Road Traffic Regulation Act 1967 relating to the misuse of concessions for the disabled;

3. provisions concerning access with regard to planning and sanitary appliances at places of entertainment;

4. signs indicating provisions for the disabled, etc.(8)

Most recently (February 1983) a new building regulation for the disabled was published with an enforcement provision which makes it illegal to build a public building which does not have facilities to cater properly for the needs of disabled people.(9) (10)

Although these changes and modifications in design have helped to give many disabled people greater access to public buildings, there has been some criticism of their effectiveness. In 1977 Steinfeld argued that standards which were set in the 1960s giving accessibility for the disabled were not applicable to the target population as a whole because of the lack of necessary research and data about their effectiveness.(11) However he emphasised that at present contemporary research focuses much more on the detailed requirements of groups with specific disabilities, such as accessibility for disabled, elderly people and those with low stamina, multiple disabilities, etc. Stairs inside buildings have received attention in research studies as well as mobility in the external environment. Research on the mobility of blind people has been initiated

and some studies have been done on the use of kitchens by people with severe disabilities.(12) Steinfeld pointed out that 'a significant issue in the development of accessibility standards is the attention given to current research';(13) emphasising that there should be continuous correspondence between the new research findings and the applications of the buildings for the elderly disabled.

Thus, from the late 1960s onwards, not only were the problems and implications of meeting the needs of the increasing proportion of elderly people becoming more obvious but also there was a growing appreciation of different needs within this total group, particularly those of the very old. According to recent population projections of the Office of Population Censuses and Surveys, the total number of people over retirement age in the United Kingdom is not likely to exceed about 9.5 million at any time up to the end of the century, but the balance between the younger and more active elderly and very old will change considerably. Between 1980 and the end of the century, the number of those aged 75 years and over is projected to increase from 3.2 million to 3.7 million, an increase of about 18%. In contrast, the proportion of old people aged between 65 and 74 years will decrease by about 13% over the same period.(14)

At present some building types being used by the elderly have been built prior to the current policies and guidance requiring special design consideration for the disabled and some have been built since the relevant new standards were introduced. The latter include buildings designed for the able-bodied, independent elderly and those designed for frail, dependent elderly people. This

distinction is based on the assumption that at a certain point in time elderly people can be classified into two distinct groups; the dependent and the independent . However, this distinction tends to neglect to take into account the dynamism of ageing or the ageing process which was discussed in the first chapter. Individuals may be fit and active in early old age but the nature of the ageing process is that they are likely to develop some disabilities over time. Thus the time factor has great importance here.

In any group of elderly people divided into the independent and the dependent at a certain point in time, the likelihood is that the distinction will tend to blur as time passes. Although at a later date there will be some people from the original group still fitting into these two extremes, the tendency will be for the independent to have become more dependent. As the rate of physical and mental deterioration is not the same for each individual, the degree and rate of loss of independence differs from person to person. Thus as time passes some elderly people become heavily dependent, whereas others do not experience this at all or only minimally before they die.

As the ageing process is thus dynamic, there is a likelihood that buildings which were planned for the able-bodied elderly would, in time, have a lower level of fit for those people who have developed some disabilities or frailities over time. In some cases, the authorities have attempted to take into account the ageing process. An example of this can be seen in the provision of Sheltered Housing.

In this case two different types of specially designed dwellings, Category I and Category II, each with its own

design standards were provided for the elderly, the first of these intended for the able-bodied elderly, the second for less able-bodied elderly people.(15) It was assumed that when old people, who lived in the former type of housing became frail, they would be able to move to the second type of dwelling or to an old people's home. However, evidence from many research projects has shown that first, when elderly tenants became frail they do not usually wish to leave their home and move to another scheme preferring to remain in familiar surroundings with their friends. Secondly, there is not always the appropriate type of accommodation available at the time, when it is appropriate for the old person to move. Yet, if the frail old person remains in housing designed for the independent elderly, then there are to be problems arising from the inadequacy of the physical setting, with a mis-match occurring between the built environment and its fittings and facilities and the level of disability of the occupant(16) (17).

From a detailed study of the literature it appears likely that a similar situation is now occurring with day centres for the elderly. Some local authorities provide both <u>social day centres</u> and <u>day care centres</u>. In planning these different centres, the theory has been that a clear distinction can be drawn between the type of people who will attend the two types of centre. This is based, broadly, on the proposition that the majority of users of <u>social day centres</u> will be independent and able to attend these centres on their own and when they are at the centre most will not be dependent on staff. In contrast, <u>day care centres</u>, rests on the proposition that, the majority of

users will be dependent on day care staff and need assistance in daily activities and they will require special transport provision in order to attend these centres.

However, the analysis of the literature and the indications show that, in practice, the clear distinction between social day centres and day care centres does not always exist. It appears that the characteristics and requirements of users of social day centres change over time with some users tending to become frail and dependent and similar to the users of day care centres. The literature indicates, in general that the existing social day centres are experiencing difficulty in coping with the requirements of those becoming frail.

On the other hand, day care centres for the frail elderly are a new form of provision in most areas. Some local authorities with the high number of frail elderly population started to provide these day care centres in 1970s, or even more recently, in order to meet the requirements of the frail elderly and it is only now that the problems inherent in them are becoming apparent. The type of problems which appeared to be emerging relevant to social day centres and day care centres can be illustrated by reviewing the provision of both types of day centres of two local authorities which cooperated with this research project.

The first local authority has provided two day care centres for the elderly since the middle of the 1970s, in addition to eleven social day centres. However, it seems that in this Borough there are now problems in meeting the need for day care as opposed to providing social facilities

for the increasing number of dependent elderly people in the population. A pamphlet produced by this Borough stated that:

> The numerical size of the problem posed by the 'frail elderly' in our community has meant a weight of referrals too big for these two [day care centres] to bear alone. In consequence other [social] day centres have responded in ways related to their own capabilities to help cope with the pressure.(18)

Thus it seems that some dependent or frail elderly people have started to be admitted into social day centres, but, no details have been given of how this type of day centre is expected to cope with these users and what additional facilities and/or staff have been made available for them.

In the second local authority, a great deal of research has been done on day centres with special emphasis on social day centres. A day care centre was opened for frail elderly people at the beginning of 1982 in addition to the 15 existing social day centres for the elderly in the same County. According to the research on day centres for the elderly done by this County's Social Services Department, three basic groups of elderly people can be identified:

a)   The elderly mentally infirm or psychogeriatric

b)   The very frail elderly

c)   The able-bodied or active elderly

The research found that each of these groups has different requirements in terms of services and facilities, the basic variation being in the need for care and the degree and the nature of that care.

When that research was carried out, the social day centres in this County were attempting to meet the very broad range of need presented by the total elderly

population living in the community. It was stated in one of the working party papers of the same County that in social day centres:

> the three groups identified above do not co-exist peacefully; the very frail and the mentally infirm in fact can have a very negative effect upon others for whom the facility is entirely appropriate.(19)

Although it was accepted that there was a certain degree of overlap between these three groups of elderly people, it was proposed by the Council to provide three different types of day centres for these groups, namely, social day centres, day care centres for the frail and day care centres for the mentally infirm elderly.* Various characteristics of the typical users for each centre were defined. It was expected that most of the attenders of social day centres would have some or all of the following characteristics:

1 Isolated, lonely, seeking social support;
2 Lacking interests, motivation, confidence;
3 Impaired mobility;
4 Inadequate food intake, difficulties with cooking;
5 Grief;
6 Very occasional incontinence, difficulties in toileting
7 Needing help through counselling, advice;
8 Occasional health care, e.g. chiropody;
9 Requiring oversight.(20)

The crucial point here is that although in the past, people with conditions like incontinence were not accepted in social day centres, now it seems they will be accepted in some instances.

In the case of day care centres for the frail elderly twelve characteristics were identified as being indicative

---

* Day care centres for the mentally infirm elderly are not examined in this research.

of need for this type of care.

These are:

1 Housebound, wheelchair bound, considerable lack of mobility;
2 Mild confusion, inadequate orientation;
3 Occasionally or habitually incontinent;
4 Requiring habit training/assistance in toileting;
5 Requiring assistance in self-care activities (including hygiene);
6 Requiring lifting, supporting, moving;
7 Inadequate food intake;
8 Lacking interests, motivation, confidence;
9 Communication difficulties;
10 Requiring physiotherapy and occupational therapy advice and assistance.
11 Needing occasional health care of an intensive nature;
12 Requiring constant oversight. (21)

The differences in the characteristics of the elderly in the two types of centres can thus be seen in the above categories. The Council's proposal was that the users of the day care centre for the elderly would be drawn from hospital, day hospital, the community and from existing social centres, because transfer could be easily arranged between them. However, one of the most important points which was not considered carefully was the evidence based on the wishes of the elderly people required to transfer from social day centres to day care centres.

In addition, the aims of social day centres can be identified in theory but, how to achieve them in practice is a different matter. For example, the aims of social day centres were identified in the same county as follow:-

1 To provide a welcome, caring and socially stimulating environment;

2 To provide a point of stability outside a person's own home;

3 To provide activity which is physically and mentally stimulating; encourage dormant talents and stimulate new ones;

75

4   To provide essential services such as meals and snacks (nutrition), bathing and hairdressing (personal care);

5   To provide the opportunity to make new friends and acquaintances, and so relieve isolation and loneliness;

6   To assist the disabled to come to terms with their disability;

7   To provide support to the family of the elderly person;

8   To assist those who are bereaved who need this type of help;

9   To help with individuals' problems and give advice and assistance where necessary.(22)

However, the evidence from research carried out in that local authority suggests that social day centres are becoming increasingly unable to fulfil these aims because of the changing characteristics of their elderly users over time. More importantly, the dependence levels of users of social day centres were discovered to have increased significantly when compared with those of previous years. For example, in the same county in 1981, it was estimated that social day centres accommodated elderly people with a very wide range of handicaps and conditions, as illustrated by the findings of a study by its social services department which showed that in social day centres:

33% were physically handicapped;
11.3% were chronically sick;
7.7% were confused;
2.2% were mentally ill;
0.4% were mentally handicapped.(23)

The same study stated that:

This dependency profile is more marked than it was in 1979. In particular, the proportion of physically handicapped clients has increased from 24% to 33% and the elderly confused category has become significant.(24)

Thus the indications from these two local authorities and from the literature show that whilst in theory, a clear distinction exists between social day centres and day care centres, in practice a number of problems emerge. Although

76

previous research, as described in the literature, has examined these emerging problems to some extent, one aspect which has not been investigated is the relationship between the characteristics and requirements of users and the architectural setting of both social day centres and day care centres. There are clear indications that as some users in social day centres become older and frail over time, a potential problem arises in fitting changing requirements to an architectural setting designed for independent elderly people. One possibility could be to transfer these frail users to a day care centre, but the evidence suggests that most users want to continue to attend the same social day centre and they do not want to transfer to another day centre or there may not be a day care centre in their area. As a consequence, it seems likely that, the existing layout and features of social day centres will have difficulty in accommodating users who become frail or dependent over time.

Moreover, if, over time, some of the characteristics and requirements of some users of social day centres become similar to those of day care centres, because of the ageing process, then it is likely that the requirements of these frail elderly in social day centres would be more similar to those in day care centres than to the active old people in social day centres, in terms of the architectural setting required. In order to understand the efficacy of the architectural setting of social day centres which are designed specifically for the abled bodied in meeting the requirements of those users who become frail, it is necessary to know, how the requirements of the dependent elderly are met by the architectural setting provided in

<u>day care centres</u> which are specifically designed for them.

Therefore, from the preliminary research two questions remained unsolved.

These are:

1) To what extent the architectural settings of these two distinct types of day centres (social day centres and day care centres) meet the requirements of their users?

2) What are the design implications for architectural settings of social day centres in connection with users' changing characteristics and requirements over time?

In the next chapter, these questions will be considered in terms of the objectives of the research and a theoretical framework including a number of testable propositions to facilitate the research will be set up and discussed.

REFERENCES

1   Bednar, M.J., 'Barrier-Free Environments', Dowden, Hutchinson & Ross. 1977.

2   Goldsmith, S., 'Designing for the disabled', RIBA Publications Ltd., 1976, third edition.

3   Department of Environment, Housing Development Directorate, 'Wheelchair Housing', Occasional papers, 2/75, DOE, HDD, 1975.

4   Goldsmith, S. (1976) op. cit. pp.342-350.

5   Chronically Sick and Disabled Act, 1970, section 4.

6   British Standards Institution (BS5810), Code of practice for; Access for the disabled to buildings, 1979.

7   Department of Education and Science, Design Note 18, 'Access for the physically disabled to educational buildings', 1979.

8   Disabled Persons Act, 1981.

9   Guardian, February 1983.

10 The Architects' Journal, 'DOE rethink on disabled', 28 February 1983, Number 8, Vol. 177, p.29.

11 Steinfeld, E., 'Developing Standards for Accessibility', p.85, in Bednar, M.J., 'Barrier-Free Environments', 1977, op. cit., pp.83-85.

12 Howie, P.M., 'A pilot study of disabled housewives in their kitchens', London: Disabled Living Foundation, 1968.

13 Steinfeld, E., op. cit., p.85.

14 Government Statistical Office, 'Social Trends', HMSO, 1982, (12), pp.14-15.

15 Ministry of Housing and Local Government, 'Housing Standards and Costs: accommodation specially designed for old people', circular 82/69, HMSO, 1969.

16 London Borough of Hillingdon, 'Accommodation and services for the elderly', L.B.H., Uxbridge, October 1978, p.38.

17   Easton, G., 'Standards for old people's housing', in
      <u>Housing Review</u>, Volume 27, no.3, 1978, May-June,
      pp.58-60.

18   Wandsworth London Borough, '<u>Frail elderly people</u>',
      undated booklet.

19   Social Services Committee of Bedfordshire, working
      party on services for the elderly, '<u>Domiciliary</u>
      <u>services: 2. Day Care for the very frail elderly</u>',
      17 March 1981, p.1.

20   Social Services Committee of Bedfordshire, working
      party on services for the elderly, '<u>Domiciliary</u>
      <u>services: 1. Social centres for the elderly and</u>
      <u>handicapped</u>' 17 March 1981, Agenda item No. 6(a),
      p.12.

21   Social Services Committee of Bedfordshire, working
      party on services for the elderly, '<u>Manual of policy</u>
      <u>and practice, social centres</u>', undated, p.5.

22   Social Services Committee of Bedfordshire, 17 March
      1981, Agenda item No. 6(a), op. cit., p.2.

23   Ibid, p.5.

24   Ibid, p.5.

CHAPTER V

THEORETICAL FRAMEWORK

In the previous chapter some of the problems of day centres and their users were explored and a specific problem area was identified where, due to the lack of previous research, a gap in knowledge exists. This problem area is concerned with the relationship between the requirements of the users and the design of both social day centres and day care centres and in addition the potential for the emergence of a mismatch between the changing and dynamic requirements of the users of social day centres as they age and become more frail and/or disabled and the comparatively static characteristics of architectural settings designed specifically to accommodate independent old people. Thus, the aim of this study is, to investigate, whether the architectural settings of these two distinct types of day centres social day centres and day care centres meet the requirements of their users and to discover the design consequences of ageing process in social day centres and to define the factors which will contribute to a more appropriate built environment for day centres. This chapter is concerned with, first, defining the theoretical framework including three main propositions required to tackle this problem. Second, describing the methodology used and the fieldwork undertaken in this research.

The evidence available in the literature shows that, in general, a clear line can be drawn in theory, between social and day care centres, in terms of the users' characteristics and their requirements. In particular, this clear distinction is most obvious in cases where,

social day centres and day care centres are only recently provided. Thus the main proposition 1 is concerned with whether there is a clear distinction between new social day centres and new day care centres. It is:

> If social day centres and day care centres have been provided recently, then there will be a clear distinction between these two types of day centres which can be demonstrated in terms of first, users' characteristics, activities, transport and staff provision and second, the relationship between these factors and certain features of the architectural setting. As both are new day centres a high level of fit would be expected between the users' requirements and the architectural setting in each day centre.
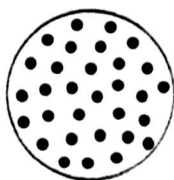
Social Day Centres

(new)

Day Care Centres

(new)

However, the literature indicates that, given the dynamism of ageing process, it is likely that, over a period of time as social day centres age, differences will arise between recent (new) social day centres and old social day centres in terms of the users characteristics and their requirements. In addition, there is the possibility of the emergence of a mismatch between these changing requirements of users of old social day centres and the comparatively static characteristics of the architectural setting designed to accommodate independent old people. Thus, the main proposition 2 is on the differences between new social day centres and old social day centres, which is:

> If over time the ageing process results in a deterioration of some of the capabilities of some

82

users of social day centres, then there will be
differences between the characteristics and
requirements of users in new social day centres
which have been recently provided and those in
old social day centres which were provided
several years ago with a better fit between the
users' requirements and the architectural setting
in new rather than old social day centres.
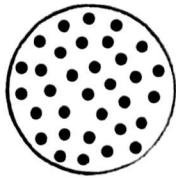
Social Day Centres   Social Day Centres
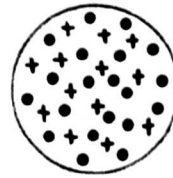
(new)   (old)

In addition, if the characteristics of the users of

old social day centres have deteriorated over time, then,

it is likely that, there would be some similarities between

old social day centres and day care centres, in terms of

the users' characteristics and their requirements.

However, it is also expected that if day care centres are

designed for frail and dependent elderly people, then there

will be greater fit between users requirements and

architectural setting in day care centres than old social

day centres. Thus the main proposition 3 is on the

similarities between old social day centres and old day

care centres. It is:

> If social day centres' users continue to attend
> the same day centres as they become more frail,
> then their characteristics and requirements will
> become more like those of day care centres' users
> and there is likely to be a mismatch between
> their requirements and the architectural
> setting. The facilities provided in older social
> day centres designed for active users will become
> less appropriate over time than those in older
> day care centres which were designed to cater for
> the disabled and the frail.

83
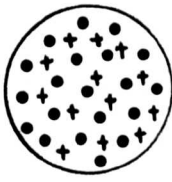
Social Day Centres

(old)

Day Care Centres

(old)

In order to test these main propositions 1, 2, and 3, two preliminary tasks had to be carried out.

1. First, there was a need to consider how to define the terms and to measure the relationship between users, their requirements and the architectural setting; this involved resolving a number of methodological problems, which were:

    1.1 How to assess the level of dependency in order to define dependency patterns in the day centres;

    1.2 How to assess what were the users' requirements in terms of;

        1.2.1 activities
        1.2.2 transport
        1.2.3 staff
    1.3 How to relate (1.1) and (1.2) to the architectural setting.

2. Second it was necessary to establish criteria for selecting a sample of day centres for detailed investigation.

1. **Definition of terms and measurement of relationship between the users, their requirements and architectural setting**

1.1 **How to assess the level of dependency**

In considering how to measure the relationship between the users and the architectural setting, the problem was how to assess the dependency level of users to discover the pattern of dependency of users to discover the pattern of dependency in each centre. Although the terms of

84

'dependence' and 'independence' were used in a general way in earlier chapters, it is now necessary to examine them in greater detail. The word 'independent' is defined in the Oxford English Dictionary as follows: 'not dependent on for any one else for one's living'; 'not dependent on another for support or supplies'; 'thinking or acting for one self' and 'not in a position of subordination'.(1) The word dependent is the opposite of this.

In addition, to their everyday usage the concepts of independence and dependence are very much in use in research projects concerned with the elderly people and also in those concerned with physically and mentally handicapped young people. From the literature one important difficulty identified in using these concepts in research was how to assess or measure the level of dependency of people in actual life as opposed to controlled research situations. In order to explain this problem it is necessary to explore how the level of dependence of elderly and/or handicapped people have been measured in previous studies to provide the basis for explaining first, how the measurement of levels of dependence of user is related to the nature of the study and second, why the particular measure of dependence used in this study was selected.

Many studies have attempted to measure the level of dependence or independence of old people in specific settings, for example, in residential homes for elderly people, in sheltered housing or in ordinary housing. In some studies, comparisons were made between the dependency levels of groups of people accommodated in different settings. In 1970 the Department of Health and Social Security undertook a survey which, inter alia, measured the

dependency levels of the elderly living in residential accommodation.(2) The residents were classified into the following categories; heavily dependent, minimally dependent and moderately dependent. The heavily dependent category included old people with at least one or possibly more of the following conditions;

- doubly incontinent
- mainly or entirely bedfast
- unable to feed themselves
- severely confused

The minimally dependent category included residents with all of the following characteristics:

- continent
- mobile without assistance
- able to feed themselves
- mentally alert

Residents were categorised as moderately dependent if they were not included in either of these two groups.(3)

A similar approach to measuring the dependency of elderly residents was applied in studies of the elderly by various local authorities. An example is a survey by Avon Social Services Department, which applied the same method used in the Department of Health and Social Security survey to find out the level of dependency of the residents in their old people's homes. Although this method was used by Avon, it was criticised in their report on the following grounds:

> The concepts of 'dependency' and 'dependency level' do not express any precise values. They do not refer to performance by residents of sets of measured movements but suggest whole states of affairs or total and continuous processes in residents' daily life. Nor do they have any empirical reference to staff activity whether physical, administrative or measure over time.(4)

In addition, it was emphasised that each criterion of dependency measurement was also vague; for example:

... there has been no attempt to define the
parameters of the reciprocal relationship between
residents who can cope incompletely and the
attentive care of residential staff.(5)

In another survey carried out in 1977-79 by the Department
of Health and Social Security and East Sussex Social
Services Department, dependency levels of elderly people in
three residential homes and a day centre in Brighton were
studied. Although their sample size was limited to 30
residents from the three homes and ten users from a day
centre, some conclusions were arrived at.(6) The survey
found, inter alia, that although the residents in the three
residential homes appeared to be more physically able than
those who attended the day centre, they were more
incontinent and more mentally confused than the latter. It
was stated that it was defects in the mental state of old
people and problems with incontinence which led to their
admission to an old people's home. Again in the same
project, the method of measurement for dependency levels
was similar to that used by the Department of Health and
Social Security, but they used a rating scale from 3 to 10
based on the following three criteria:

Mobility: ambulant (1); ambulant except
stairs (1); ambulant only with
artificial aids (2); ambulant
only with help of others (2);
ambulant with wheelchair (3);
bedfast (4).

Physical condition: continent (1); only incontinent
occasionally e.g. at night (2);
incontinent (3).

Mental condition: mentally alert (1); mildly
confused (2); severely
confused (3).

Unlike the Department of Health and Social Security census,
the Brighton Survey did not include the ability to eat
unaided as a criteria for assessing dependency but

incapacities in terms of self-care were assessed separately under the following headings:

Unable to feed unaided
Unable to dress unaided
Unable to wash unaided
Unable to bath unaided
Unable to use toilet unaided

A rating scale of 0 to 5 was used, '0' signifying that no assistance was needed for any of the above tasks and at the other extreme '5' indicating that assistance was necessary for all of them.

However, there is a danger in the design of this type of assessment in that it may not necessarily show the actual dependency level of elderly people. For example, a person who is confined to a wheelchair may get a high dependency score according to these measurements but she may, in fact, manage to stay independent in daily living and self-care activities if the built environment has been specifically designed to accommodate a wheelchair user. Thus the setting can play an important role in terms of whether or not elderly people with disabilities are enabled to meet their various requirements and so achieve independence or at least lessen their dependence.

Although many studies have measured the dependency levels of elderly people in different settings, few of these were concerned with relating this to design factors or space requirements. In this research in order to test the main propositions 1, 2 and 3 and relate the dependency levels to the design of different types of day centres, it was necessary to devise a measure of dependency which enabled this to be done. The format of the measurement of dependency levels was based on a questionnaire used in an architectural research project on old people's homes which

was done by the Buildings Research Team (BRT) at the Oxford Polytechnic.(7) In that study no attempt was made to give overall dependency scores to individual residents but the findings from each set of questions were used as indicators to assess the overall pattern of dependence in the Home and to ascertain the requirements in space terms of having certain percentages of users with characteristics and capabilities undertaking specific activities possibly aided by others within a particular building.

In the BRT research, assessments were made of users mobility and self-care capabilities under the following headings:-

Mobility: Walk inside
               Walk in grounds   Unaided; aided by one
               Walk to village   person; aided by two
                    town   people; never
                    city
               Climb stairs
               Get in/out of bed

Self-care: If resident
               Wash hands & face   Unaided; aided by one
               Eat   person; aided by two
               Bathe   people
               Use WC
               Dress & Undress

The aim of this categorisation was to measure the dependency levels of the residents first, if they are able to do certain activities unaided, second, if they required some assistance from one or two people which would have implications for the space requirements of the residents. For example, if this categorisation is compared with the rating scale (0 to 5) which was explained earlier in this chapter, the latter, although giving some indications of the capabilities of the residents would not indicate the space requirements of these people, because the staff involvement which defines how much more space is needed in

undertaking each activity would not be shown by that form of measurement. Thus, in this research the former measurement format was applied rather than the rating scale in order to ascertain the space implications for the design of the day centres.

This measure of dependency assessed five characteristics and capabilities of the elderly under five headings:

a)   Mobility characteristics:

a.1) To find out if users of day centres can walk inside and outside;

                                  a.1.1 unaided
                                  a.1.2 aided by 1 person
                                  a.1.3 aided by 2 people
                                  a.1.4 never

a.2) To find out if users use any walking aids; use wheelchair in day centre; use wheelchair outside the day centre; use walking frame; use stick(s);

                                  a.2.1 always
                                  a.2.2 occasionally
                                  a.2.3 never

b)   Self-care capabilities:

These are defined as five main activities, eating, washing hands, bathing, using the WC and dressing. It was attempted to find out if users do these activities

                                  b.1   unaided
                                  b.2   aided by 1 person
                                    b.3   aided by 2 people

c)   Sight-hearing-speech characteristics

These characteristics of users were examined under the four levels of capacities;

                                  c.1   complete capacity
                                  c.2   partial capacity
                                  c.3   little capacity
                                  c.4   no capacity

d) Continence characteristics

It was attempted to find out if users were incontinent or doubly incontinent under the following levels;

        d.1   never
        d.2   occasionally (e.g. once-twice a week or some nights)
        d.3   frequently (e.g. every day)

e) Mental state:

The mental state of the users of day centres were examined under the following levels;

        e.1   mentally alert
        e.2   mildly confused (e.g. sometimes forgetful)
        e.3   severely confused (e.g. mostly confused about time and space)

The methods of data collection used to obtain details on characteristics of users were structured questionnaires, interviews and the records of the day centres in the sample. As far as possible structured questionnaires for users were filled in during interview with users (Appendix I). Sometimes staff help was necessary, either because of the inability or fraility of users to answer questions or where questions seemed inappropriate to ask directly to users, for example those which might make them nervous or ashamed, such as, questions on continence or mental state. An additional source of data were the records which are kept in day centres. These provided some missing information on users which it had not been possible to collect in interviewing, for example on profile data (i.e. age, sex and marital status), health conditions, the services they use and their home conditions. Great care was taken to ensure confidentiality in gathering this information.

1.2 How to assess the users' requirements

The next methodological problem was to define users' requirements. Preliminary research and information from written sources indicated that these could be grouped under three main headings, which were activities, transport and staff provision.

1.2.1 Activities

In the research the type, range and frequency of activities and the level of involvement of users and staff were examined and recorded in each day centre in order to establish the overall pattern of activities in each one.

Most activities could be classified under the following four categories:

- Day care activities
- Social activities
- Art and craft activities
- Meals and snacks
- Others

In addition the method used to collect this data were, interviews with day care staff and/or the head of the day centre, supplemented by observations in the centres.

1.2.2 Transport provision

Details of transport provision was collected from staff and in addition, a question on this topic was included in the structured questionnaires administered to users. In this the following information was collected for every user:

Does this user;
Use transport service of day centre;
Come to centre on her/his own;
                                    by walking
                                    by bus

by private car or coach
other

1.2.3 Staff provision

The other type of user requirement was staff provision that various types of care and assistance provided by them. The data collected on staff provision was to ascertain some qualitative and quantitative characteristics of staff, such as, the type and number of staff, staff/user ratio, staff involvement in activities. The methods used in the collection of this data included, structured questionnaires which were filled in during interview with all the staff including domestic and cooks in each day centre, together with interviews were conducted with the head of all the day centres in the sample to obtain an overall view of the general pattern of staff work in each centre. The form of staff questionnaire is shown in Appendix (I) and included profile data of each staff member and questions to obtain their general comments and any problems which they experienced relating to the design of the physical setting in the parts of the centre where they usually worked.

1.3 How to relate (1.1) and (1.2) to the architectural setting

The dependence patterns and the requirements of users were related to the physical environment by use of plans of the day centres. Seven specific areas were identified inside the buildings. These were:

1	Multi-purpose room	5	Entrance halls – corridors
2	Dining room	6	Toilets and bathrooms
3	Lounge	7	Staff areas
4	Craft room		

Various observations were made and furniture arrangements were drawn in each of these areas to ascertain patterns of

93

activities in them and how these related to users' characteristics and staff assistance and attitudes in order to assess whether there was an effective fit between these and the design of the setting and if not, to identify any constraints and problems which existed.

The extent of fit in each area was assessed according to the following criteria:

- the area requirements of users and equipment in use
- access and circulation to facilities and various rooms
- location and design of the rooms and facilities and distances between them

2. Selection of sample

The next task was to select a sample of day centres according to the criteria defined in terms of the type, age, number and location of centres. It was proposed to examine a number of day centres of both types: Social day centres and day care centres. The first step was the identification of suitable day centres in different local authorities. The main difficulty was there was no generally accepted basis for classification of social day centres and day care centres though, the DHSS Local Authority Statistics provides some information on day centres for the elderly, such as, their numbers, number of places in day centres in each local authority.(8) Although there was a recent attempt to distinguish between different types of centres by those compiling these statistics, they had difficulty in identifying criteria for classifying different existing types of day centres for the elderly.(9)

Thus, in order to identify an appropriate sample, it was necessary to examine research papers published by Social Services Departments to attempt to discover how they classified their day centres. In addition, a number of

local authorities were identified from the DHSS Local Authority Statistics as providing a relatively high number of day centres compared with other local authorities.

Initially four London Boroughs and three other local authorities were identified as having the type of day centres required. Two of these were rejected for the research because of potential travel difficulties. A further two were unavailable, because they did not wish to collaborate with the research. Eventually one of the Boroughs and one local authority agreed to co-operate in the research and one day care centre and one social day centre in each were identified as appropriate for detailed fieldwork studies. Thus it was proposed to examine day centres of each type as follows:

> Social Day Centre 'A' (new)
>   Local Authority 1*
> Day Care Centre 'D' (old)
>
> Social Day Centre 'B' (old)
>   Local Authority 2
> Day Care Centre 'C' (new)

It was necessary to select two new day centre from each type which were opened relatively recently defined for the purpose of this study as up to two years old and two old centres from each type which were defined as more than five years old.

The period of time between opening years of the day centres and 1982 when the fieldwork took place are shown in Fig.9 and Fig.10. Thus, at the time of data collection in 1982;

> Centre 'A' was 1 year old (new)
> Centre 'D' was 6 years old (old)

---

*   The names of Local Authority 1 and Local Authority 2 are not identifed for the purpose of confidentiality in this research.
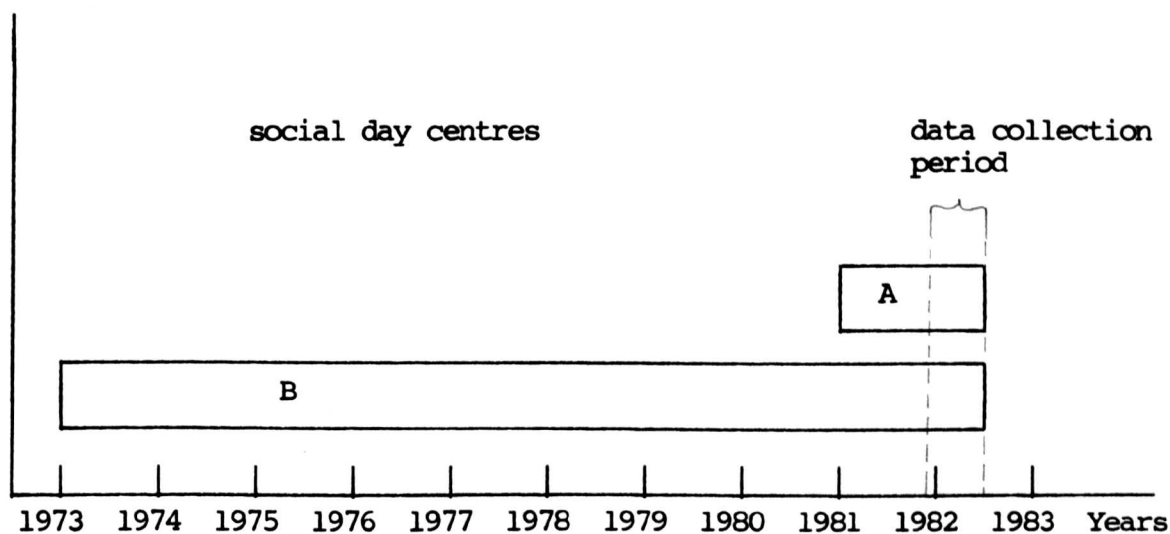
Fig.9 – The periods of which social day centres 'A' and 'B' have been in use from their opening dates to 1982.
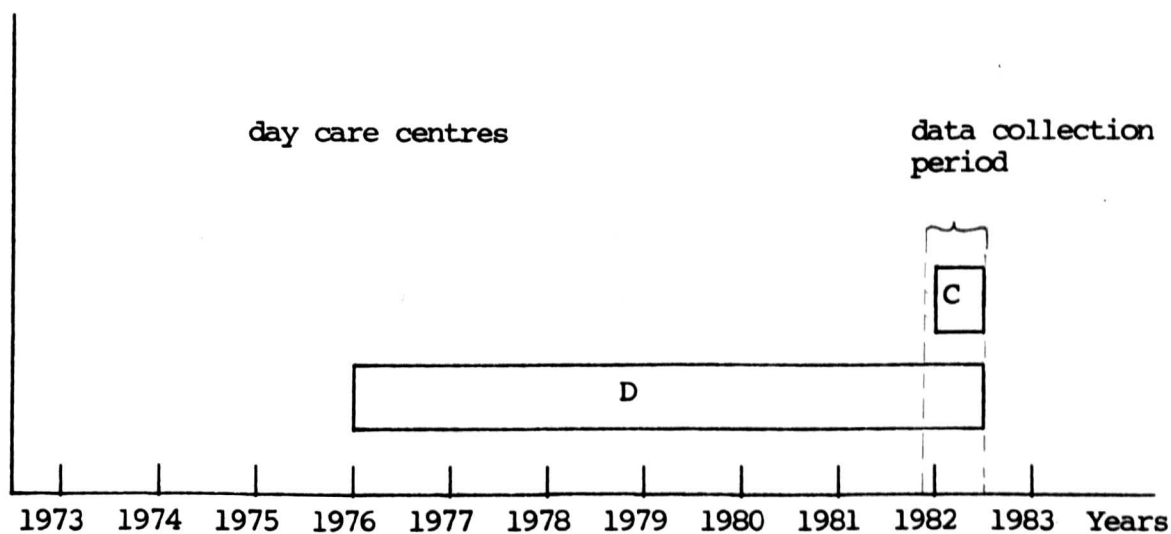
Fig.10 – The periods of which day care centres 'C' and 'D' have been in use from their opening dates to 1982.

Centre 'B' was 9 years old (old)
Centre 'C' was 6 months old (new)

When the research was carried out, these day centres were attended by the following number of elderly users as shown in Column 1. in Table 2. The numbers and percentages of these included in the sample for each centre is shown in Column 2. in Table 2.

	Column 1 Total numbers of Users	Column 2 The numbers and per-centages of users included in the sample
Social Day Centre 'A'	77	77 100%
Day Care Centre 'D'	91	91 100%
Social Day Centre 'B'	190 lunch registered	lunch 95 registered 50% of
	50 not registered	lunch registered
Day Care Centre 'C'	18	18 100%
		281

Table 2 - The number and percentages of users in the sample.

Thus in three day centres the total population (100%) of users was included in the users' sample, but in the fourth day centre constraints of time and staff availability meant that it was possible to obtain data for only 50% of the users (i.e. 95 users) who registered for lunch. In addition, all the staff in Social Day Centres 'A' and 'B' were included in the staff sample, but in Day Care Centre 'C' and 'D', one staff member from each centre was absent during the data collection period.

Finally, a number of methods were used to appraise the buildings during the fieldwork studies. These were examination and measurement of existing plans, observations in the buildings, how elderly people and staff used different spaces and interview with them, photographs were taken.

In this chapter the objectives and the theoritical framework of this research were identified. Three main propositions were put forward. The methods used and the sampling procedures were outlined. In the following three chapters, each of the three main propositions will be tested in great detail and the findings of this research will be presented in the concluding chapter.

REFERENCES

1. The shorter Oxford English Dictionary on historical principles, Vol. 1, Oxford University Press, 1973, p.1054.

2. Department of Health and Social Security and The Welsh Office, 'The Census of Residential Accommodation', 1970.

3. Ibid, p.27.

4. Avon County Council Social Services Department, 'Dependency Census - Residents in Homes for the Elderly and Mentally Infirm', November 1978, p.52.

5. Ibid, p.52.

6. Department of Health and Social Security, East Sussex Social Services Department, 'Growing Old in Brighton', HMSO, 1980, pp.45-51.

7. Building Research Team, 'Questionnaire formats' related to old people's homes research project, Oxford Polytechnic, 1976.

8. DHSS, 'Adult training centres for mentally handicapped and day centres for the mentally ill, the elderly and the younger physically handicapped' at 31 March 1982, England, Personal Social Services, Local Authority Statistics, A/F82/8, February 1983, p.(iv), pp.12-44.

9. Ibid, p.(ii).

CHAPTER VI

A COMPARISON BETWEEN A NEW SOCIAL DAY CENTRE AND A NEW DAY CARE CENTRE

The purpose of this chapter is to examine whether or not there is a clear distinction between social day centres and day care centres which have both opened recently (i.e. up to two years ago). In order to do this, the following proposition which was put forward in the previous chapter (p. 82) will be tested. The main proposition 1 is:

> If social day centres and day care centres have been provided recently, then there will be a clear distinction between these two types of day centres which can be demonstrated in terms of first, users' characteristics, activities, transport and staff provision and second, the relationship between these factors and certain features of the architectural setting. As both are new day centres a high level of fit would be expected between the users' requirements and the architectural setting in each day centre.

For the purpose of this investigation this proposition is broken down into two parts based on the main factors; these are referred to as Group I and Group II. The first group includes four key factors each of which has a group of related sub-propositions based on it which are 1) users' characteristics, 2) users' requirements (a-activities, b-transport provision, c-staff provision). In the second group seven main areas in the overall architectural setting are identified and certain criteria are set up in order to test the fit between Group I and Group II factors. The main areas of architectural setting are:

- Multi-purpose room
- Dining Room
- Lounge
- Craft Rooms
- Toilets, bathroom

- Entrance halls, corridors
- Staff areas

Four sets of sub-propositions are put forward based on the factors in Group I. These sub-propositions are based on what would be expected in different types of day centres according to the literature. In the first part of the chapter, these sub-propositions will be examined and in the second part, the relationship between them and the design variables in Group II will be considered. The sub-propositions are as follows:

Group I Sub-Propositions:

- **Users' characteristics**
  The users of day care centres have a higher level of dependence than the users of social day centres.

- **Activities**
  - Old people's reasons for attendance at social day centres are primarily to obtain social contact and undertake social activities whereas their reasons for attending day care centres are not only to obtain social contact but also to obtain day care.

  - Day care centres provide more care based activities and fewer social and art and craft activities than social day centres.

    Transport Provision
    - Special assistance with transport is required by a higher proportion of users of day care centres than users of social day centres.

- **Staff provisions**
  - Day care centres employ day care staff but social day centres do not.
  - Overall staff-user ratio is higher in day care centres than in social day centres
  - There is more staff involvement in activities in day care centres than social day centres.

Group II Sub-Proposition

In the second part of this chapter the relationship between the users' capabilities, their requirements and the architectural setting will be examined. Thus, Group II sub-proposition is:

If there are differences in users' characteristics and capabilities, activities and transport provided and the type of staff employed in new social day centres and new day care centres, then corresponding differences in the architectural setting of these two types of day centres would be expected; as these day centres are new a close fit between user requirements and the built environment would be anticipated in both types of day centres.

In order to test the main proposition 1, it is proposed to consider the factors in Group I and the level of fit between these and the aspects of the architectural setting listed in Group II in two recently established day centres of which 'A' is a Social Day Centre which was opened December 1980 with a total of 77 users and 'C' is a Day Care Centre which was opened January 1982 with a total of 18 users. An outline of the design of each day centre is given on Plan 1 and Plan 2, Plan 2a.

1.   Group I Sub-propositions
1.1 Users' characteristics

Sub-proposition - The users of day care centres have a higher level of dependence* than the users of social day centres.

In general the evidence supports this sub-proposition. This sub-proposition will be tested under the following headings which were examined in detail in Chapter V: Mobility characteristics; self-care characteristics; sight - hearing - speech characteristics; continence characteristics and mental characteristics.

1.1.1 Mobility characteristics

The data collected on the mobility characteristics of users in Social Day Centre 'A' and Day Care Centre 'C'

---

* The term of 'dependence' was defined in Chapter V on p.85
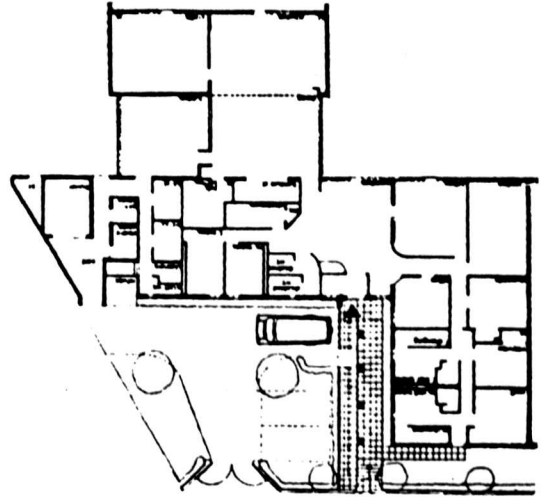
Plan 1 : Social Day Centre 'A'
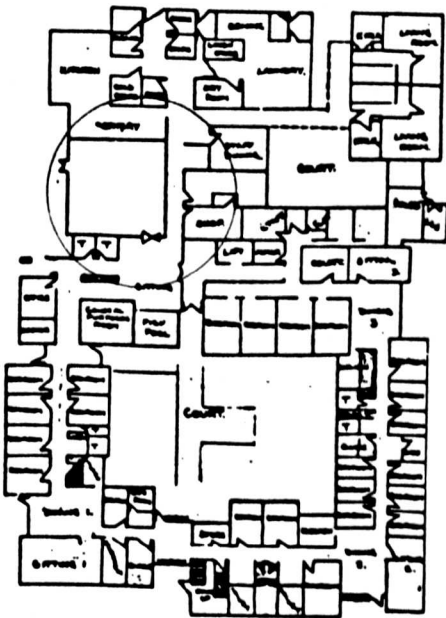
Plan 2a : Day Care Centre 'C'
and adjacent Old
People's Home

Plan 2 : Day Care Centre 'C'

demonstrate that in this respect there is a great difference between the users of the two day centres. Table 3 and Diagram 1 indicate that 100% of the users of Social Day Centre 'A' are able to walk unaided inside the day centre without receiving any help from other users or staff. However in Day Care Centre 'C' only 55.6% of the users are able to walk inside the day centre unaided, a further 22.2% are able to walk assisted by one person and the remaining 22.2% are never able to walk inside the day centre.

The contrasting mobility patterns of the users outside Day Centres 'A' and 'C' are shown in Table 4 and Diagram 2. In Social Day Centre 'A', 93.5% of the users are able to walk outside unaided, 3.9% need assistance from one person and 2.6% are unable to walk outside. However, in Day Care Centre 'C' only 27.8% of the elderly users are able to walk outside unaided, 39.0% require the assistance of one person, 5.6% need help from two people in order to walk outside whilst the remaining 27.8% are never able to walk outside.

The distinct differences in the walking capabilities of the users in Social Day Centre 'A' and Day Care Centre 'C', are reflected in the different level of use of mobility aids by the users of both day centres. For example, the majority of users of Social Day Centre 'A' do not need to use any walking aids but a comparatively high percentage of users of Day Care Centre 'C' use a wheelchair, a walking frame or a stick.

Before going on to examine in detail the use of each mobility aid in Social Day Centre 'A' and Day Care Centre 'C', it is proposed to illustrate the overall use of all walking aids (wheelchair inside and outside, walking frame

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	77	100	10	55.6
aided by 1 person	-	-	4	22.2
aided by 2 persons	-	-	-	-
never	-	-	4	22.2

total - 77 users   total - 18 users

Table 3 - The users ability to <u>walk inside</u> Social Day Centre 'A'
          and Day Care Centre 'C'.
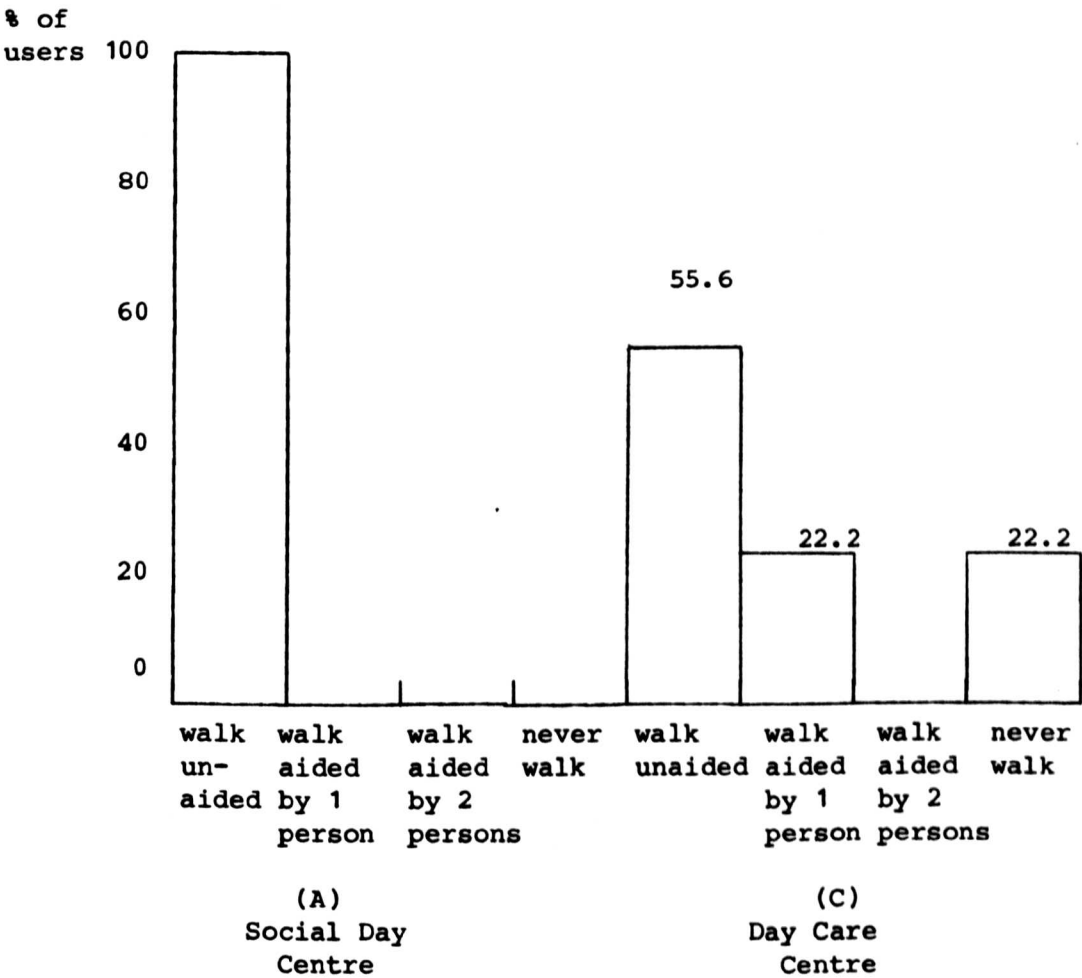
Diagram 1 - The mobility patterns of users inside Social Day Centre
             'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	72	93.5	5	27.8
aided by 1 person	3	3.9	7	39.0
aided by 2 persons	-	-	1	5.6
never	2	2.6	5	27.8

total - 77 users   total - 18 users

Table 4 - The users ability to walk outside Social Day Centre 'A'
and Day Care Centre 'C'.
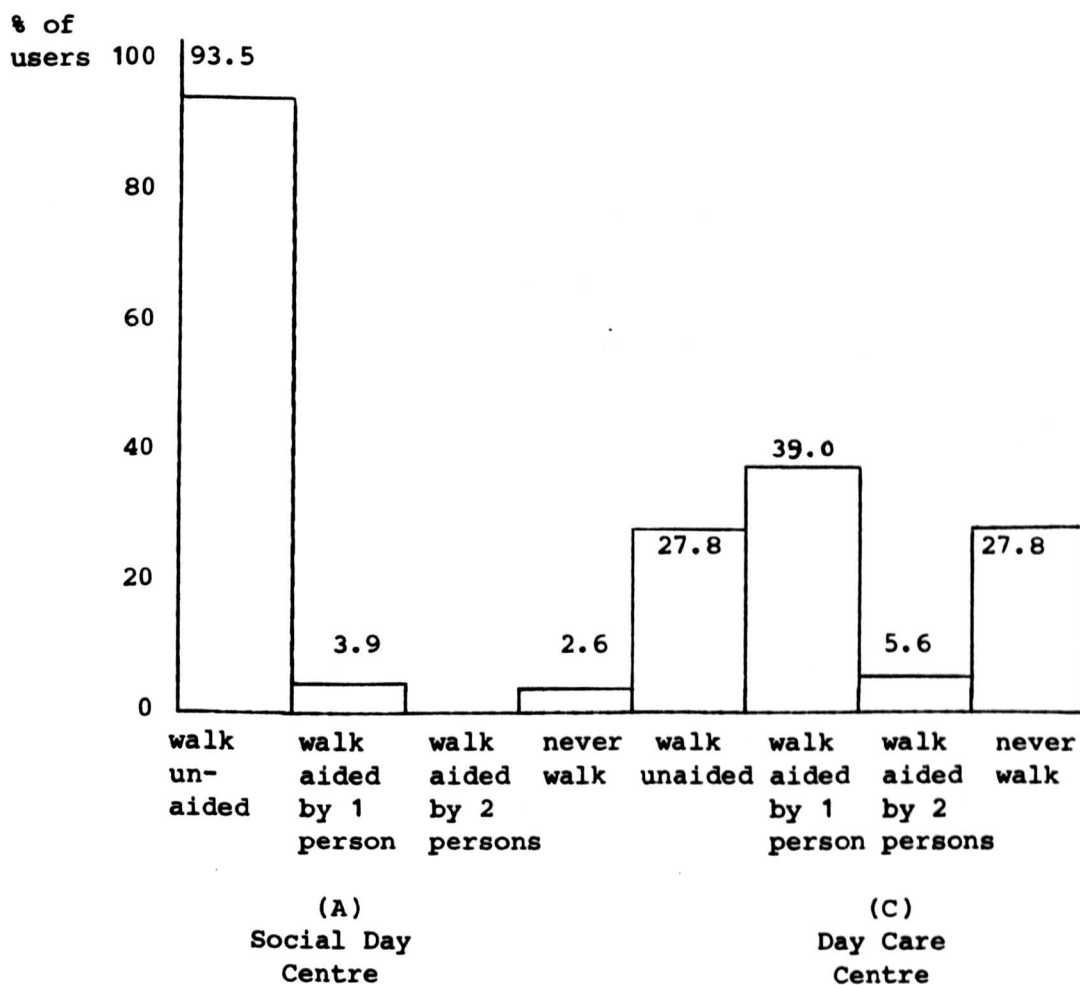
Diagram 2 -   The mobility patterns of users outside Social Day
Centre 'A' and Day Care Centre 'C'.

and stick) in one Table and a Diagram based on the percentages of users in each day centre who always use these aids, is presented. The purpose of this is to show the clear distinction between the day centres in the use of all mobility aids (Table 5 Diagram 3). In Social Day Centre 'A' most users do not use any walking aids; only 11.7% of them always use a stick and one user occasionally uses a wheelchair outside the buildings. In comparison, the users of Day Care Centre 'C' are much more dependent on wheelchairs and walking aids, with 33.3% of the users always requiring a wheelchair to move around inside the day centre and 50% of them always using a wheelchair outside the day centre. Walking frames are needed by 33.3% of the users for moving about inside the day centre and 16.7% of them always walk with a stick.

A clear distinction between the two day centres can be seen in the use of wheelchairs inside the buildings. None of the users of Social Day Centre 'A' ever use a wheelchair inside their day centre. However, the usage of wheelchairs is relatively high in Day Care Centre 'C', with 33.3% of the users always using a wheelchair to move around inside their day centre, 22.2% using a wheelchair occasionally and 44.5% never using a wheelchair (Table 6, Diagram 4).

The use of wheelchairs outside the building indicates another big difference between two day centres. As Table 7 and Diagram 5 show, 98.7% of the users of Social Day Centre 'A' never use wheelchairs outside their day centre and the remaining 1.3% only use one occasionally. In contrast, 50% of the users of Day Care Centre 'C' always use a wheelchair outside their day centre, 11.1% of them use one occasionally and 38.9% never use one outside.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
use of wheelchair in day centre	-	-	6	33.3
use of wheelchair outside day centre	-	-	9	50.0
use of walking frame	-	-	6	33.3
use of stick	9	11.7	3	16.7
never use any aids	68	88.3	3	16.7

Table 5   - The number and percentages of users who always use a wheelchair inside and outside Day Centres 'A' and 'C' and the usage of walking frames and sticks.
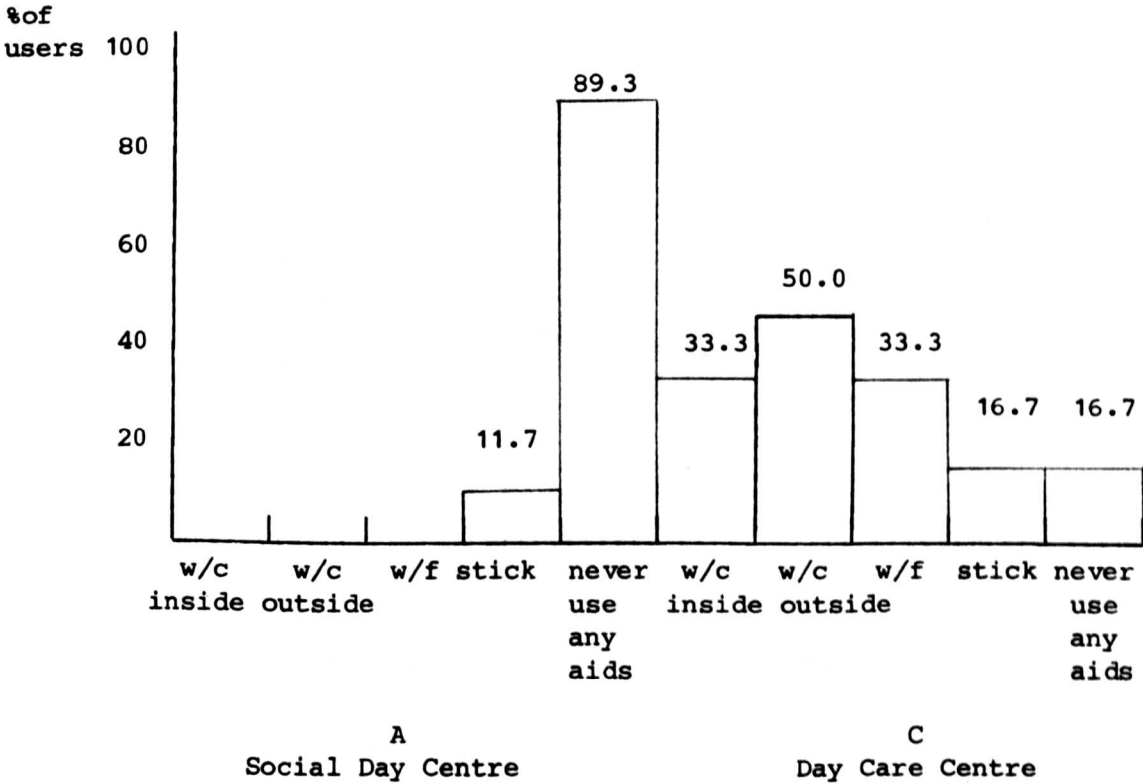
Diagram 3 - The pattern of permanent usage of wheelchairs, walking frames and sticks in Social Day Centre 'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
never	77	100	8	44.5
occasionally	—	—	4	22.2
always	—	—	6	33.3

Table 6 — The numbers and percentages of users who use wheelchairs in different categories in Social Day Centre 'A' and Day Care Centre 'C'.
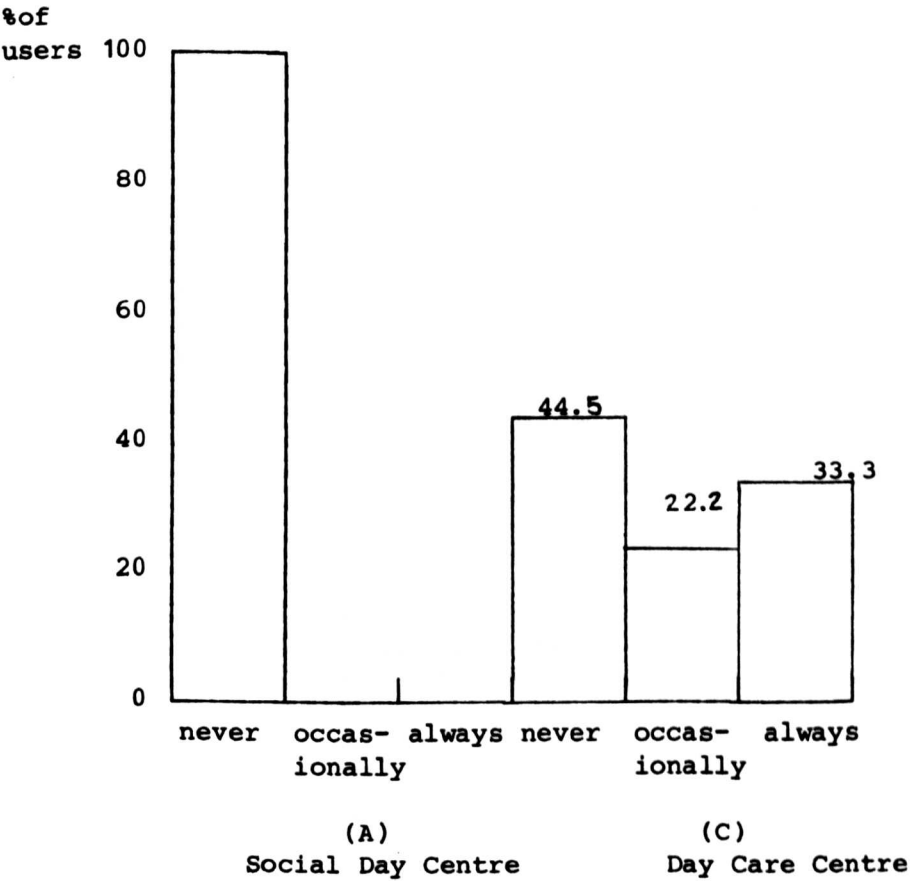
Diagram 4 — The pattern of use of wheelchairs in different categories in Social Day Centre 'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
never	76	98.7	7	38.9
occasionally	1	1.3	2	11.1
always	-	-	9	50.0

Table 7 — The numbers and percentages of users who use wheelchairs in different categories outside Social Day Centre 'A' and Day Care Centre 'C'.
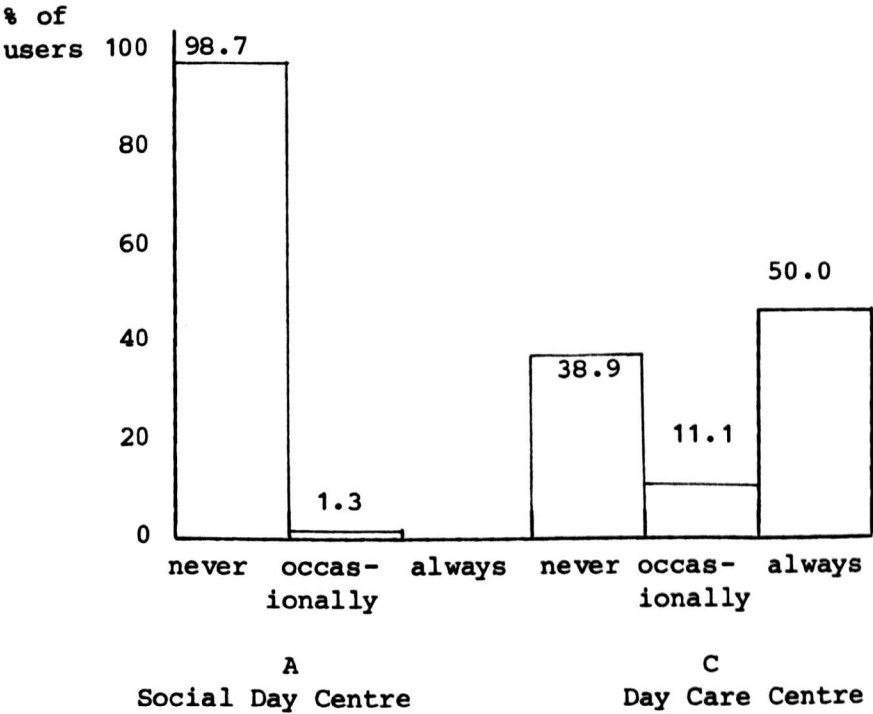
Diagram 5 — The pattern of use of wheelchairs in different categories outside Social Day Centre 'A' and Day Care Centre 'C'.

The usage of walking frames again shows a contrast between the two day centres. In Social Day Centre 'A' none of the users use a walking frame. However in Day Care Centre 'C', although 50% of the users never use a walking frame, 16.7% use one occasionally and the remaining 33.3% of the users always use a walking frame (Table 8, Diagram 6).

Although the data on the percentage of the use of walking sticks by the users of both day centres show some similarities, it is important to take into account the percentage of old people who use other walking aids. The percentage of stick usage by users in Social Day Centre 'A' is 11.7% but 88.3% of the users never use a stick nor do they use any other walking aid, with the exception of one person who occasionally uses a wheelchair outside. In the case of Day Care Centre 'C', 16.7% of users always use a stick, the remaining 83.3% never use one (Table 9, Diagram 7). However of those not using a stick, many use a walking frame or a wheelchair (Tables 6,7,8) and Diagrams 4,5,6).

Thus, in general the evidence shows a great difference between the users of the new social day centre and the new day care centre in terms of mobility (walking inside and outside of the day centres, the usage of wheelchairs, walking frames and sticks).

1.1.2 Self Care Characteristics

A further contrast between day centres 'A' and 'C' can be seen in self care activities, namely eating, washing hands, taking a bath, use of the WC and dressing. The vast majority of the users of Social Day Centre 'A' are capable of undertaking these activities on their own, but in contrast most of the users of Day Care Centre 'C' need some

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
never	77	100	9	50.0
occasionally	-	-	3	16.7
always	-	-	6	33.3

Table 8 – The numbers and percentages of users who use walking frames in different categories in Social Day Centre 'A' and Day Care Centre 'C'.
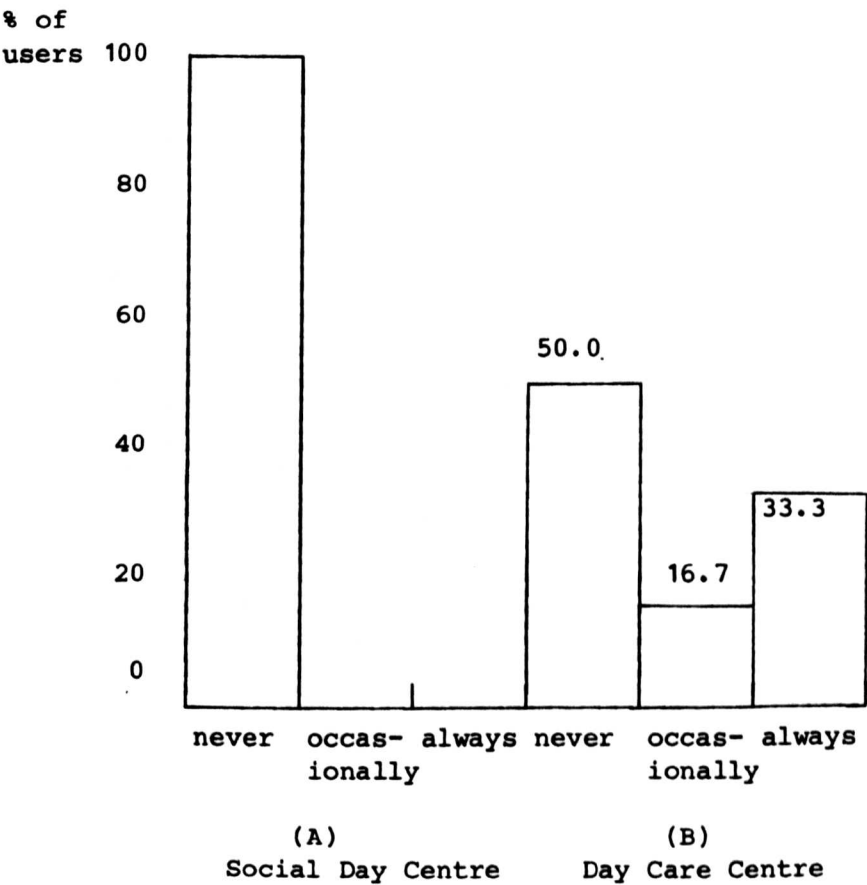
Diagram 6 – The pattern of use of walking frames in different categories in Social Day Centre 'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
never	68	88.3	15	83.3
occasionally	-	-	-	-
always	9	11.7	3	16.7

Table 9 - The numbers and percentages of users who use sticks in different categories in Social Day Centre 'A' and Day Care Centre 'C'.
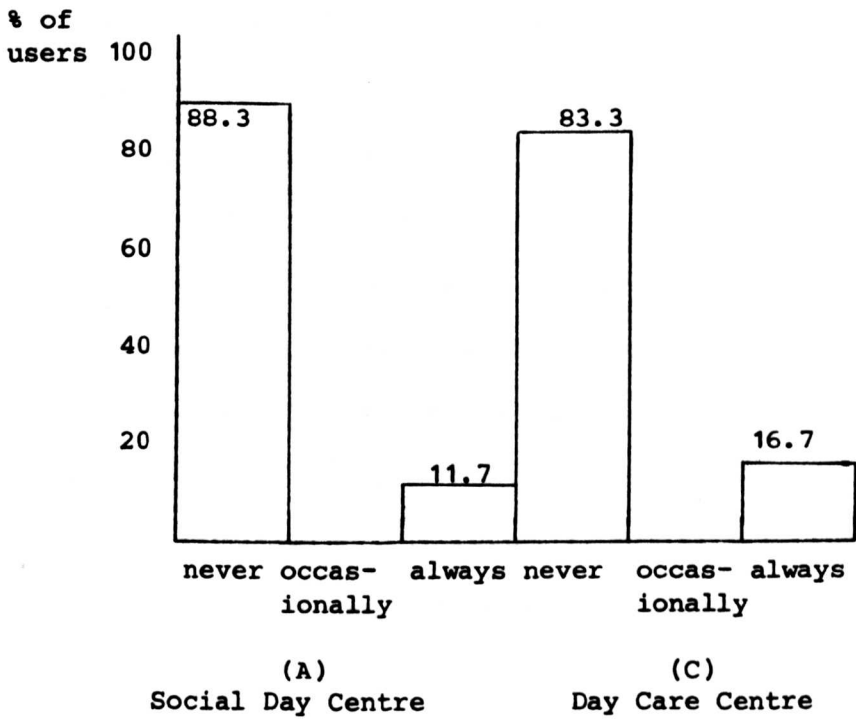
Diagram 7 - The pattern of use of sticks in different categories in Social Day Centre 'A' and Day Care Centre 'C'.

assistance from staff or other people to perform some of
these activities.

Table 10 and Diagram 8 show that all users of Social
Day Centre 'A' can eat unaided but 5.6% of the users of Day
Care Centre 'C' need some assistance from one person. All
the users of Social Day Centre 'A' are able to wash their
own hands, whereas in Day Care Centre 'C' only 77.8% can do
this, with the remaining 22.2% needing some assistance from
another person (Table 11, Diagram 9). The other big
difference in the two day centres is in the users' ability
to take a bath (Table 12, Diagram 10). In Social Day
Centre 'A' most users are able to have a bath without help
with only 5.2% requiring aid from one other person. In Day
Care Centre 'C' the comparative percentage for elderly
users who need assistance from one person is 83.3% whilst a
further 5.6% of the users of this day centre need
assistance from two people in order to have a bath.

None of the users of Social Day Centre 'A' need any
assistance to use the toilet. However in Day Care Centre
'C' whilst 55.6% of the users do not need any assistance
when using the WC, the remaining 44.4% need help from one
person (Table 13, Diagram 11).

Table 14 and Diagram 12 show that the percentage of
users able to dress themselves is 98.7% in Social Day
Centre 'A' with the remaining 1.3% requiring help from one
person. However in Day Care Centre 'C' only 44.4% of the
users are able to dress themselves unaided; the other
55.6% need help from another person.

In general, the data on self-care characteristics of
users demonstrate a clear distinction between the users of
the new social day centre and those of the new day care

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	77	100	17	94.4
aided by 1 person	-	-	1	5.6

Table 10 - The numbers and percentages of users who require assistance in <u>eating</u> in Social Day Centre 'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	77	100	14	77.8
aided by 1 person	-	-	4	22.2

Table 11 - The numbers and percentages of users who require assistance in <u>washing hands</u> in Social Day Centre 'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	73	94.8	2	11.1
aided by 1 person	4	5.2	15	83.3
aided by 2 persons	-	-	1	5.6

Table 12 - The numbers and percentages of users who require assistance in <u>bathing</u> in Social Day Centre 'A' and Day Care Centre 'C'.
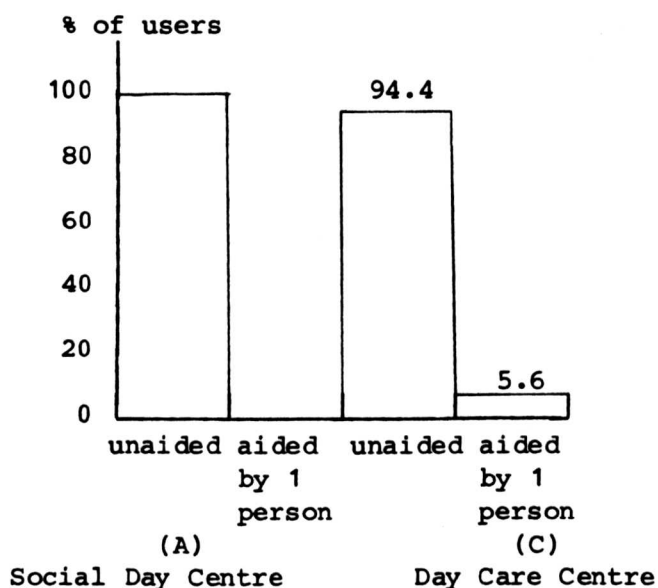
Diagram 8 - The pattern of <u>eating</u> in different categories in Social
Day Centre 'A' and Day Care Centre 'C'. (See Table 10)
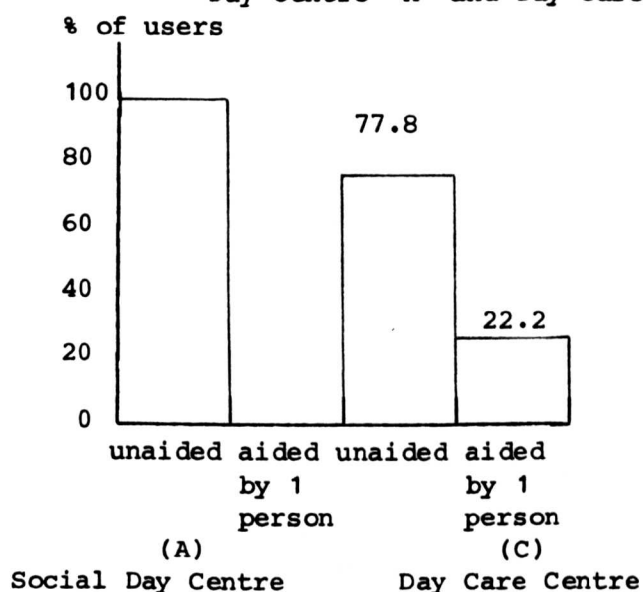
Diagram 9 - The pattern of <u>washing hands</u> in different categories in
Social Day Centre 'A' and Day Care Centre 'C'.(See Table 11)
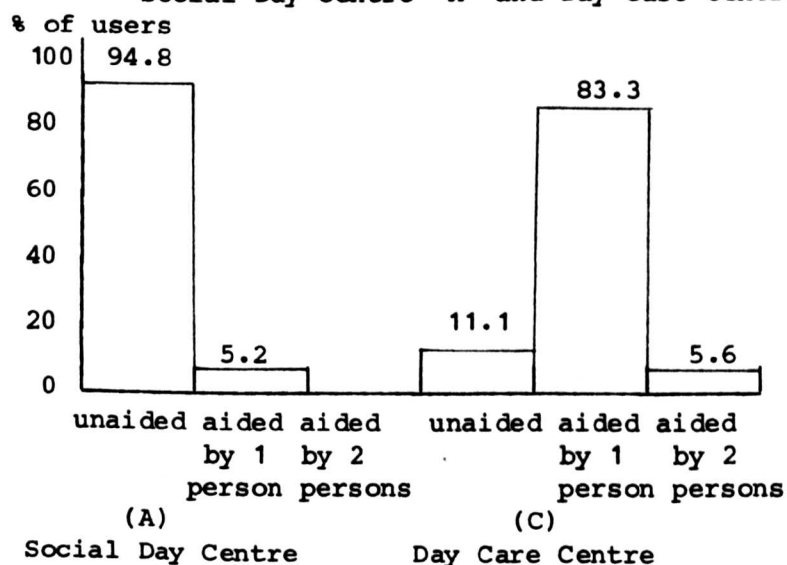
Diagram 10- The pattern of <u>bathing</u> in Social Day Centre 'A' and Day
Care Centre 'C'. (See Table 12)

116

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	77	100	10	55.6
aided by 1 person	-	-	8	44.4

Table 13 - The numbers and percentages of users who require assistance in <u>using the WC</u> in Social Day Centre 'A' and in Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
unaided	76	98.7	8	44.4
aided by 1 person	1	1.3	10	55.6

Table 14 - The numbers and percentages of users who require assistance in <u>dressing</u> in Social Day Centre 'A' and Day Care Centre 'C'.
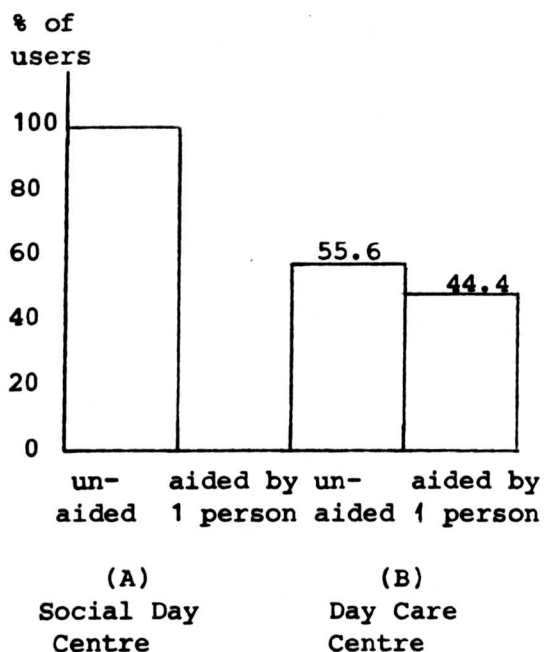
Diagram 11 - The pattern of using the WC in different categories in
            Social Day Centre 'A' and Day Care Centre 'C'.
            (See Table 13)
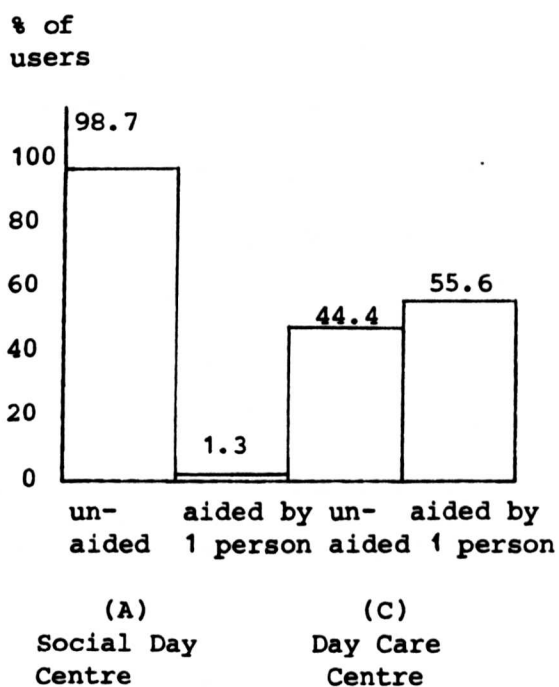
Diagram 12 - The pattern of dressing in different categories in
            Social Day Centre 'A' and Day Care Centre 'C'.
            (See Table 14)

centre. Whilst almost all users of the new social day centre were capable of undertaking self-care activities, many users of the new day care centre were unable to undertake these and required assistance from one or two staff members.

1.1.3 Sight – Hearing – Speech Characteristics

A further distinction between the characteristics and capabilities of users of Social Day Centre 'A' and Day Care Centre 'C' can be seen in their capacities for sight, hearing and speech. Table 15 and Diagram 13 show that 96.1% of the users of Social Day Centre 'A' have complete capacity in sight but this percentage decreases to 66.7% in the case of the users of Day Care Centre 'C'. Only 2.6% of the users of Social Day Centre 'A' have partial capacity in sight, however in Day Care Centre 'C' the comparable percentage is 27.8%. Additionally, 1.3% of users of Social Day Centre 'A' and 5.6% of the users of Day Care Centre 'C' have little capacity in sight.

As Table 16 and Diagram 14 show in both day centres, the percentage of users with no hearing problems is relatively high with 89.6% of the users of Social Day Centre 'A' and 72.2% of the users of Day Care Centre 'C' having complete capacity to hear. A further 7.8% of the users in Social Day Centre 'A' have partial capacity in hearing whereas this percentage is 11.1% of the users of Day Care Centre 'C'.

There are no users of Social Day Centre 'A' with little capacity to hear, but 16.7% of the users of Day Care Centre 'C' fall into this category. Finally, 2.6% of the users of Social Day Centre 'A' are totally deaf, but in Day Care Centre 'C' nobody is in this group.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
complete capacity	74	96.1	12	66.7
partial capacity	2	2.6	5	27.8
litte capcity	1	1.3	1	5.6

Table 15 - The numbers and percentages of state of sight of users in social Day Centre 'A' and in Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
complete capacity	69	89.6	13	72.2
partial capacity	6	7.8	2	11.1
little capacity	-	-	3	16.7
no capacity	2	2.6	-	-

Table 16 - The numbers and percentages of state of hearing of users in Social Day Centre 'A' and Day Care Centre 'C'.

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
complete capacity	75	97.4	13	72.2
partial capacity	-	-	4	22.2
little capacity	2	2.6	1	5.6

Table 17 - The numbers and percentages of state of speech of users Social Day Centre 'A' and Day Care Centre 'C'.
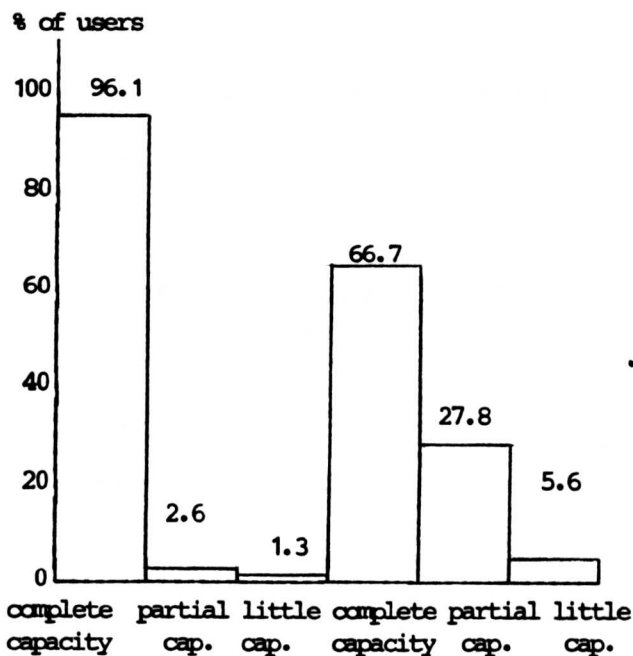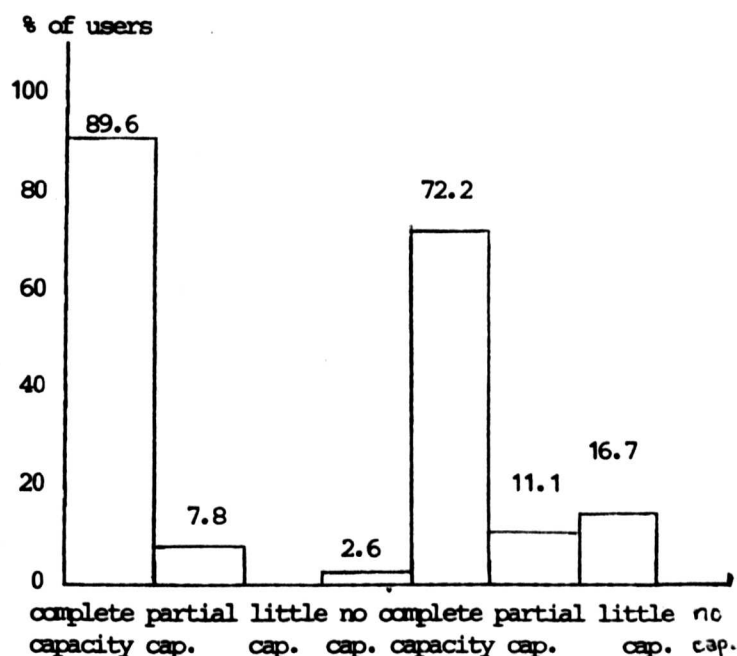
Diagram 13 - The pattern of sight capacities of users in Social Day Centre 'A' and Day Care Centre 'C'. (See Table 15)

Diagram 14 - The pattern of hearing capacities of users in Social Day Centre 'A' and Day Care Centre 'C'. (See Table 16)
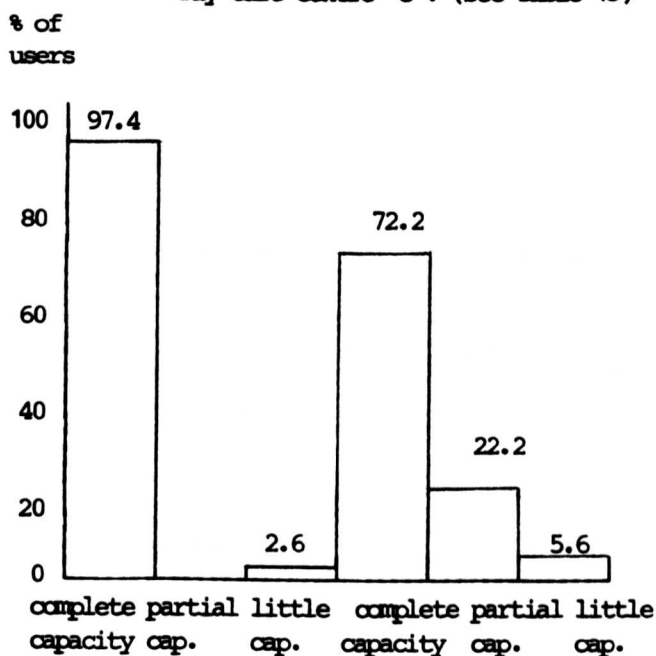
Diagram 15 - The pattern of speech abilities of users in Social Day Centre 'A' and Day Care Centre 'C'. (See Table 17)

121

There is a greater contrast between the two day centres in their users' capacity for speech as shown on Table 17 and Diagram 15. These show that 97.4% of the users of Social Day Centre 'A' have complete capacity but this percentage is 72.2% in the case of the users of Day Care 'C'. Although nobody in Social Day Centre 'A' has partial speech capacity, 22.2% of the users of Day Care Centre 'C' fall into this category. In Social Day Centre 'A' only 2.6% of the users have little speech capacity and these are the same people who have no hearing capacity. They were born deaf and this has affected their ability to speak. In Day Care Centre 'C', 5.6% of the users have little capacity in speech.

The evidence on sight-hearing-speech characteristics of users shows the contrast between two day centres. With few exceptions most of the users of the new social day centre have complete capacity in sight-hearing and speech but, over a quarter of users in each category have incapacities in the new day care centre.

1.1.4 Continence characteristics

One of the main differences between Social Day Centre 'A' and Day Care Centre 'C' is the extent two which incontinence of the users is a problem. Almost all (98.7%) of the users of Social Day Centre 'A' are continent but this percentage decreases to 72.2% for the users of Day Care Centre 'C'. The remaining 1.3% of the users of Social Day Centre 'A' are said to be incontinent but the staff of the Centre emphasised that there have been no instances of this at the day centre. However, in Day Care Centre 'C' 22.2% of the users are occasionally incontinent and 5.6% of them are frequently incontinent. Nobody is doubly

incontinent in either day centre, because the elderly who are doubly incontinent are not accepted in these day centres and also nobody became doubly incontinent over time in Social Day Centre 'B' (Table 18, Diagram 16).

Thus, the data on continence characteristics of users shows the clear distinction between the two types of day centres. Although all except one user of the new social day centre are continent, over a quarter of users in the new day care centre are incontinent.

1.1.5 Mental characteristics

There are differences in the mental state of the users of Social Day Centre 'A' and Day Care Centre 'C'. Almost all users (98.7%) of Social Day Centre 'A' are mentally alert and the remaining 1.3% are mildly confused. In Day Care Centre 'C' a much lower percentage (72.2%) of the users are mentally alert and the rest are mildly confused (27.8%) (Table 19 and Diagram 17).

The evidence on mental characteristics of users confirms the contrast between the two types of day centres once more. Although except one user, users of the new social day centre are mentally alert, over a quarter of users of the new day care centre are mentally confused.

1.1.6 Summary

In this examination of the first sub-proposition of the Group I sub-propositions, the differences between the users' characteristics in Social Day Centre 'A' and Day Care Centre 'C' were explored. The evidence considered supports the first sub-proposition as it showed that with one or two exceptions, the users of Social Day Centre 'A' are generally much more able in mobility and self-care

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
never incontinent	76	98.7	13	72.2
occasionally incontinent	1	1.3	4	22.2
frequently incontinent	-	-	1	5.6

Table 18 – The numbers and percentages of <u>continence characteristics</u> of users of Social Day Centre 'A' and Day Care Centre 'C'.
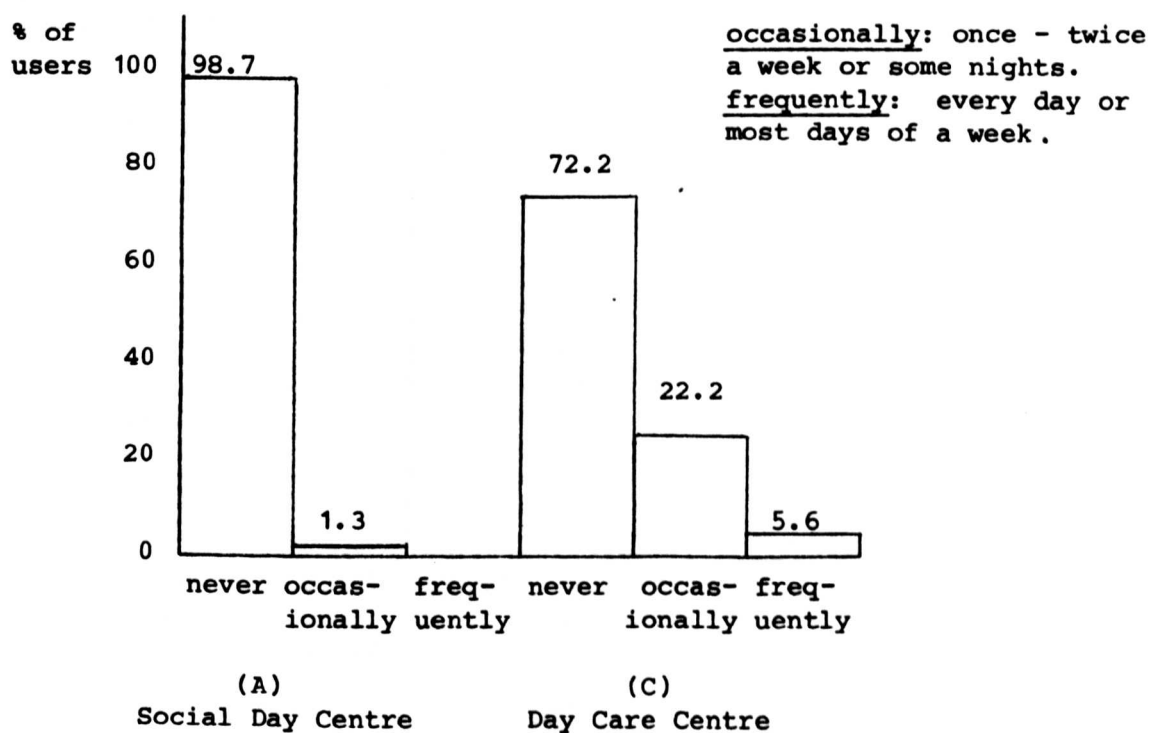
Diagram 16 – The continence patterns of users in Social Day Centre 'A' and Day Care Centre 'C'. (See Table 18)

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
mentally alert	76	98.7	13	72.2
mildly confused	1	1.3	5	27.8
severely confused	-	-	1	-

Table 19 - The numbers and percentages of users <u>mental state</u> in Social Day Centre 'A' and Day Care Centre 'C'.
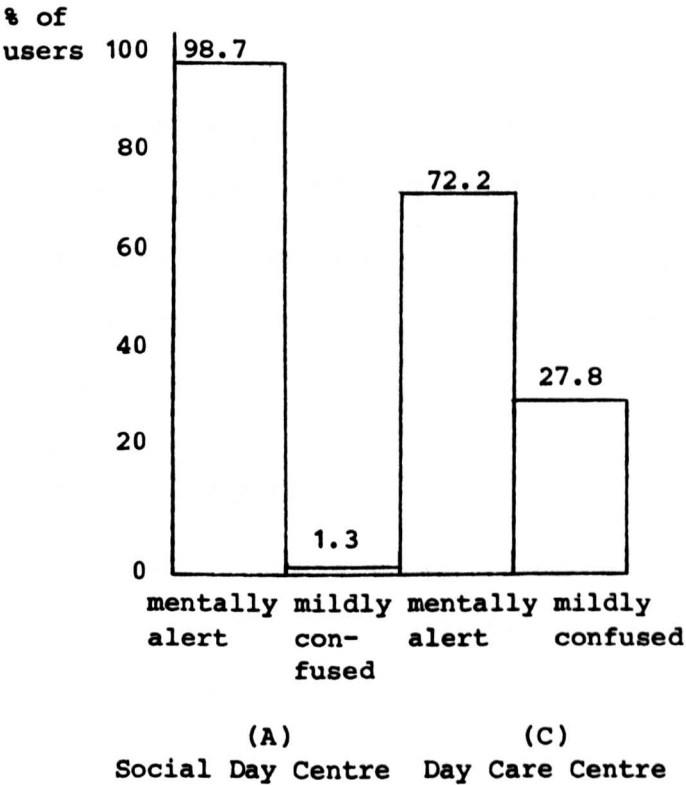
Diagram 17 - The patterns of mental state of users in Social Day Centre 'A' and Day Care Centre 'C'. (See Table 19)

activities than the users of Day Care Centre 'C'. The latter had a much higher level of dependence requiring more assistance from other people or they used aids to undertake these activities. There is a similar contrast in the patterns of users' continence, mental state and sight - hearing - speech capabilities in the two day centres, with the vast majority of users of Social Day Centre 'A' having no difficulties whereas a much higher percentage of users of Day Care Centre 'C' have problems in each of these categories.

As explained in Chapter V, elderly people with different capabilities are likely to attend day centres for different reasons and so require different activities, transport provision and help from staff. In the next section, the differences between the various activities undertaken in the two day centres will be examined. The first part of it considers, the reasons for users' attendance at a day centre and the second part is concerned with the type of activities which take place in both day centres.

1.2 Activities

This section is concerned with users' reasons which either were given by staff or the users, for attendance at a day centre and with activities taking place in day centres. There are two sub-propositions relating to these.

1.2.1 Reasons for attendance

Sub-proposition - Old people's reasons for attendance at social day centres are primarily to obtain social contact and undertake social activities whereas the reasons for attending day care centres are not only to obtain social contact but also to obtain day care.

In   general,   the   evidence   supports   this

sub-proposition. The type, number and percentages of users' reasons for attendance at day centres 'A' and 'C' are illustrated in Table 20 and Diagram 18. They show that 89.6% of the users, in Social Day Centre 'A' attend a day centre to obtain social contact whilst the corresponding percentage for Day Care Centre 'C' is lower at 66.7%. Although 14.3% of the users of Social Day Centre 'A' come to the day centre to relieve their loneliness, none of the users of Day Care Centre 'C' are attending for this reason. One of the differences in the reasons given for attending these two day centres is that there is nobody in Social Day Centre 'A' who comes to the day centre to provide relief for their relatives, but 66.7% of the users in Day Care Centre 'C' are attending a day centre for this reason.

Although Diagram 18 shows clearly that the main reason for attending both day centres is to obtain social contact, it also shows that in Day Care Centre 'C', there is an additional crucial reason, namely to provide relief to the users' relatives. The other reasons given present a different pattern for each day centre. In Social Day Centre 'A', the opportunity to have food, art and craft sessions, indoor games, dance and music and some occupation outside the home are the other reasons given for attending the day centre. In contrast, in Day Care Centre 'C', the other reasons which were given by staff are to obtain day care, stimulation, rehabilitation, to prevent depression and to encourage physical mobility.

The evidence on this sub-proposition demonstrates that, the main reasons of users for attendance at the new social day centre are to obtain social contact and to undertake

127

to/for/because	Social Day Centre 'A'		Day Care Centre 'C'	
	number of users	percentage of users	number of users	percentage of users
Social Contact	69	89.6	12	66.7
Relieve loneliness	11	14.3	-	-
Avoid isolation	2	2.6	4	22.2
Prevent depression	5	6.5	2	11.1
General day care	-	-	2	11.1
Stimulation & care	-	-	3	16.7
Rehabilitation	-	-	2	11.1
Physical mobility	-	-	1	5.6
Occupation out of home	3	3.9	-	-
Relieve relative	-	-	12	66.7
Food	8	10.4	-	-
Art & craft	16	20.8	-	-
Indoor games	9	11.7	-	-
Dancing - music	14	18.2	-	-

Table 20 - The numbers and percentages of users who gave reasons for needing a day centre in Social Day Centre 'A' and Day Care Centre 'C'.

percentage
of users

1 Social contact
2 Relief loneliness
3 Avoid isolation
4 Prevent depression
5 General day care
6 Stimulation and care
7 Rehabilitation
8 Physical mobility
9 Occupation out of home
10 Relief relative
11 Food
12 Art and craft
13 Indoor games
14 Dancing – music
   (See Table 20)

reasons for
needing day
centre.

(A)
Social Day Centre

(C)
Day Care Centre
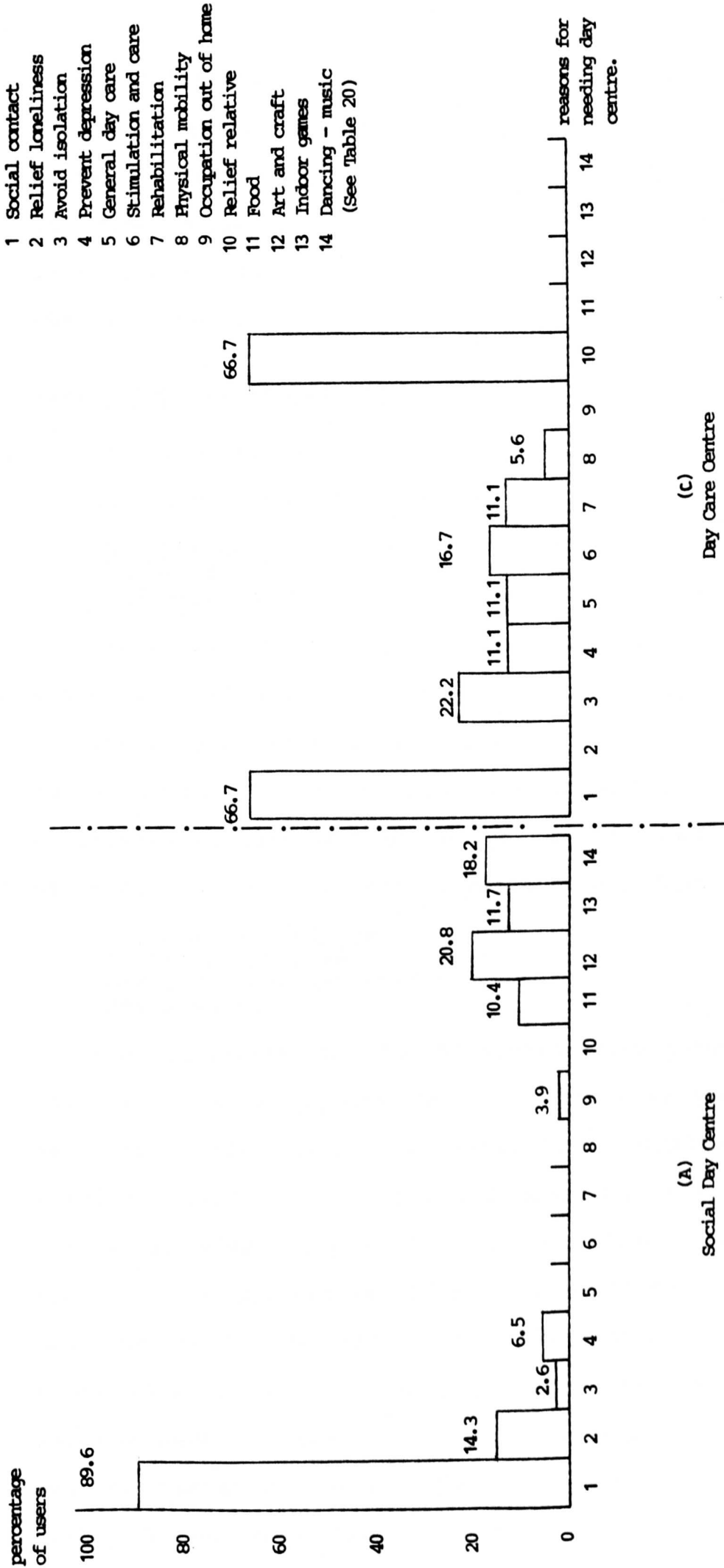
Diagram 18 – The patterns of needing a day centre of users in Social Day Centre 'A' and Day Care Centre 'C'.

social activities. However, in the new day care centre, the main reasons for attendance are, not only to obtain social contact, but also to obtain day care. In the new day care centre an additional crucial reason emerged which is to provide relief to the caring relatives or friends of the very frail.

1.2.2 Type of activities

In this section, the sub-proposition is related to activities carried out in day centres.

> Sub-proposition - Day Care centres provide more care-based activities and fewer social and art and craft activities than social day centres.

This sub-proposition is largely supported by the evidence provided. In order to test this proposition, it is necessary to examine, the patterns of activities in both day centres. Table 21 shows the range and frequency of activities in each day centre and the level of involvement of users. Activities were classified into four categories:

- Day care activities
- Social activities
- Art and craft activities
- Meals/snacks

Table 21 indicates that the main difference between the two day centres is that, Day Centre 'C' provides facilities or assistance for self-care activities namely, feeding, washing, bathing, toileting and dressing, but Social Day Centre 'A' does not provide such facilities. Some of the users of Day Care Centre 'C' receive staff help in carrying out these activities according to their need; 5.6% of these users receive help in feeding, 11.1% have staff help in washing several times in a day and from 11.1% to 16.7% receive assistance from staff in taking a bath once a week. In the same day centre from 11.1% to 16.7% of the

I. Day care Activities
A. Self care activities

	(A) Social day centre				(C) Day care centre			
	Yes	No. of users	% of users	Freq. of the activity	Yes	No of users	% of users	Freq. of the activity
Feeding	−				✓	1	5.6	2/7
Washing	−				✓	2	11.1	several times 5/7
Bathing	−				✓	2–3	11.1–16.7	1/7
Toileting	−				✓	2–3	11.1–16.7	several times 5/7
Dressing	−				✓	2	11.1	1/7

B. Mobility training & Physical care activities

	Yes	No. of users	% of users	Freq. of the activity	Yes	No of users	% of users	Freq. of the activity
Musical Movement	✓	25–30		1/7	✓	5–7DC +10 – 12OPH		1/7
Occupational Therapy	−				−			
Physiotherapy	−							
Hairdressing	−				✓	2–3	11.1–16.7	2/7
Chiropody treatment	−				−			

C. Teaching and other Training activities

	Yes	No. of users	% of users	Freq. of the activity	Yes	No of users	% of users	Freq. of the activity
Kitchen training	−				−			
Laundry training	−				−			
Bathroom training	−				−			
Bedroom training	−				−			

II. Social Activities
A. Entertainment activities

	Yes	No. of users	% of users	Freq. of the activity	Yes	No of users	% of users	Freq. of the activity
Dancing	✓	30–50	40–65	1/7	−			
Sing songs	✓	10–40		various	✓	8–12	44.4–66.7	various
Film shows	−				−			
Concerts	✓	50–60		4 times a year	−			

B. Indoor games

	Yes	No. of users	% of users	Freq. of the activity	Yes	No of users	% of users	Freq. of the activity
Bingo	✓	35–50		2/7	✓	20–25 DC & OPH		2/7
Card games	✓	various		5/7	✓	2–4	11.1–22.1	2–3/7
Chess and other board games	✓	various		5/7	−			

	(A) Social day centre					(C) Day care centre			
	Yes		No. of users	% of users	freq.of the activity	Yes		No of users	% of users	freq. of the activity
Darts	✓		various		5/7	–				
Snooker	✓		various		5/7	–				
C. Others										
Reading	✓		1–2		various	✓		1–2	5.6–11.1	5/7
Watching T.V.	✓		various		5/7	–				
III Art & Craft Activities										
A. Dry craft work										
Sewing	–					✓		1	5.6	5/7
Knitting/Crochetting	✓		12		5/7	✓		2–5	11.1–27.8	5/7
Macramé	✓		5–6		1/7	–				
Toy making (soft)	✓		20		5/7	✓		1–2	5.6–11.1	5/7
Basket making	✓		15		1/7	✓		1–3	5.6–16.7	5/7
Woodwork	–					–				
B. Wet art and craft work										
Painting/mosaic	–					✓		3–5DC DC + 15OPH	16.7–27.8 35OPH	5/7
Pottery	–					–				
IV. Meals/snacks										
Meals	✓		min 45 max 58		5/7	✓		min 4 max12	22.2–66.7	1/7
Snacks	✓		various		5/7	✓		various		5/7
Tea/coffee	✓		40–58		5/7	✓		4–12	22.7–66.7	5/7

Table 21 – The activities which take place in Social Day Centre 'A' and Day Care Centre 'C' and the numbers and percentages of users who involved in each activity and the frequency of activities in each day centre.

132

users require help in toileting several times in a day. Lastly, 11.1% of the users of Day Care Centre 'C' receive assistance in dressing themselves at least once a week.

In order to give mobility training and promote physical fitness, both day centres provide musical movement sessions for group of users but the form of this activity is quite different in each day centre. In Social Day Centre 'A', the musical movement activity is mixed with dancing. As the users have few disabilities, they undertake this activity with vigour, standing, turning, dancing and jumping to the music. However, in Day Care Centre 'C' the users' who attend the musical movement session tend to be very frail and unable to stand so instead they sit on their chairs in a circle, with the teaching staff also sitting on chair. This difference in the way this activity is performed is important because it has different space implications which will be discussed later.

Although, Day Care Centre 'C' provides a hairdressing service for its users, Social Day Centre 'A' does not offer this at the moment, but the organiser mentioned that they might provide it in the future as most of the female users would like to have a hairdresser at their day centre.

In the case of social activities, Social Day Centre 'A' provided more entertainment than the Day Centre 'C'. This entertainment takes the form of concerts and dances. The concerts take place four times a year. A dance session is organised once a week and the level of attendance is very high with between 40% and 65% of the total number of users taking part. Both day centres have sing-songs from time to time. In Social Day Centre 'A' either one of the users plays the piano and the others

sing, or they sing to music provided by a record player. In Day Care Centre 'C', one of the staff plays the piano and the users sing. In both day centres users play indoor games, such as bingo and cards. However, other games which require strong hand and arm movements and/or the careful attention of the users, such as snooker, darts, chess and other board games are not available in Day Care Centre 'C'. In Social Day Centre 'A' where the active elderly people enjoy all these games.

From Table 21, the provision of art and craft activities appears similar in both day centres. In Social Day Centre 'A', the users do knitting, crochetting, macramé, soft toy making and basket making. All these are done in Day Care Centre 'C' except macramé. In addition, users do the other activities including sewing. However, this quantitive description does not illustrate how these activities are carried out in practice. If users' output from these activities are examined, the results are dissimilar. For example, the users of Social Day Centre 'A' produce various goods such as toys, baskets and crochet mats of professional quality. In comparison, the things produced in similar art and craft sessions in Day Care Centre 'C' are very primitive and simple. This provides a further indication of differences between the abilities of the users of Social Day Centre 'A' and Day Care Centre 'C'. Although the users of Day Care Centre 'C' are less able to produce high quality handiwork, the care staff in this day centre emphasised the craft work plays an important role in terms of keeping the elderly users mentally occupied and encourages therapeutic movements of hands and fingers.

Once a week a painting class takes place in Day Care

Centre 'C'. Staff emphasised that this is not only a creative activity but also provides an opportunity for both the users of the day care centre and the residents of the old people's home to mix.

In both day centres, meals, snacks, coffee or tea are served. All users of Day Care Centre 'C' have lunch in the day centre. In Social Day Centre 'A' only 7.8% of users do not have lunch in the day centre because they only attend during the afternoons. The rest of users have lunch there and they very much appreciated having this provision in their day centre.

In broad terms, the data on activities, show that, some facilities are provided for day care activities in the new day care centre, but these are not available in the new social day centre. In the case of social, art and craft activities, the new social day centre provides more activities than the new day care centre.

1.3 Transport provision

Sub-proposition - Special assistance with transport is required by a higher proportion of the users of day care centres than the users of social day centres.

The evidence from the two day centres investigated supports this proposition, as all users of Day Care Centre 'C' require assistance with transport whereas none of the users of Social Day Centre 'A' need this. Table 22 and Diagram 19 show the form of transport used by people attending these two day centres and reveal a clear distinction between their patterns of transport provision.

All users of Social Day Centre 'A' are able to come and go from this day centre without any special transport

	Social Day Centre 'A'		Day Care Centre 'C'	
	Number of users	Percentage of users	Number of users	Percentage of users
day centre transport	-	-	15	83.3
walking	56	72.7	-	-
bus	7	9.1	-	-
private car	11	14.3	3	16.7
others (tube, motorbike)	3	3.9	-	-

Table 22 - The numbers and percentages of users who use different types of <u>transport</u> in order to attend Social Day Centre 'A' and Day Care Centre 'C'.
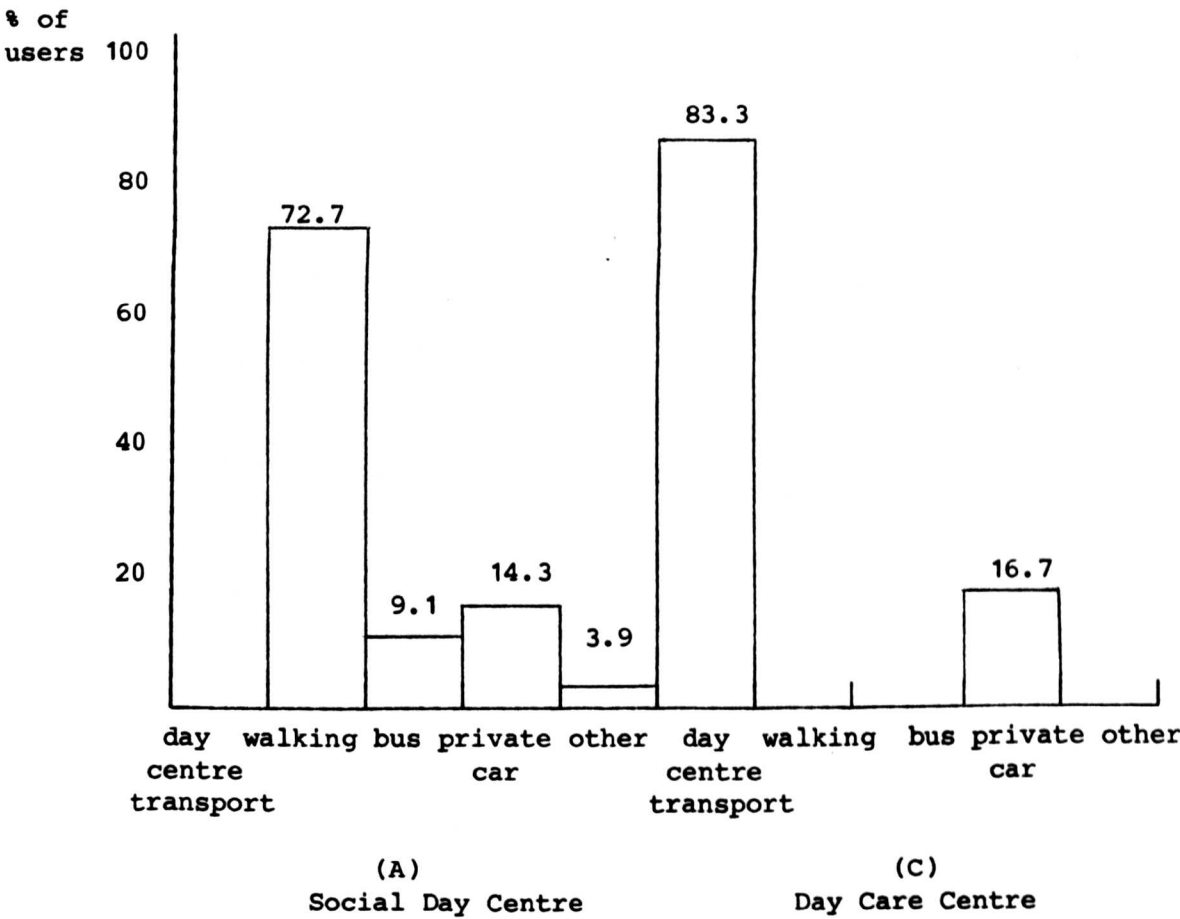
Diagram 19 - The patterns of transport used by users to attend Social Day Centre 'A' and Day Care Centre 'C'.

provision; 72.7% of these users walk to the day centre, 9.1%
use a bus, 14.3% drive there in their private cars and the
remaining 3.9% use the tube or come on a motorbike. In
contrast, all users of Day Care Centre 'C' require
assistance with transport; 83.3% of these users are taken to
and from the day centre in a specially designed vehicle with
a lift which enables wheelchair and walking frame users to
get into the car easily. The other 16.7% of users are
driven to the day centre by relatives using their own car.

Thus, the users of Day Care Centre 'C' need special
transport to enable them to attend, as their lack of
mobility, the relatively high levels of mental infirmity,
sight, hearing, speech deficiencies and other infirmities
mean that they are unable to use any form of public
transport or to walk to the day centre.

1.4 Staff provision

The fourth group of sub-propositions are concerned with
the levels and the types of staffing of both day centres:

Sub-proposition - Day Care Centres employ day
care staff but, social day centres do not.

Sub-proposition - Overall staff-user ratio is
higher in day care centres than in social day
centres.

Sub-proposition - There will be more staff
involvement in activities in day care centres
than social day centres.

Evidence from this study supports this group of
propositions in terms of staff/user ratios, type of staff
and staff role in the sense of tasks undertaken.

As shown earlier in this chapter, day care centre users
need assistance in self-care activities and in moving from
one room to another in the day centre. In addition, many

need some general supervision, particularly the mentally infirm, care staff are employed to provide this as required.   In Day Care Centre 'C' there are only 10-12 users attending each day and two full-time day care staff are employed to work in both, the day care centre and the adjacent old people's home.   One of these staff is always with the day centre users whilst the other works either in the day centre or in the old people's home depending on demand for help from the users.

There are other staff who work part-time and come to the day centre for a certain number of hours on specific days of the week.   These are an occupational therapist who comes for one hour per week to take a musical movement group and an art teacher who runs a two our painting class each week.   In addition, a hairdresser visits one morning per week plus one whole day per fortnight and her time is shared between the residents of the old people's home and the day care centre users.   Although the two care staff are responsible for organising the daily routine for the 10-12 day care centre users, the overall organiser of the old people's home and the day care centre and his deputy are responsible for administration in both of them.

Social Day Centre 'A' is run by an organiser and her deputy assisted by three part-time staff.   There are no care staff employed as the 50-60 users who attend each day are able to look after themselves.   The organiser and her deputy are responsible for the daily routine of the day centre.   In addition they arrange soft toy making, crochet and knitting and both of them teach and work together with the users.   The part-time staff are a basket making instructor, a musical movement teacher, and a dancer and

each of them are employed two hours each week.

On the other hand, in most activities, staff involvement is higher in Day Care Centre 'C' than Social Day Centre 'A'. The main reason for this is the difficulties experienced by a higher proportion of users in general mobility and hand/arm movements and the relatively large number of confused users in Day Care Centre 'C'. In craft sessions the users of the latter centre make simple toys, knitted garments and baskets but a great deal of staff assistance is given in making these things and staff involvement goes much further than a teaching role. However, in similar sessions providing these activities in Social Day Centre 'A', the staff only give instructions to users who are physically able and mentally alert and so are much more capable of making these objects than the more disabled users of Day Care Centre 'C'.

The evidence related to staff provision shows some differences between the two types of day centres. Although day care staff are employed in the new day care centre, this provision is not available in the new social day centre as expected. The staff/user ratio is higher in the new day care centre where the frail users require more staff assistance in most activites compared with the users of the new social day centre.

2.   **Group II Sub-proposition**

The relationship between the users' characteristics, their requirements and the architectural setting

In the first part of this chapter, sub-propositions derived from four variables, namely the users characteristics, activities, transport and staff provision were tested. The data revealed a clear distinction in all

of these between the Social Day Centre 'A' and Day Care Centre 'C'. In the second part of this chapter, the relationship between these findings and certain aspects of the architectural setting will be explored. Thus, Group II sub-proposition is:

> If there are differences in users' character-istics and capabilities, activities and transport provided and the type of staff employed in new social day centres and new day care centres, then corresponding differences in the architectural setting of these two types of day centres would be expected; as these day centres are new a close fit between user requirements and the built environment would be anticipated in both types of day centres.

Although differences between the two settings were expected, the initial research showed that in general the buildings do not reflect the very distinctive differences in the characteristics and requirements of their users. Features and fittings such as ramps, WCs and bathrooms for the disabled, handrails, special entrance doors were expected in the day care centre but not in the social day centre. However, this proved not to be the case, because the new Social Day Centre 'A' is a purpose-built day centre and was designed with some consideration for disabled users. Although at present, there are no wheelchair and walking frame users in this day centre, there is a ramp outside leading to the front door to give easy access for wheelchairs to the day centre and the entrance doors are automatic. Inside the building separate toilets for the disabled are also available in addition to the standard toilets. On the other hand, the Day Care Centre 'C' was not purpose-built as a day centre. It is part of an Old People's Home and some rooms were converted but not specifically adapted for use as a day centre. Although it

140

is a newly opened day care centre, some inadequacies arose because of this conversion.

Thus, in this section it is proposed to explore whether some differences exist between settings and fit between their users' requirements in the certain parts of each building. These are as   follows:

- Multi-purpose room
- Dining room
- Lounge
- Craft rooms
- Toilets-bathrooms
- Entrance halls, corridors
- Staff areas.

In order to do this, the first task is to compare the built environment of these two day centres and examine how they are used. A comparison will be made of the area of each of the different rooms provided in both day centres rather than of the overall area of the day centres because it is difficult to do this exactly for the converted building, and some parts are shared with the residents of the Old People's Home. In addition, the activities carried out in each space will be described in relation to the number of users who participate in each activity and the number of staff who are involved. This information will enable an assessment to be made of the different space requirements to accommodate specific activities. In addition, these area requirements for the users in each day centre, the access and circulation between the rooms which are intensively in use will be examined in terms of their location and the distances between them are in overall settings. The different areas provided in each day centre are presented with plans of day centres and the activities they accommodate are as follows (Fig.11):
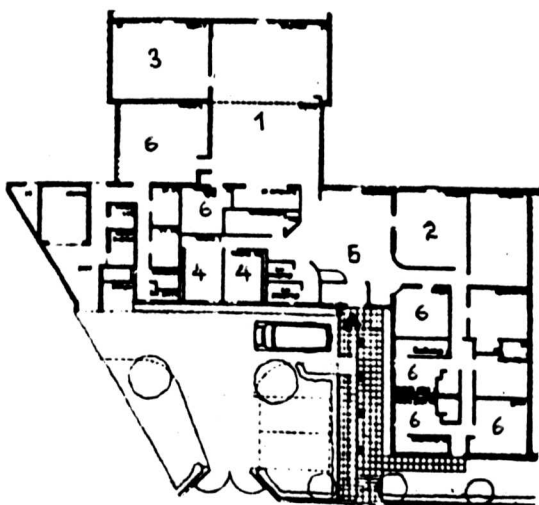
SOCIAL DAY CENTRE 'A'

1 Multi-purpose room
2 Lounge
3 Craft room
4 Toilets
5 Entrance hall
6 Staff areas
    Scale 1/500

SOCIAL DAY CENTRE 'A'
(Purpose-built building)
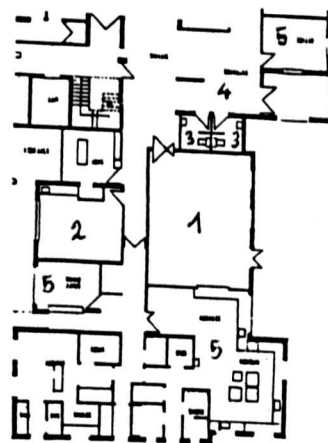
DAY CARE CENTRE 'C'

1 Multi-purpose room
2 Dining room
3 Toilets
4 Entrance hall
5 Staff areas

    Scale 1/500

DAY CARE CENTRE 'C'
(Converted building)

Areas	Activities
1 Multi-purpose room	) Meals
	) Bingo
	) Dancing
	) Musical
	) Movement
	) Craftwork
	) Sing songs
	) Card-board
	) games
2 Lounge	) Sitting
	) Watching TV
	) Chatting
3 Craft room	) Crochet
	) Knitting
	) Basket making
	) Macramé
	) Soft toy making
4 Toilets	
5 Entrance hall	) Sitting
	) Watching
	) Snooker
6 Staff areas	) Office Work
	) Changing
	) Cooking meals
	) Cleaning

Areas	Activities
1 Multi-purpose room	) Sitting
	) Chatting
	) Bingo
	) Musical
	) Movement
	) Painting
	) Craftwork
	) Sing songs
2 Dining room	) Meals
3 Toilets/bathroom	
4 Entrance hall	) Sitting
	) Watching
5 Staff areas	) Office work
	) Changing
	) Cooking
	Meals
	) Cleaning

Fig. 11 - The plans, areas and activities in Social Day Centre 'A' and
          Day Care Centre 'C'.

Both day centres have a multi-purpose room in which many activities take place. In Social Day Centre 'A', this room is not only used for social and occupational activities namely bingo, dancing, musical movement, craft work, sing songs, card and board games but also for serving meals, as a dining room. In Day Care Centre 'C', the multi-purpose room accommodates organised sessions of crafts, painting, musical movement, sing songs and bingo and also acts as a sitting room where users sit and chat or rest. However this room is not used for meals as there is a separate dining room in this day centre.

Social Day Centre 'A' has a craft room, a lounge containing a television and a reading room but in Day Care Centre 'C', these rooms are not provided and most group or individual activities take place in the multi-purpose room. Social Day Centre 'A' has specially designed toilets but does not have a bathroom, but both these facilities are provided in the Day Care Centre 'C'. Both day centres have separate rooms for the staff; these are staff office, staff room, changing room and toilets.

2.1 Multi purpose room and dining room

Although both day centres accommodate various activities in their multi-purpose rooms, it is clear from the evidence in the first part of this chapter that each day centre caters for a distinct group of elderly people whose space requirements in undertaking different activities would be expected to be different. In the multi-purpose room, the likely implications are, first, that the area requirement per user will be greater in the day centre than the social day centre. Second, that there will be different patterns of use for the same activity in

143

each day centre, requiring different arrangements of the equipment used. Third, that the circulation area allowed in the multi-purpose room will be greater in the day care centre than in the social day centre. Finally, the location of the multi-purpose room in relation to other rooms, such as the WC, dining room and craft room in the day centre, and the distances between them, may cause some problems if consideration has not been given to the likely disabilities of future users and their problems in undertaking certain activities when the day centre was being planned and designed.

The multi-purpose room of Social Day Centre 'A' is used for having meals, musical movement, dancing, bingo, cards and board games, darts and some craft work. The dimensions of the room are 11.4m x 7.2m = 82m^2. At lunch time, the number of users ranges from a minimum of 45 to a maximum of 58 users. The organiser emphasised that this maximum number for lunch is the limit as it is impossible to seat any more people. The seating arrangements are shown in Plan 3. In this room at lunch time there is a minimum area of 1.4m^2 and maximum 1.8m^2 for each user.

In Day Care Centre 'C' meals are eaten in a separate dining room. The dimensions of this room are (4.8m x 5.6m) - (1.4m^2 storage space) = 25.4m^2. As between 10 and 12 users have lunch everyday in this dining room, the area available per user ranges from a minimum of 2.1m^2 to a maximum of 2.5m^2. Although, these areas are larger than the comparable areas in Social Day Centre 'A', the staff found this space inadequate, particularly for the 5-6 wheelchair users. Since they cannot manoeuvre their own wheelchairs, this has to be done by staff, so there is a

144
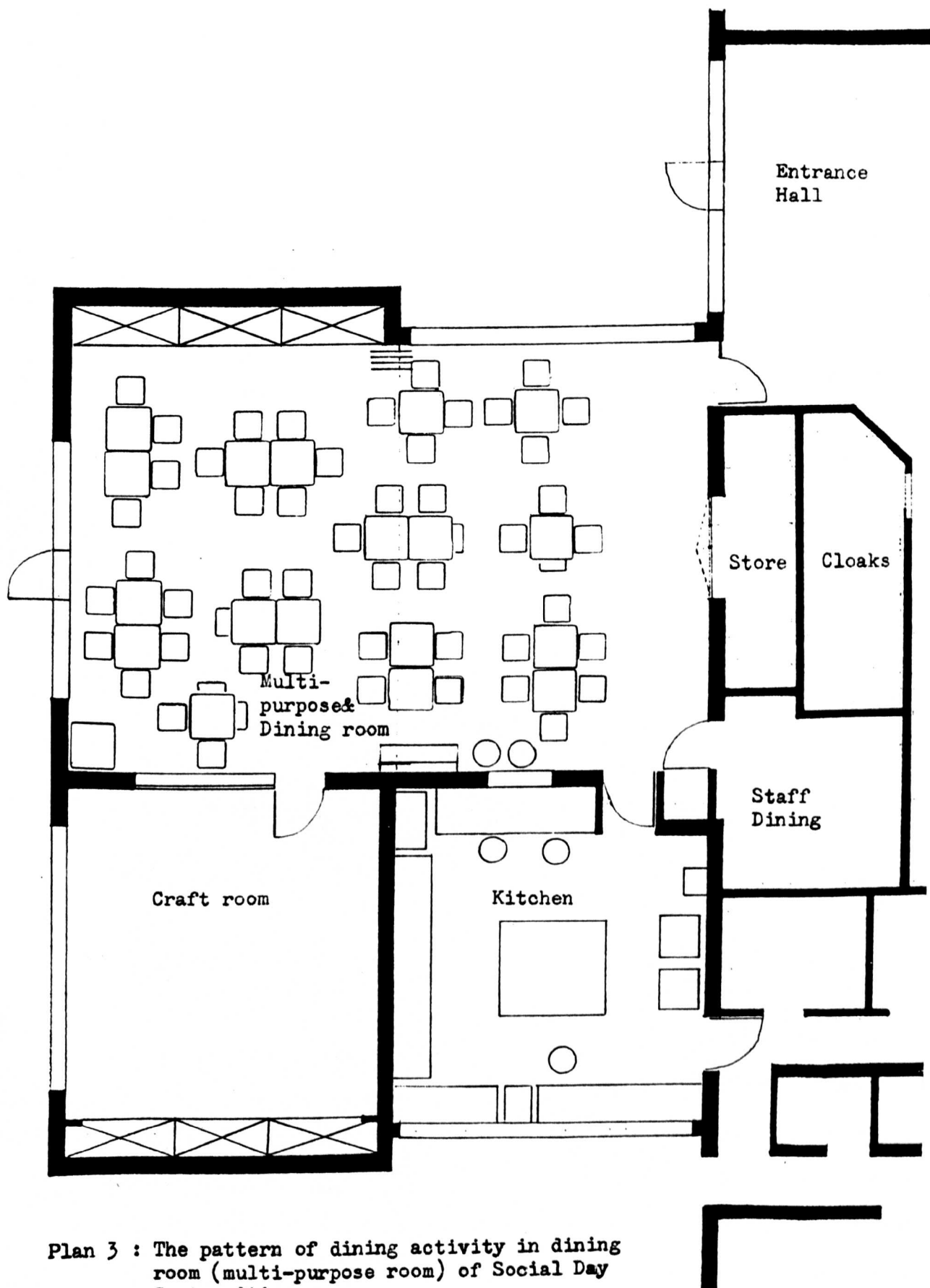
Plan 3 : The pattern of dining activity in dining
         room (multi-purpose room) of Social Day
         Centre 'A'

high space requirement for this task as illustrated in Plan 4.

Yet the area per dining room user in this day centre is higher than the standard recommended by Goldsmith. Although his recommendations were made for old people's homes, these figures would also seem, if adequate, to be appropriate for day care centres. Goldsmith recommended that in the dining rooms of residential homes for disabled people, an area of approximately $2.0m^2$ should be provided for each resident(1).* However these recommendations for residential homes do not specify in detail the characteristics of disabled persons on which they were based. Thus, if the recommended area was calculated on the optimum requirements of disabled users in general without being based on specific investigation of the proportion of wheelchair and walking frame users found in the dining rooms of old people's homes, then it seems likely that the recommended area may not be adequate to meet the requirements of the users where a high proportion of them use these aids.

This is the case in Day Care Centre 'C' where the evidence shows that even an area of $2.1m^2$ - $2.5m^2$ for each person in this dining room is not considered sufficient. However, this area ($2.1m^2$ - $2.5m^2$) would probably be quite adequate or even excessive for the same number of elderly, disabled people, who were not wheelchair users. This is borne out in the evidence from Social Day Centre 'A' where from $1.4m^2$ to $1.8m^2$ per person provides sufficient dining

---

* (1) Goldsmith, S., (1976), 'Designing for the disabled', RIBA Publications, pp. 257-258.

CLOAKS

KITCHEN

COLD

LINEN

LAUNDRY

SERVERY

STAFF DINING

Dining room

Multi-purpose room

SHOP

STAFF B

WC   WC

LIFT

ENTRANCE

SITTING

OFFICE
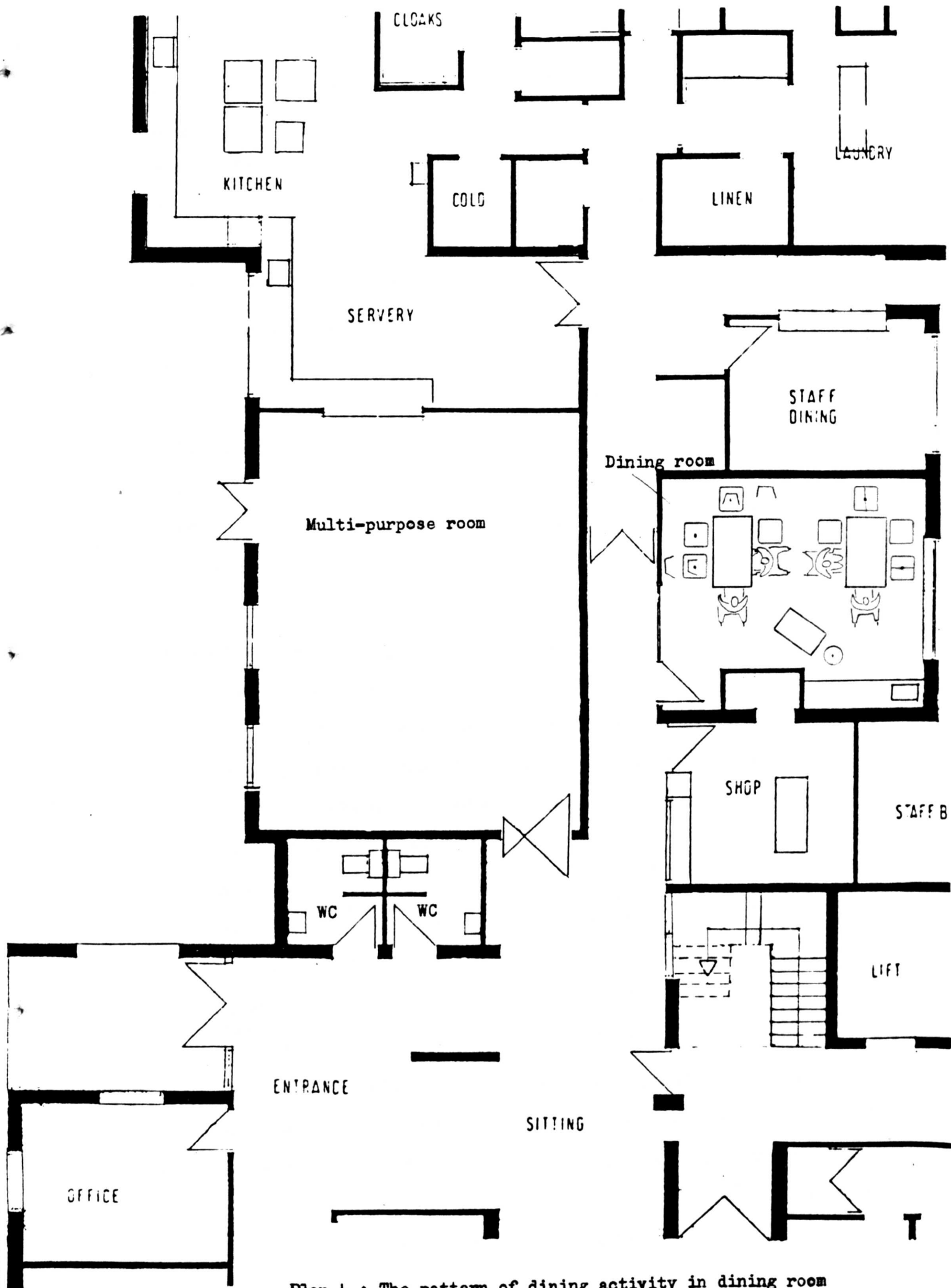
Plan 4 : The pattern of dining activity in dining room
of   Day Care Centre 'C'

147

area for the users, most of whom do not use any walking aids. But it is unlikely that the same space would be enough for the same number of people if in the future they need to use walking frames and wheelchairs.

In Day Care Centre 'C', the dimensions of the multi-purpose room are 6.8m x 8.8m = 59.5m^2. On average 10-12 elderly people use this room everyday. Thus, 4.9m^2 or 5.9m^2 are allowed in this room for each user. In addition to, activities such as, craftwork and sing songs undertaken by this group, there are some activities which are open to the residents of the old people's home, for example, bingo, the painting class and musical movement sessions. For these activities, the total number of users in the group increases to 20-25 elderly people. When this occurs the area per user is reduced to 2.3m^2 - 2.9m^2. These activities only take place for a few hours in a week (Table 21).

In the Social Day Centre 'A', the number of users in the multi-purpose room differs from activity to activity (Table 21). These numbers range from 25 to 50 users in different activities as follows:

Bingo   -   25-50 users
Musical Movement -   25-30 users
Dancing   -   30-50 users

Thus for each activity range in the area per user is:

Bingo   -   2.3m^2-1.6m^2
Musical Movement -   3.3m^2-2.7m^2
Dancing   -   2.7m^2-1.6m^2

Briefly, it is clear that in multi-purpose rooms, the available area per person is higher in the day care centre than in the social day centre. In Social Day Centre 'A', the area per person ranges from 1.6m^2 to 3.3m^2 whereas in Day Care Centre 'C', the comparable figures are from

148

$4.9m^2$ to $5.9m^2$ for each user, except when joint activities are held with the residents of the Home, then they range from $2.3m^2$ to $2.9m^2$ per user.

Although the available area per person in the multi-purpose room is higher in Day Care Centre 'C', the total space in the room could be used more efficiently if suitable storage space had been provided. The lack of storage space creates some difficulties; for example, various materials needed for art and craft activities have to be kept in the corners of the room. In addition, it is impossible to move out furniture which is not required during a specific activity. As a result, the room is under used as some parts of the room are serving as storage space for equipment instead of being utilised more efficiently either by accommodating more users or allowing extra space for the same number of users.

As the users of Day Care Centre 'C' are more disabled, they require more space than the users of Social Day Centre 'A' for several activities, but in some cases this requirement is reversed, as in the case of musical movement. As explained earlier in the Chapter (see page 133), in each day centre this activity takes a different form, with the users of Social Day Centre 'A' moving freely all over the room (Plan 5), wheras in Day Care Centre 'C' the users do musical movement sitting down (Plan 6).

In Social Day Centre 'A' musical movement takes place in the multi-purpose room where an average of 25-30 people use all the available space ($82m^2$). In order to accommodate this activity, all the tables have to be moved to provide an open, furniture-free area. Some of the tables are stored in the storage room, but the space is
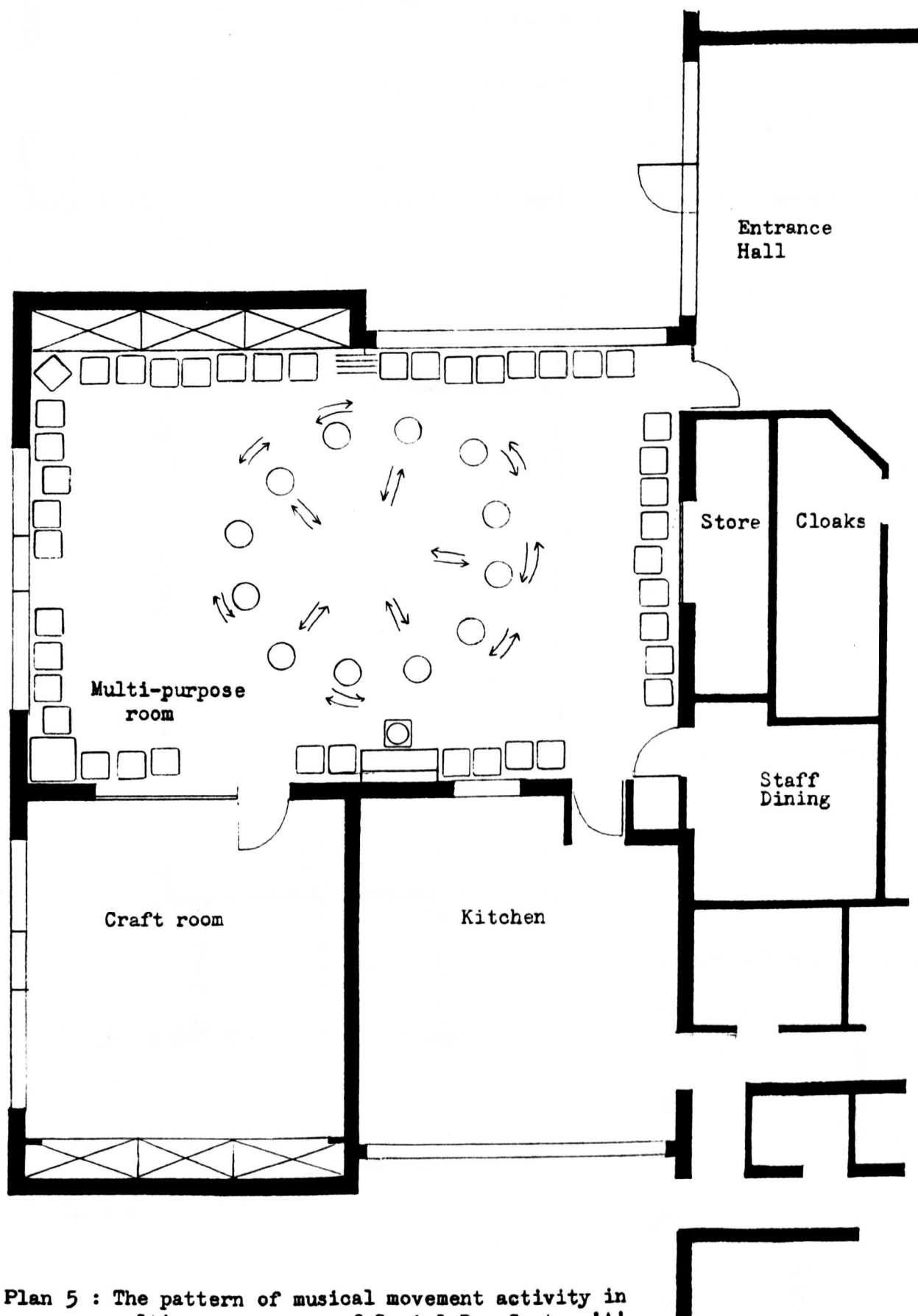
Entrance
Hall

Store　Cloaks

Multi-purpose
room

Staff
Dining

Craft room

Kitchen

Plan 5 : The pattern of musical movement activity in
multi-purpose room of Social Day Centre 'A'

KITCHEN

CLOAKS

COLD

LINEN

LAUNDRY

SERVERY

STAFF DINING

Multi-purpose room

Staff

piano

Dining room

SHOP

STAFF B

LIFT

ENTRANCE

SITTING

OFFICE
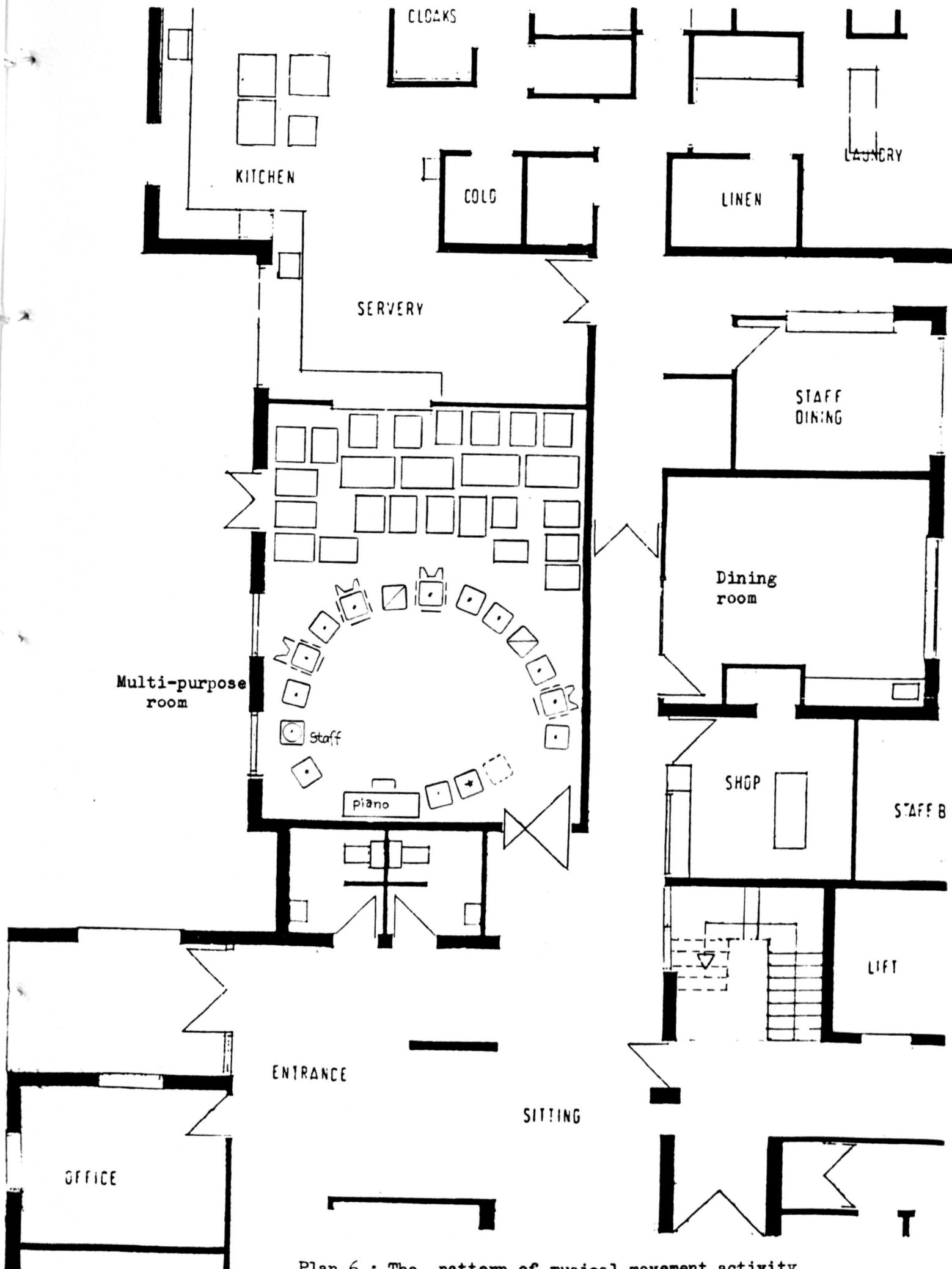
Plan 6 : The pattern of musical movement activity in multi-purpose room of Day Care Centre 'C'

151

insufficient for all of them, so the remaining tables are moved by 2 or 3 men to the entrance hall in front of the doors to the toilets which are designed for the disabled. As there are few disabled users, these toilets are not used frequently at present but the entrance to them is blocked by the tables. In addition, the appearance of the entrance hall is spoiled and it is a long distance to carry the tables (15-20m one way) from and to the multi-purpose room. All the chairs are left around the walls in the multi-purpose room leaving clear space of 60m^2 for 25-30 users which allows from 2.4m^2 to 2.0m^2 for each person.

In each Day Care Centre 'C', musical movement is done in a different way. The users of this day centre are more dependent or frail than users of Social Day Centre 'A'. Some of them are unable to walk or stand up and others are slow and/or unsteady on their feet, so they do musical movement sitting down. In one corner of the multi-purpose room, the chairs are arranged by the staff in a circle around the piano and users do hand, arm and leg movements sitting down, either accompanied by the piano or a cassette recorder. The furniture arrangement in the multi-purpose room is shown in Plan 6. The users of the day care centre join with some of the residents of the old people's home for this activity, and usually 5-7 users from the day centre and 10-12 residents from the old people's home attend each session. Thus, there is a total of 15-19 users in 30m^2 area, for each user. Thus in Day Care Centre 'C', the maximum area is 2.0m^2 for each user for musical movement whereas in Social Day Centre 'A', this was the minimum space per user for this activity.

In addition to these different patterns of usage for

different activities in the multi-purpose rooms, the circulation space is another crucial factor which influences how these rooms are used. In Social Day Centre 'A', the circulation space available in the multi-purpose room is quite sufficient for the users as most do not use walking aids. In contrast, in Day Care Centre 'C', there is a higher percentage of wheelchair and walking frame users who require a considerable space in order to move about inside the room and from this room to other rooms, for example to the WC or dining room. Unnecessary furniture for specific activities is always kept in this room because of lack of storage space and this limits the circulation ara available in the room, so, the users who have walking frames or wheelchairs pass through the room with considerable difficulty in the directions shown in Plan 7.

The location of the multi-purpose rooms in both day centres is the centre of the premises. Distances between this and other rooms are not great enough to present a problem for the users of Social Day Centre 'A' at the present time. But in Day Care Centre 'C', the users have some problems with distances between the toilets and the multi-purpose room which will be described in detail in the section on toilets.

2.2 Lounge

As Day Care Centre 'C' does not have a separate lounge, the multi-purpose room is used for this purpose. The Social Day Centre 'A' has a separate lounge; its dimensions are 4.5m x 5.0m = 22.5m and it accommodates 15 chairs, one television, two coffee tables, two stools and a book shelf. This is a comparatively small room, which is very light with

Plan 7 : Multi-purpose room of Day Care Centre 'C'

KITCHEN

CLOAKS

COLD

LINEN

LAUNDRY

SERVERY

STAFF DINING

Multi-purpose room

Dining room

SHOP

STAFF B

W.C   W.C.

LIFT

ENTRANCE

SITTING

OFFICE
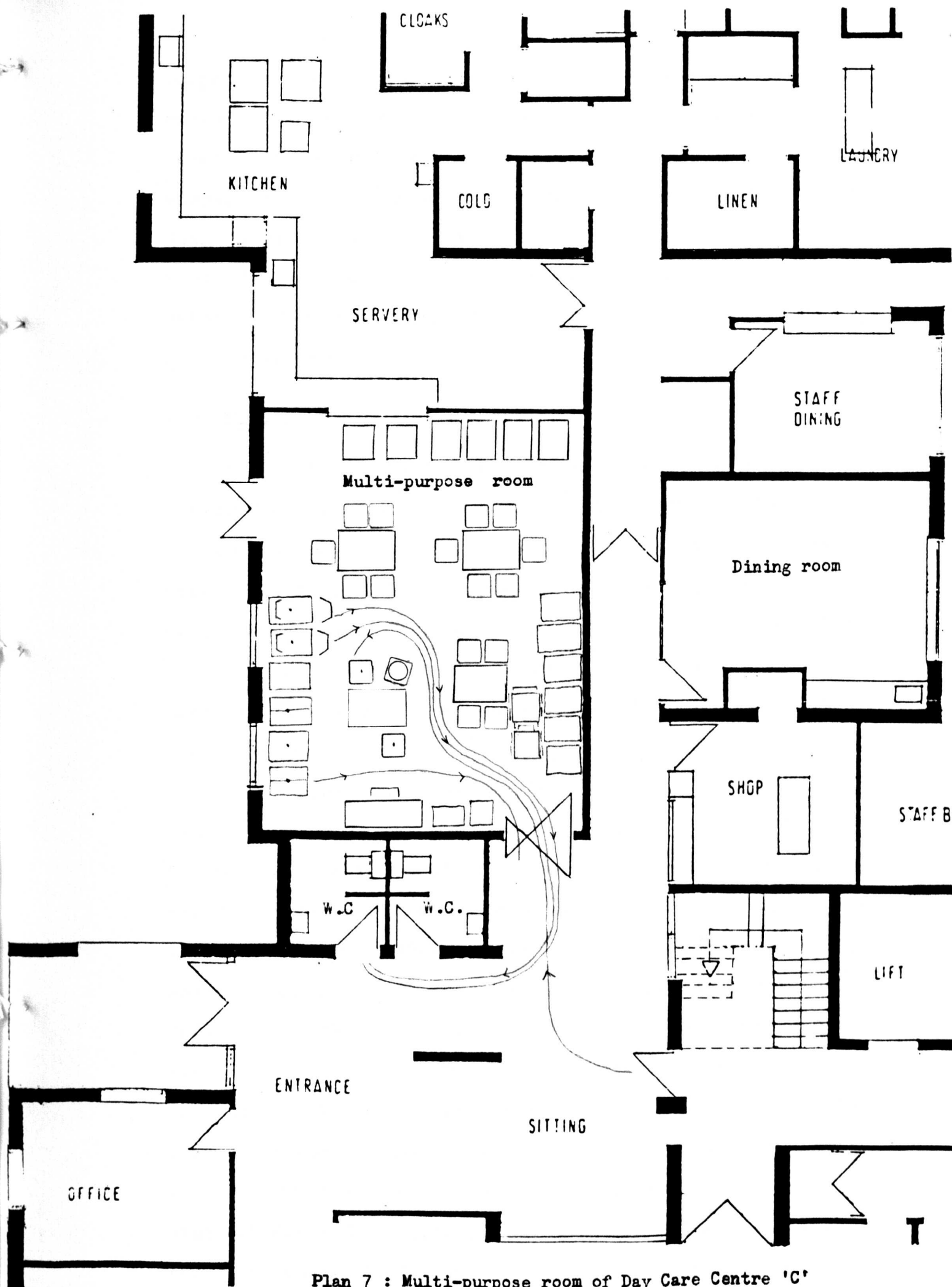
carpet on the floor. The size of the room and the well-chosen furniture help to create homely atmoshpere. The television is switched on only if an important event or a special programme is shown, so this is a quiet room because main noisy activities take place in the multi-purpose room. Thus if the users do not want to attend noisy games or other activities in the multi-purpose room, they can sit quietly in the lounge.

2.3 Craft room

Although a craft room is available in Social Day Centre 'A' there is no separate craft room in Day Centre 'C' and the users do craft activities in the multi-purpose room. In Social Day Centre 'A' and Day Centre 'C', the craft work mainly consists of soft toy making, crochet, knitting and basket making. In Day Care Centre 'C', the user can choose to do one of these crafts when they sit in their armchairs.

In Social Day Centre 'A' the dimensions of the separate craft room are 5.6m x 6.7m = 37.5m^2 but 5. 6m x 0.7m = 3.9m^2 of this is a storage space for craft material, so the clear are available for activities is 37.5m^2 - 3.9m^2 = 33.6m^2 (Plan 8). However the storage space is insufficient so some of the materials stand in the corners of the room and tables are used for storing finished articles. The craft room can accommodate a maximum of 15 users. If the number of users is more than that some users have to work in the multi-purpose room. Given these numbers of users and the size of the room an area of 2.2m^2 is available per person. The organiser of the day centre finds this room too small but there is no

Multi-
purpose room

Craft room

Entrance Hall

0   1m   3m
    2m   4m
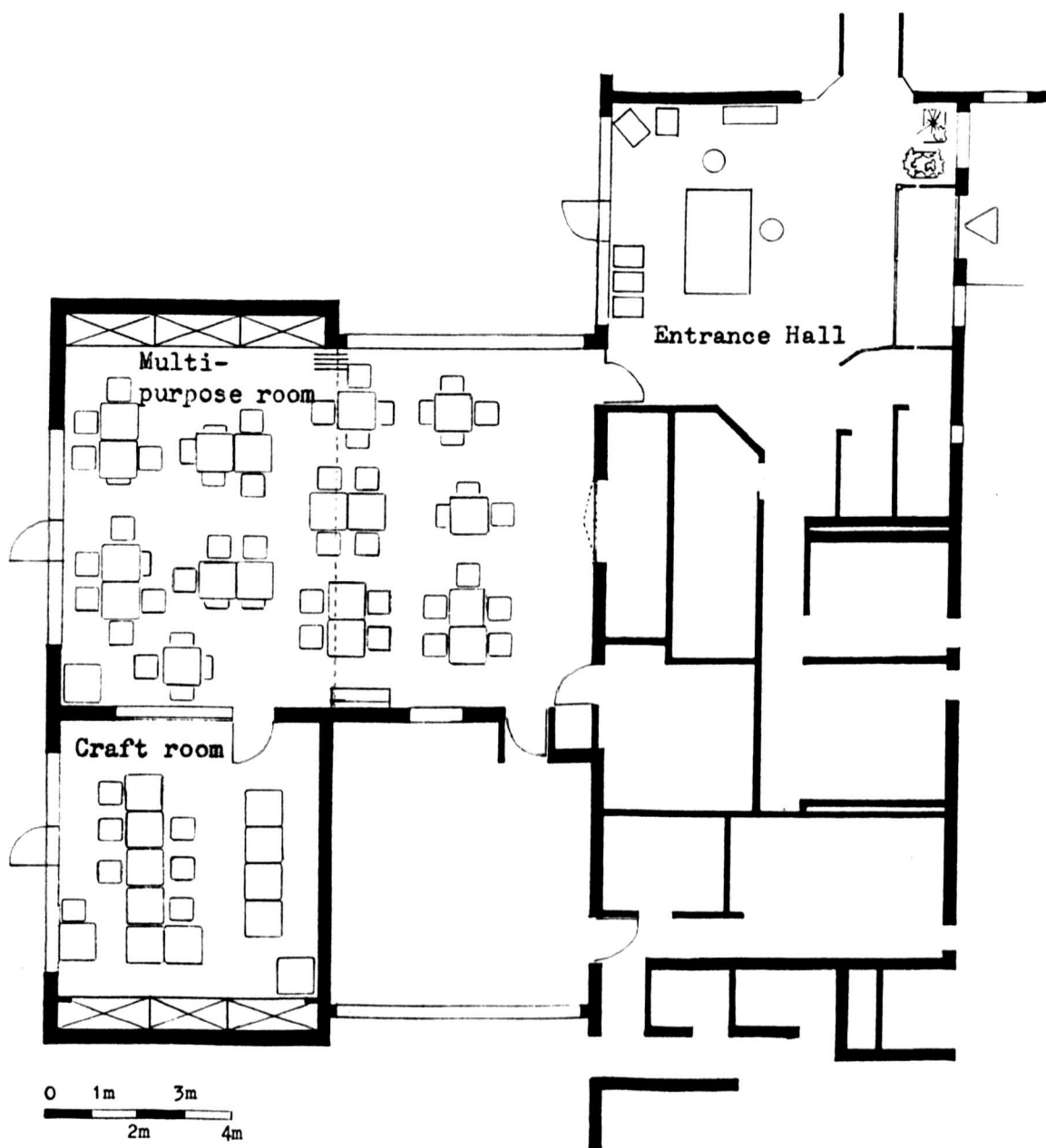
Plan 8 : Multi-purpose room, craft room and entrance hall and
         furniture arrangements for different activities in
         Social Day Centre 'A'

156

problem with circulation space. The storage is so inadequate that some of the craft materials and finished articles have to be kept in another room in the day centre which is not in use at present.

The organiser of the day centre also complained about the distance (30m) between the craft room and her office particularly as she has to leave all the doors open in order to hear telephone calls.

This craft room has certain feature appreciated by both users and staff. It is very light and during the day there is usually no need for any artificial lighting. Another good feature of this room is that 2.5m of the partition wall between it and the multi-purpose room is glass. When the organiser and some of the users are working in the craft room they can see what is going on in the multi-purpose room. Most of the elderly users seem very interested in the other users' activities. Thus, the users in this craft room and multi-purpose room enjoy watching each other through the glass partition when they are doing different activities.

2.4 Toilets - Bathroom

The evidence shows that the main difference between the two day centres is in the availability of special care facilities. Social Day Centre 'A' provides neither these facilities nor the special staff required to care for users but these are both available in Day Care Centre 'C'. However, the latter is not a purpose-built day centre. Thus, the facilities are limited and users share the toilets and bathroom with the residents of the old people's home.

When Day Care Centre 'C' was opened under the same roof as the Old People's Home, it was proposed by the Organiser that the toilets designed for the disabled which had been provided for the residents of the Old People's Home should also be used by the users of Day Care Centre 'C' (Plan 9). Initially, the users of the day care centre went to these toilets, but gradually started to go to the visitors' toilets which are located in the day centre entrance hall adjacent to the multi-purpose room. The reason for this was that most users, particularly those in wheelchairs or with a walking frame or stick found it too far or too inconvenient to get from the multi-purpose room to the specially designed toilets, a distance of 25m from the multi-purpose room door (Plan 9).

As the visitors' toilets are not specifically designed for the disabled they are proving unsuitable to some users. Some wheelchair users require assistance from one or two staff to use these toilets, but their size and design does not allow adequate space for this. The dimensions of the visitors' toilet cabins are 2.0m x 1.1m = 2.2m^2 each cabin and in addition, there is 2.0m x 1.0m = 2.0m^2 each cloakroom with a washbasin (Plan 10). Goldsmith's recommendations for the dimensions of a WC cabin for wheelchair users in public buildings are 1.5m x 2.0m as the preferred size. In addition, he emphasises first that from the centre line of the WC to the nearer side wall must not be less than the 0.5m to allow for an attendant. Second, the dimension from the centre line of the WC to the further side wall must not be less than 0.95m to give space for wheelchair manoeuvre and lateral transfer.

In the case of the visitors' toilets in Day Care

158

Plan 9 : The distances between the multi-purpose room and the toilets
in Day Care Centre 'C'

159

CLOAKS

KITCHEN

COLD

LINEN

LAUNDRY

SERVERY

STAFF DINING

Multi-purpose room

Dining room

SHOP

WC   WC

LIFT

ENTRANCE

OFFICE

SITTING

T
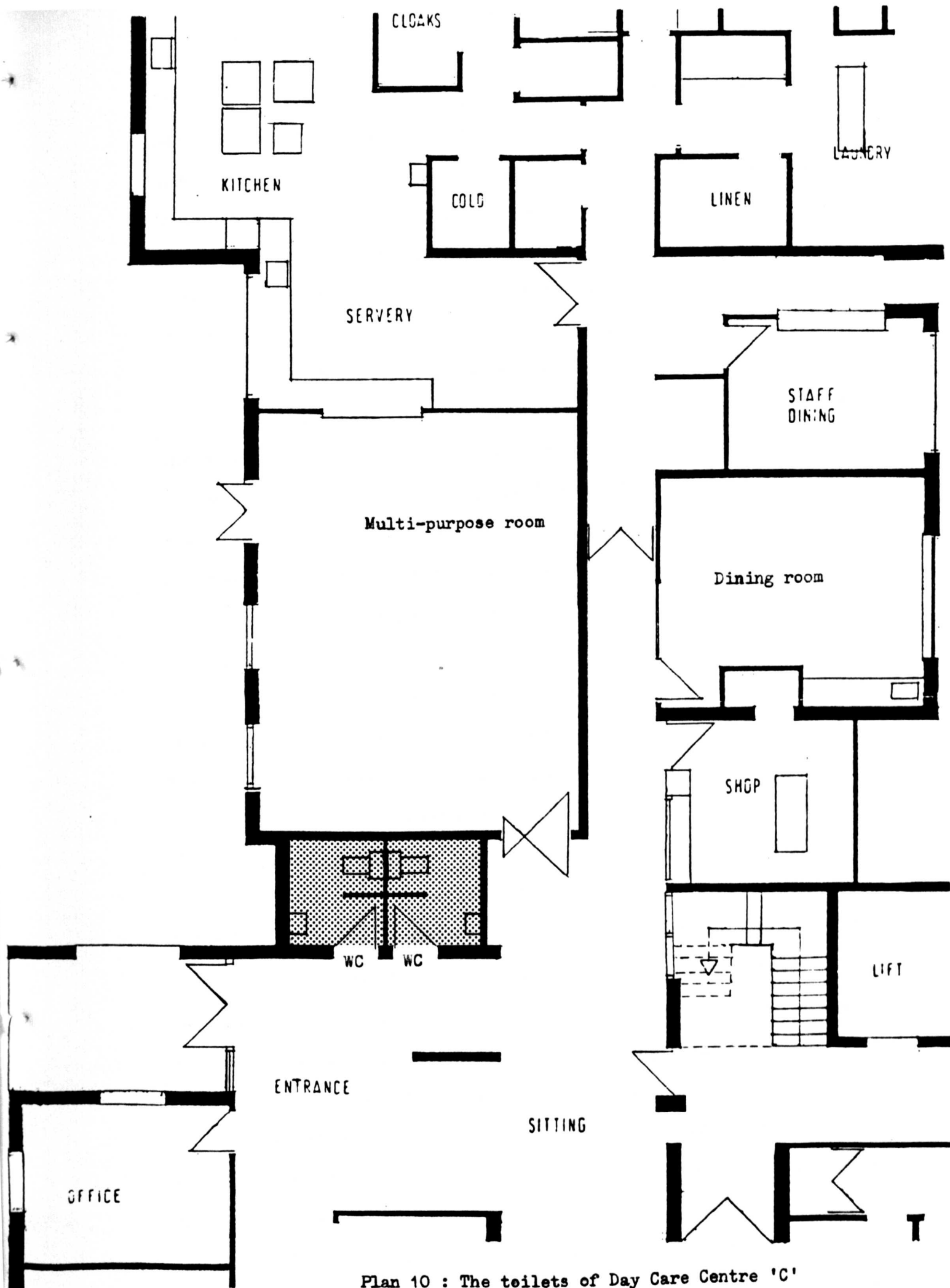
Plan 10 : The toilets of Day Care Centre 'C'

160

Centre 'C', there is apparently enough space for wheelchair users according to Goldsmith's recommendations. However the design inside the cabin does not allow enough space for them, because there is a 0.9m wall partition in the cabin which partly separates the WC section from the wash basin part. This partition obstructs the manoeuvre of wheelchairs as well as hindering assistance given by staff to the wheelchair users. Despite these inadequacies, the users still prefer these toilets because they are closer to the multi-purpose room (6m from door to door) compared with those which were specially designed for the disabled but are too far away (25m from the multi-purpose room). This example illustrates that day care centre users with very limited mobility capabilities have difficulty, or in some cases are unable, to walk distances as great 20-25m.

If day centres accommodate confused users as well as those with physical disabilities, then the areas which are frequently in use, such as toilets, should not only be located a short distance from the main activity room but also be easily visible from the door of this room. The type of problems experienced can be illustrated by the following example. Although the distance from the door of the multi-purpose room the door of the visitors' toilets in Day Care Centre 'C' is only 6m, the doors of the toilets are not visible to people coming through the door of the multi-purpose room but many other doors and corridors can be seen as shown on Plan 11. From the observations of the entrance hall it was clear that although one of the confused users could walk on her own with her walking frame to the toilets, when she came to the door of the multi-purpose room, she stared around and tried to decide in

161

CLOAKS

SEWING

GAS

KITCHEN

LAUNDRY

COLD

LINEN

SERVERY

STAFF DINING

Multi-purpose room

Dining room

SHOP

WC   WC

LIFT

ENTRANCE

SITTING
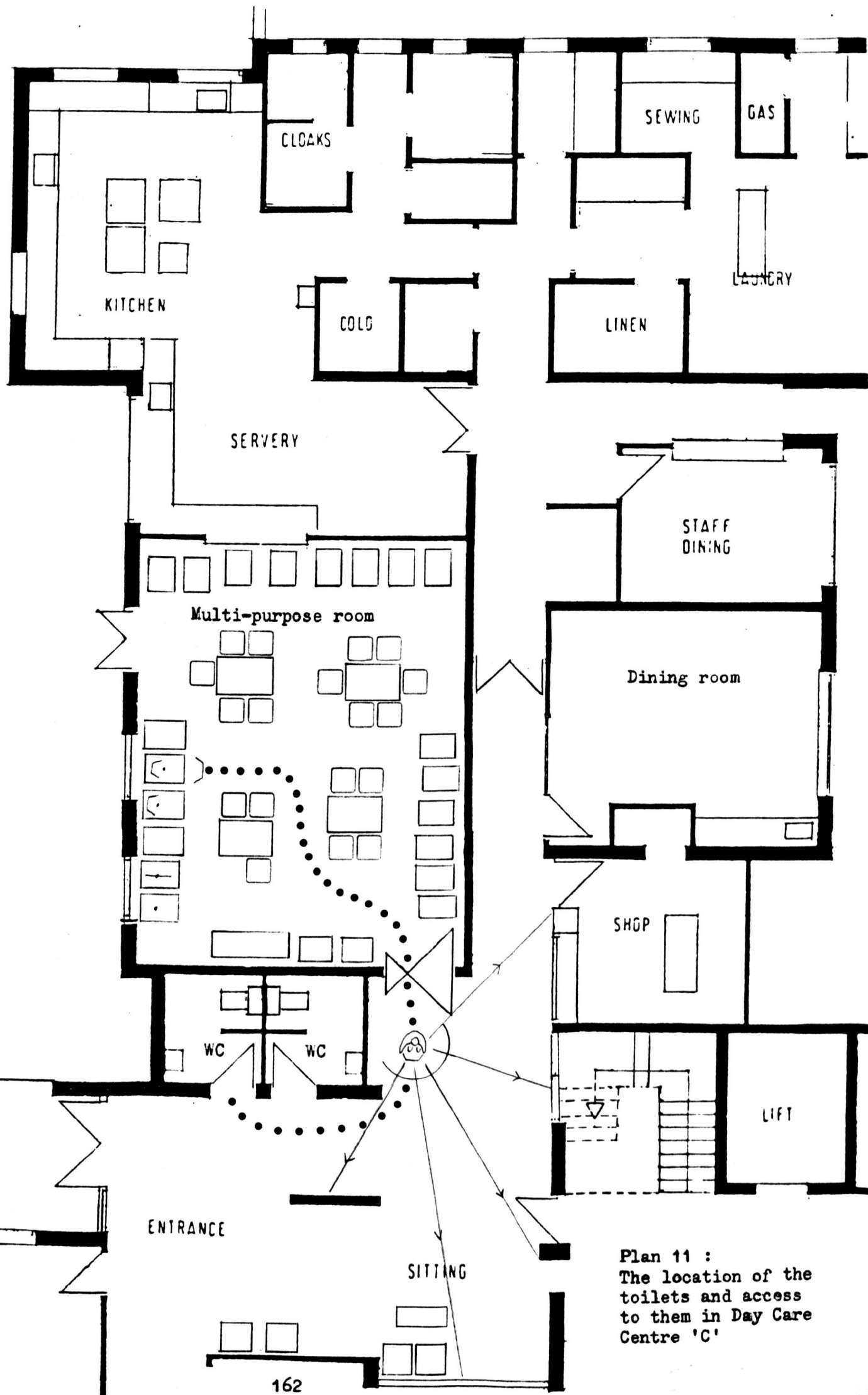
Plan 11 :
The location of the
toilets and access
to them in Day Care
Centre 'C'

OFFICE

162

which direction she should go. As she could not see the toilet entrance, she decided on the wrong direction and care staff had to take her to the toilet. Thus, in the design of day care centres, the requirements of the confused elderly should be taken into account as well as those of the physically disabled.

In Social Day Centre 'A' the main cloakroom and toilets are in a central location about 9-10 meters in distance from the door of the multi-purpose room. In addition, there are toilets designed for the disabled which are located much closer to the multi-purpose room; the distance is 6-7 meters from the door of the multi-purpose room to the door of these toilets. Although the distances from the craft room to all these toilets are much longer (22-23 meters), the users do not complain about this because they are able-bodied and active at present. The dimensions of the ordinary toilet areas, i.e. those not designed for the disabled, are 4.25m x 2.50m = 10.6m^2 for female toilets and 3.25m x 2.50m = 8.1m^2 for male toilets. In both cases these dimensions seemed satisfactory as there was no complaints from the users (Plan 12).

2.5 Entrance halls and corridors

In both day centres, the design of the entrance halls has generally been well considered but there are some problems in Day Care Centre 'C'. There the location of two toilets for visitors are very unsatisfactory because their doors open directly onto the entrance hall, and at present these toilets are in use continuously by the users of the day care centre and it was observed that some of the confused users do not close the toilet doors when they are

using them. This is an example of how it is very difficult
to alter or change the location of toilets when this was
not well considered in the initial design of the building.

The main entrance of Day Care Centre 'C' is used by
residents of the Old People's Home as well as the users of
the Day Care Centre. Three corridors lead from the
entrance hall; one goes to the kitchen and the other two
give access to the residential home (Plan 11). In
addition, the doors of the two toilets, the multi-purpose
room and the staff office all open on to this hall. One
side of the entrance hall overlooks a courtyard and this
provides some natural light. There are some sitting places
and from time to time some residents or users sit there and
watch what is going on around them.

In Social Day Centre 'A' after entering through the
automatic doors to the entrance hall, two corridors are
seen, one going left to the toilets, the other on the right
to the staff office, lounge, reading room and staff areas.
The multi-purpose room and the lounge doors open on to this
hall and also there is an exit on the opposite side to the
entrance door giving direct access to a level garden
without any steps.

Although various passages and doors open onto this
entrance hall, there are corners arranged as sitting places
where 5-6 people can easily sit, chat and watch the
activity around them. There is also a small snooker table
which is mostly used by men. The entrance hall is a very
light place with large windows offering a pleasant view
over the garden when entering the building and for those
sitting in the entrance hall. The large windows are on the
south façade of the building so on sunny days the users

like to sit in this part of the building and enjoy the sun. Although, the door of the organiser's office opens onto a corridor, an inside window from this room looks through into the entrance hall and allows the organiser or her deputy to check the comings and goings of users to and from the day centre (Plan 8).

2.6 Staff areas

Both day centres provide some facilities for staff but in some respects these are inadequate and/or insufficient because of defects in design which appear to be due to a lack of understanding of staff working patterns. In Social Day Centre 'A', a staff office, a staff room, staff changing rooms and staff toilets are provided, but at present these are hardly ever used because their location is a long distance from the main staff work areas (Plan 12). There are a total of nine staff including four full-time kitchen and domestic staff, the organiser and her deputy and three part-time staff who work a few hours a week. The main work areas of the kitchen staff and domestic staff are the kitchen and dining room where they serve meals, tea or coffee to users. In addition, the domestic staff clean the day centre early in the mornings before users arrive.

In the interviews with staff, it became clear that none of them used the staff rooms. The kitchen and domestic staff emphasised that they found it a long way to go to the staff room and changing room and so they tended to use the one toilet near the kitchen area and sit in the staff dining area which is adjacent to kitchen and the multi-purpose room. The distance from the door of the

165

Plan 12 : Staff areas in Social
Day Centre 'A'

st

yard

WC

Kitchen

staff
dining

st

WC   WC
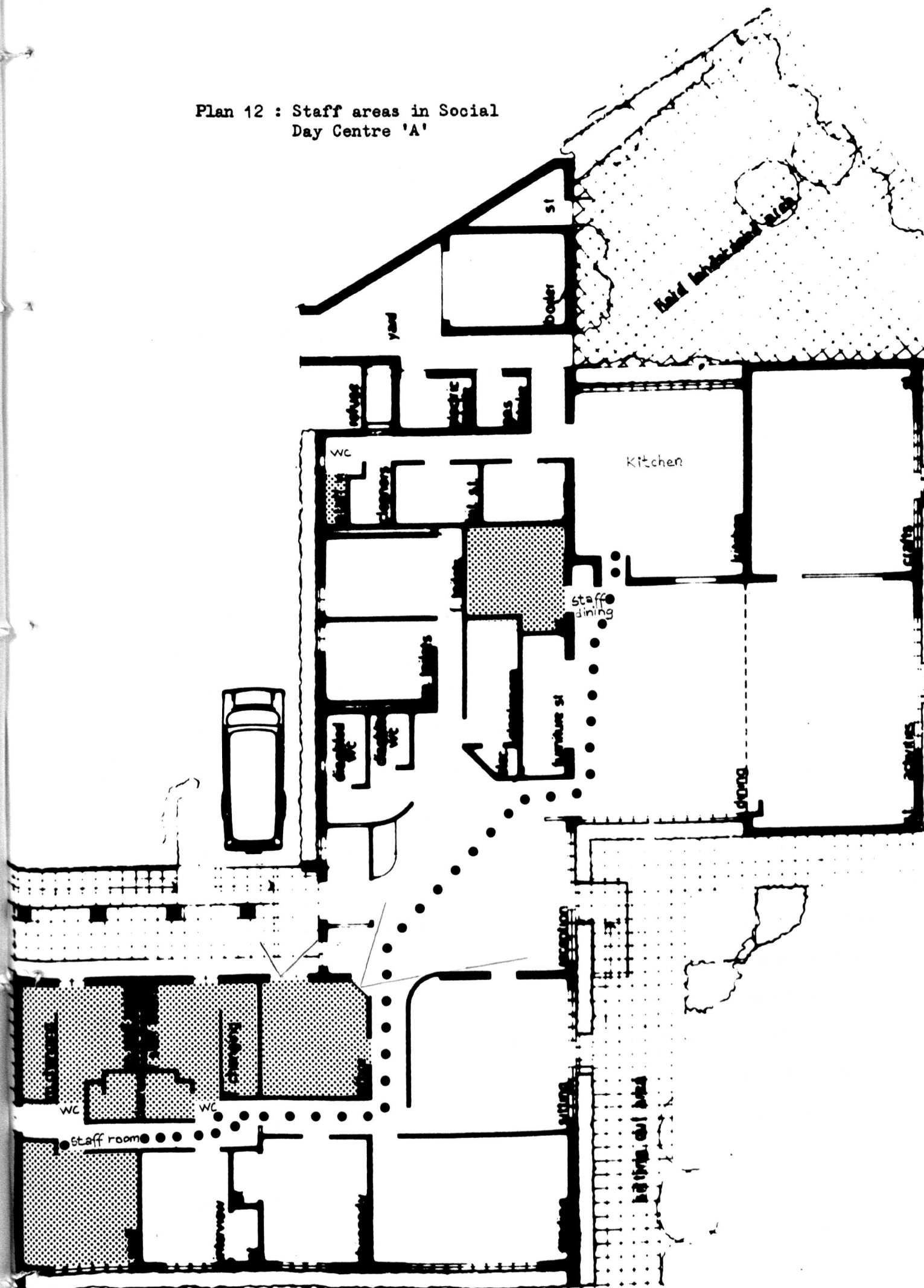
staff room

kitchen to the door of the staff room is approximately 30 metres (Plan 12). These staff room, toilets and changing rooms comprise a total area of 42.25m^2. Although this area is sufficient for the number of staff, these rooms are not regularly used because of their location.

In the case of Day Care Centre 'C', staff also complained about the lack of adequate staff facilities. Although there is a staff dining room, there is no other proper staff room which can be used by staff in their free time. Staff toilets are also inadequate; there is one toilet in the kitchen area and all the kitchen, domestic and care staff have to go through the kitchen in order to use it (Plan 13).

In this chapter, the data support the main proposition 1 to a great extent. The evidence shows that there is a clear distinction between the new social day centre and the new day care centre in terms of the characteristics of users, activities, transport and staff provision. However, the contrast between the two types of architectural settings is not as clear as expected. Although both are new day centres, there is a higher level of fit between users' requirements and the architectural setting in the new social day centre than in the new day care centre. The reasons for this are that the new social day centre was designed by considering certain requirements of the disabled elderly users, such as ramps, toilets for the disabled, automatic doors. However, the new day care centre was located in a part of an existing building planned as an old people's home. Although, the latter building was purpose-built for the elderly, it was designed as an old people's home, not as a day care centre. As a result, some
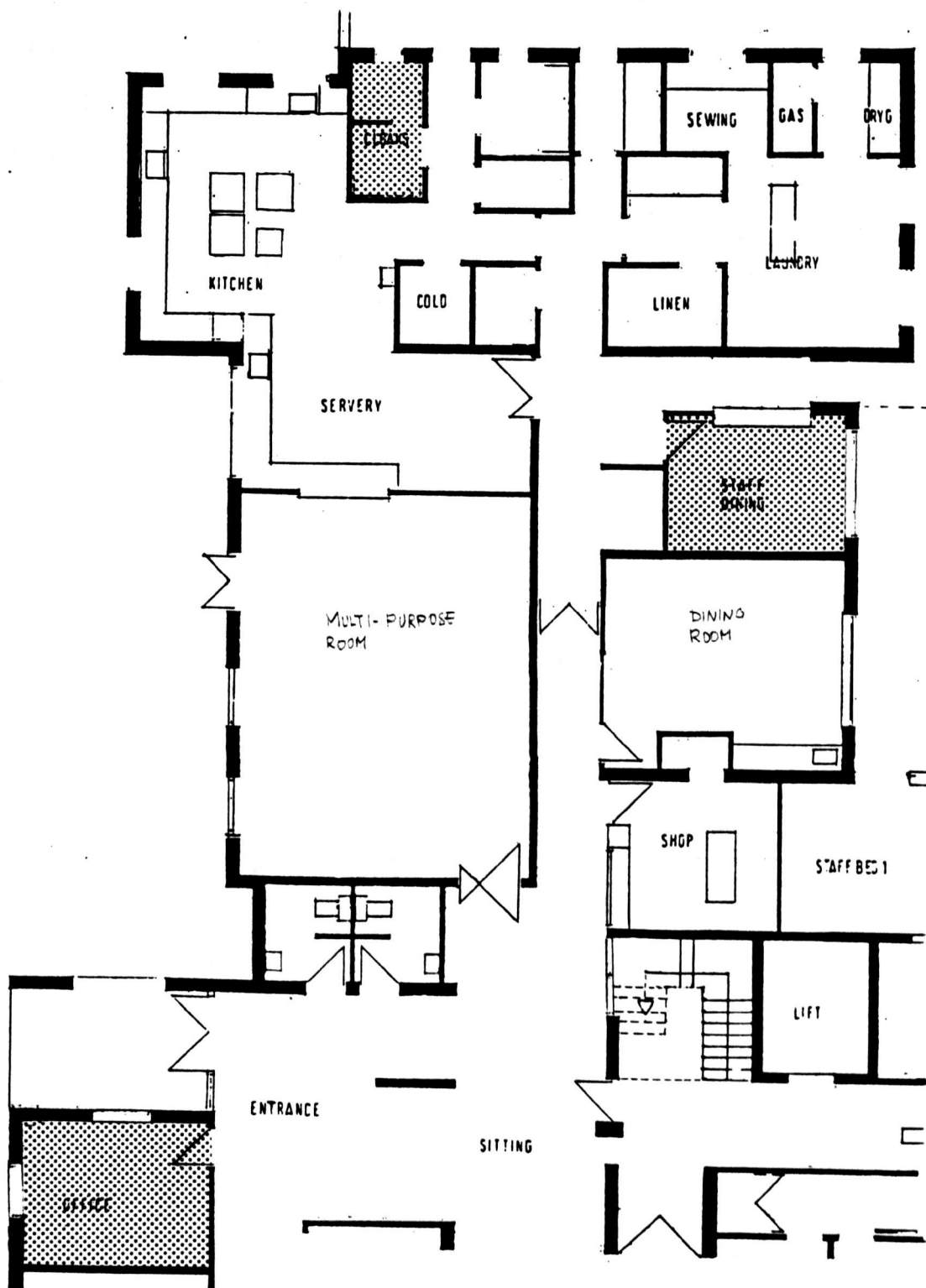
Plan 13 : Staff areas in Social Day Centre 'C'

inadequacies have emerged, such as long distances and insufficient space, since the building has been used as both an old people's home and a day care centre.

The next chapter will examine the main proposition 2 which is concerned with a comparison of the new social day centre which has been examined in this chapter and the old social day centre.

CHAPTER VII

A COMPARISON BETWEEN A NEW SOCIAL DAY CENTRE AND AN OLD SOCIAL DAY CENTRE

In the previous chapter a comparison was made of a recently provided social day centre and a recently provided day care centre. This showed first, that there is a clear distinction between these day centres in terms of users' characteristics, activities, transport and staff provision. Second, that the users of each of these day centres require different areas and facilities according to these users' characteristics and the type of activities which they undertake. Although there is this clear distinction between these two types of day centres which were both provided recently, it is argued in this chapter that the distinction may blur over time always given that the population of the day centre does not radically alter over time. This seems likely from the evidence gathered from the analysis of the background literature which suggests that the dynamism of the ageing process is likely to result in a deterioration in the capabilities of some of the users of both types of day centre. However, this is likely to result in a greater mismatch between the built environment and the requirements of the elderly in social day centres rather than in day care centres, because social day centres were designed to accommodate the able-bodied elderly rather than the frail elderly. In this chapter in order to examine the nature of the change in users' characteristics and their requirements from the design of day centres, it is proposed to compare a new social day centre and an old social day centre.

In order to do this the main proposition 2 will be

tested; it is:

> If over time the ageing process results in a deterioration of some of the capabilities of some users of social day centres, then there will be differences between the characteristics and requirements of users in new social day centres which have been recently provided and those in old social day centres which were provided several years ago with a better fit between the users' requirements and the architectural setting in new rather than old social day centres.

This proposition has been broken down into two main groups of sub-propositions. The first group is again related to users' characteristics, activities, staff and transport provision.

GROUP 1 SUB-PROPOSITIONS

- ### Users' characteristics
  - The users of social day centres which were provided several years ago have a higher level of dependence than the users of social day centres which were provided recently.

- ### Activities
  - Old people's reasons for attendance at recently provided social day centres are to obtain social contact and to undertake social activities whereas the reasons for attending social day centres which were provided several years ago are not only to obtain social contact but also to receive general care and stimulation.

  - Different activities are provided in new and old social day centres to cater for the different requirements and expectations of their users.

- ### Transport
  - Special transport is required by a higher proportion of users of old social day centres than users of new social day centres.

- ### Staff provision
  - If old social day centres accommodate a higher proportion of users who have more infirmities and require more assistance from others to undertake certain activities than new social day centres, then the former will employ day care staff in addition to managerial, educational and domestic staff.

  - The overall staff/user ratio will be higher in old social day centres than in new social day centres.

In the second part of this chapter the relationship between these Group I factors and the architectural setting will be examined. The Group II sub-proposition is as follows:

> If social day centres are designed for active old people, it would be expected that there would be a better fit between the requirements of users and the architectural setting in new rather than old social day centres, where users are more likely to be more frail or less capable because of the ageing process.

The architectural setting will be examined under seven headings according to the specific criteria which were explained in Chapter V.

In order to test these propositions, it is proposed to contrast the new Social Day Centre 'A' which was provided recently in 1981 and was compared with a new Day Care Centre 'C' in the previous chapter, with an old Social Day Centre 'B' which was provided several years ago in 1973 (Plan 14 and Plan 15). The former day centre has a total of 77 registered users but six of these do not have lunch there. Social Day Centre 'B' has a total of approximately 260 users; of these 190 are registered and have lunch in the day centre but approximately 70 users are not registered and attend the day centre when they like, so the total daily attendance number fluctuates.

1.   GROUP 1 SUB-PROPOSITIONS

1.1   Users' characteristics

> The users of social day centres which were provided several years ago, have a higher level of dependence than the users of social day centres which were provided recently.

In general the evidence supports this sub-proposition. In order to test this sub-proposition, the characteristics of users of both day centres will be
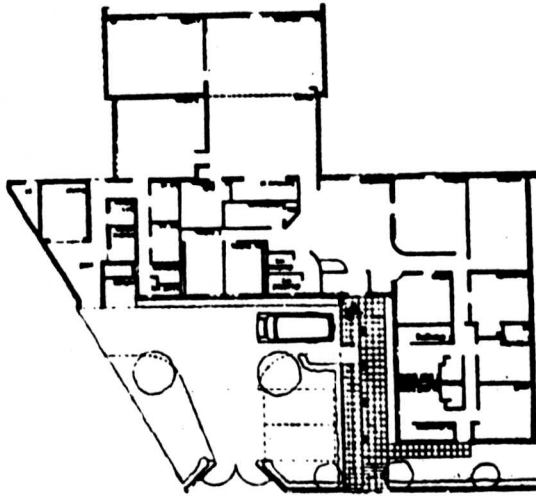
Plan 14 : Social Day Centre 'A'
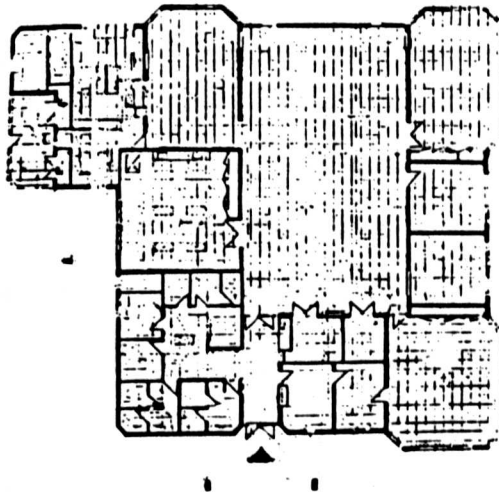
Plan 15 : Social Day Centre 'B'

considered in terms of mobility, self-care, sight-hearing-speech, continence and mental state, in the same format as in the previous chapter.

1.1.1 Mobility characteristics

The mobility characteristics of the users of Social Day Centres 'A' and 'B' are examined in terms of first, whether they can walk inside and outside the building with or without assistance and second, to what extent, they use different walking aids. Table 23 and Diagram 20 illustrate users' ability to walk inside each of two day centres. Although both are social day centres, there is some difference in the mobility characterstics of their users. All the users of the new Social Day Centre 'A' are able to walk inside the building unaided, but in the older day centre 'B' a lower percentage, 91.6% are able to walk unaided with 4.2% needing help from one person, 3.2% needing assistance from two people and 1.1% unable to walk inside.

The number and percentages of users of both Social Day Centres 'A' and 'B' who are able to walk outside unaided, aided or never are shown in Table 24 and Diagram 21. Although most of the users of both day centres walk outside without assistance a slightly higher percentage of users of the old Day Centre 'B' need some help to do this. The percentage of the users of Social Day Centre 'A' able to walk unaided outside is 93.5% compared with 87.4% of the users of Social Day Centre 'B'. Although Social Day Centre 'A' has a few users who have some problems when walking outside (6.5%), these are experienced by a higher percentage of users in Social Day Centre 'B' (12.6%).

174

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
walk unaided	77	100	87	91.6
aided by 1 person	-	-	4	4.2
aided by 2 persons	-	-	3	3.2
never walk	-	-	1	1.1

Table 23 - The users ability to walk inside Social Day Centres 'A' and 'B'.
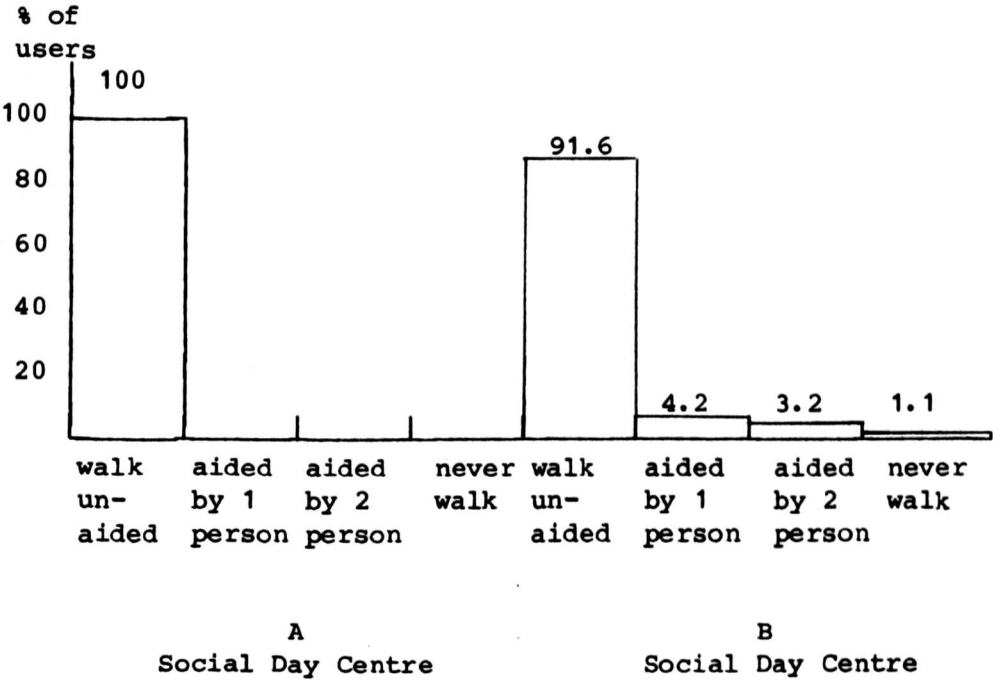
Diagram 20 - The mobility patterns of users inside Social Day Centre 'A' and Social Day Centre 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
walk unaided	72	93.5	83	87.4
aided by 1 person	3	3.9	4	4.2
aided by 2 persons	-	-	3	3.2
never walk	2	2.6	5	5.3

Table 24 - The users ability to walk outside Social Day Centre 'A'
and Social Day Centre 'B'.
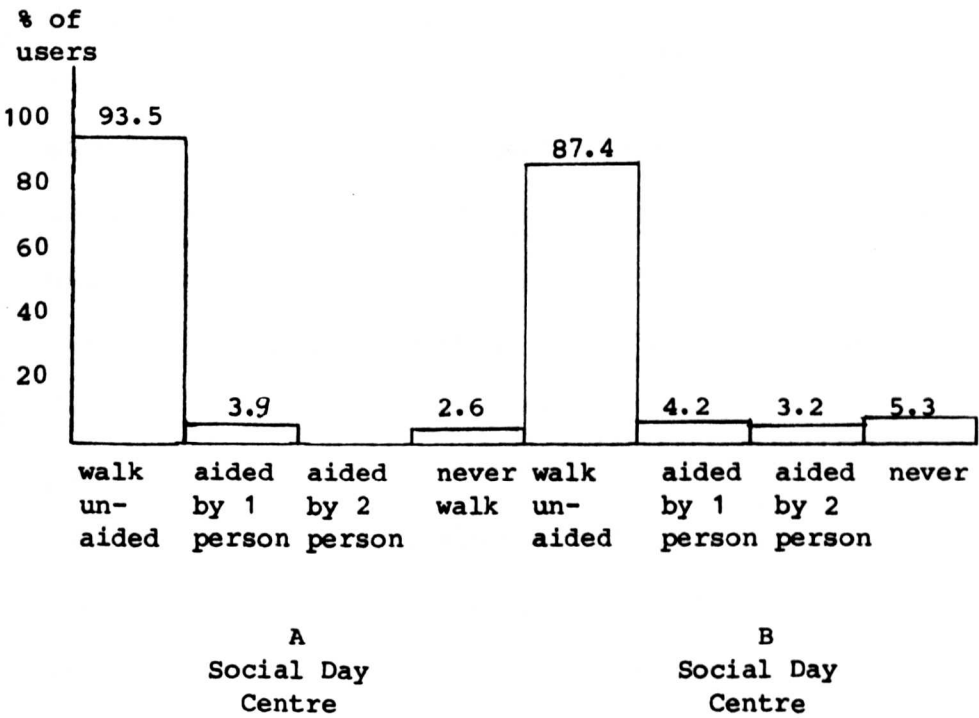
Diagram 21 - The mobility patterns of users outside Social Day
Centre 'A' and Social Day Centre 'B'.

There is a slight difference between the two day centres in the percentage of users requiring assistance from one person when they are walking outside, with 3.9% of users of Social Day Centre 'A' and 4.2% of users of Social Day Centre 'B' requiring this level of assistance. Nobody in Social Day Centre 'A' requires help from two people in order to walk outside but 3.2% of the users of Social Day Centre 'B' do so. A very small minority of users of both day centres never walk outside; these consist of 2.6% of the users of Social Day Centre 'A' but a slightly higher percentage, (5.2%) of the users of Social Day Centre 'B'.

In the use of mobility aids, there are some differences between the users of Social Day Centres 'A' and 'B' as shown in Table 25 and Diagram 22. There is nobody in Social Day Centre 'A' using a wheelchair or a walking frame but 11.7% of users always walk with a stick. However in Social Day Centre 'B' 3.2% of users always use a wheelchair in the day centre and 6.3% of them always use a wheelchair outside. In addition, 13.7% of the users always use a walking frame in Social Day Centre 'B' and 20% always use a walking stick(s). The organiser of Social Day Centre 'B', who has been working there for over seven years, confirmed that during this time the use of sticks, walking frames, and wheelchairs by the users has gradually increased. Although in Table 25 and Diagram 22 the use of walking aids were shown together, this only shows the 'always' category containing the elderly users who always walk with these aids. However there are also elderly people who do not always use these aids but may do so occasionally. The extent to which this occurs is shown in Tables 26, 27, 28, 29 and Diagrams 23, 24, 25, 26 which

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
use of wheelchair in day centre	-	-	3	3.2
use of wheelchair outside day centre	-	-	6	6.3
use of walking frame	-	-	13	13.7
use of stick	9	11.7	19	20.0
never use any aids	68	88.3	60	63.1

Total 77 users   Total 95 users

Table 25 - The numbers and percentages of users who <u>always</u> use one of
the mobility aids, or never use them inside or outside of
Social Day Centre 'A' and Social Day Centre 'B'.
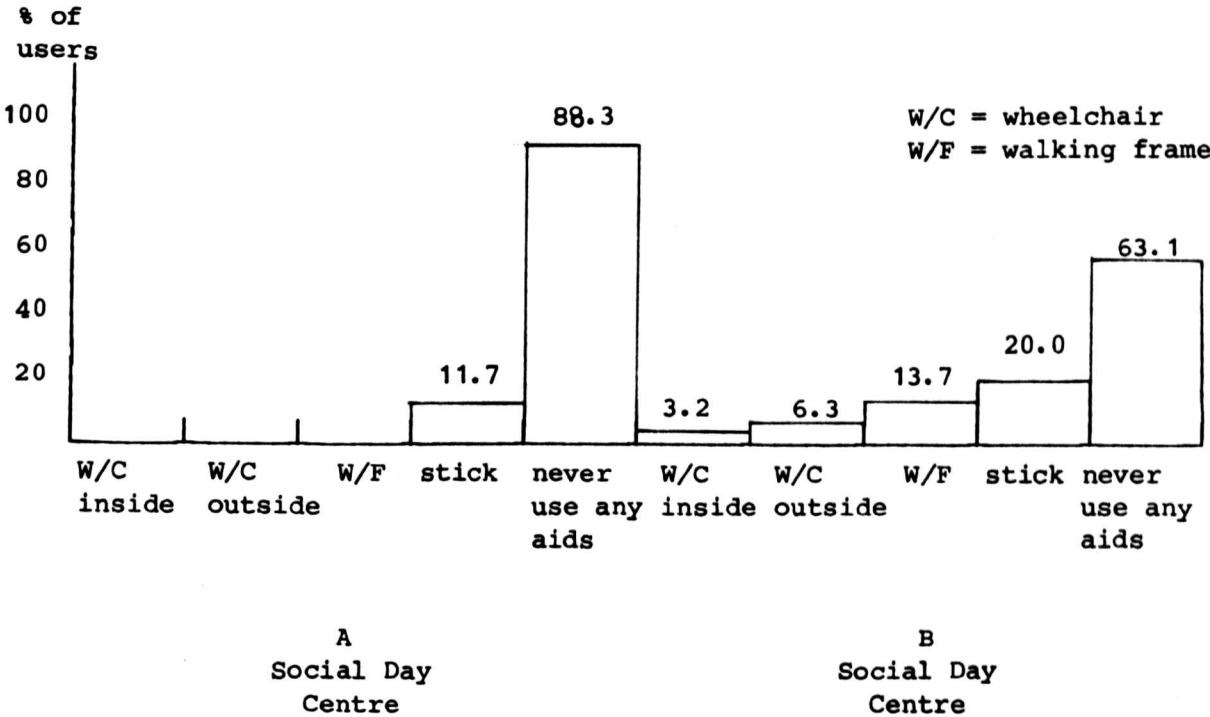
Diagram 22 -   The pattern of permanent usage of mobility aids by users in
Social Day Centre 'A' and Social Day Centre 'B'.

show the frequency (always, occasionally, never) of use of aids (i.e. wheelchairs, walking frames, sticks).

Table 26 and Diagram 23 show the use of wheelchairs inside Social Day Centres 'A' and 'B'. There are no wheelchair users in Social Day Centre 'A' and 94.7% of the users of Social Day Centre 'B' never use a wheelchair in the day centre. Of the remaining 5.3% in Social Day Centre 'B', 2.1% use a wheelchair occasionally and 3.2% always use a wheelchair.

In the use of wheelchairs outside, there is a small difference between Social Day Centre 'A' and 'B'. 1.3% of the users of Social Day Centre 'A' occasionally use a wheelchair outside and there is nobody who always uses a wheelchair outside. In Social Day Centre 'B', 2.1% of the users occasionally use a wheelchair and the remaining 6.3% always use a wheelchair outside (Table 27, Diagram 24).

There is some difference in the frequency of use of a walking frame between the users of Social Day Centres 'A' and 'B'. Table 28 and Diagram 25 shows that nobody uses a walking frame in Social Day Centre 'A', but in Social Day Centre 'B', 13.7% of the users always use a walking frame and 2.1% use one occasionally.

There are differences also in the percentage of walking stick users in these two day centres. Table 29 and Diagram 26 show that in Social Day Centre 'A' only 11.7% of the users always use a stick but the comparable percentage in Social Day Centre 'B' is 20%. In Social Day Centre 'A', there is nobody who occasionally uses a walking stick but in Social Day Centre 'B' 4.2% do so.

Thus in general the evidence shows that the users of Social Day Centre 'B' have more problems with mobility and

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
never	77	100	90	94.7
occasionally	-	-	2	2.1
always	-	-	3	3.2

Total 77 users   Total 95 users

Table 26 - The numbers and percentages of users who use <u>wheelchair in</u> Social Day Centre 'A' and Social Day Centre 'B'.

% of
users
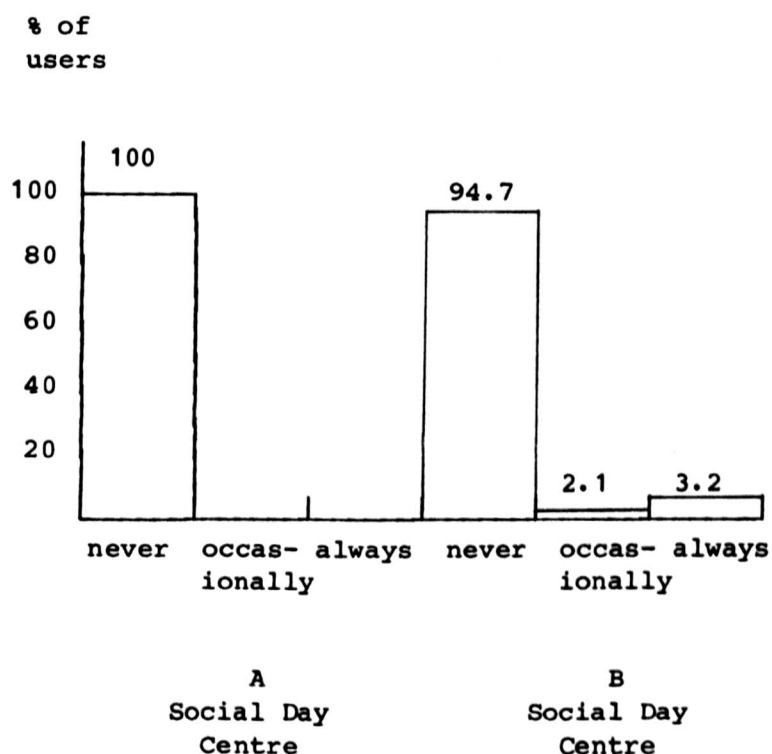
Diagram 23 -   The pattern of <u>usage of wheelchair</u> in Social Day Centre 'A' and Social Day Centre 'B'.

180

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
never	76	98.7	87	91.6
occasionally	1	1.3	2	2.1
always	-	-	6	6.3

Table 27 - The numbers and percentages of users who <u>use wheelchair</u>
<u>outside</u> Social Day Centre 'A' and Social Day Centre 'B'.

% of
users

A
Social Day
Centre

B
Social Day
Centre
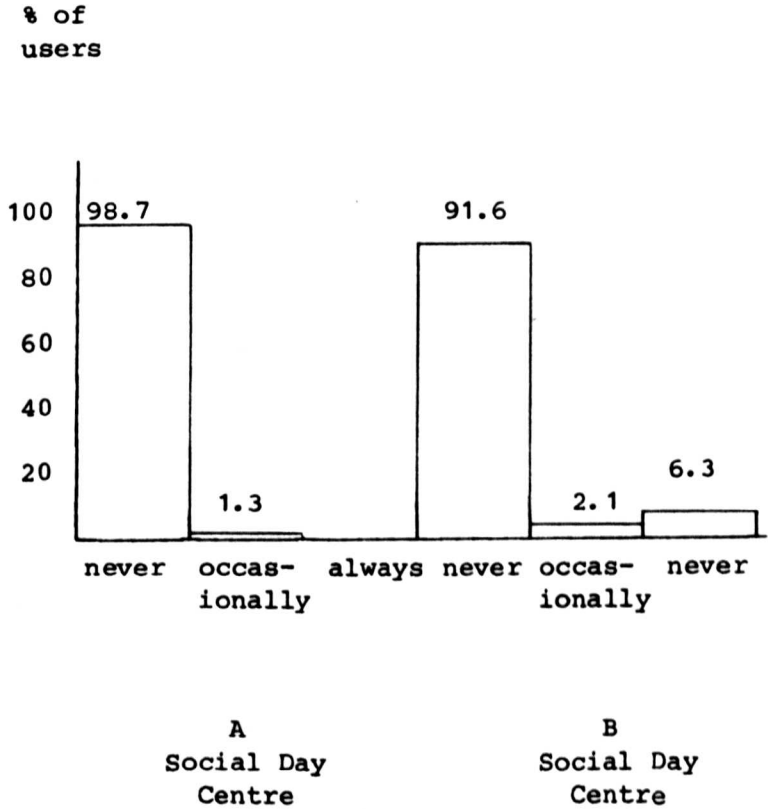
Diagram 24 -   The pattern of usage of wheelchair outside Social Day
Centre 'A' and Social Day Centre 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
never	77	100	80	84.2
occasionally	-	-	2	2.1
always	-	-	13	13.7

Table 28 - The numbers and percentages of users who <u>use walking frame</u> in Social Day Centre 'A' and Social Day Centre 'B'.

% of
users
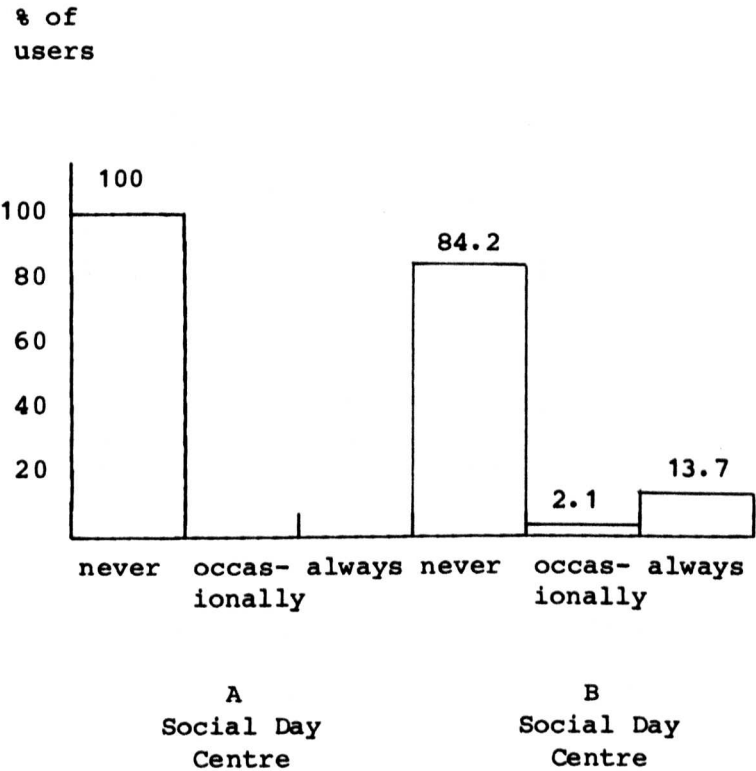
Diagram 25 - The pattern of usage of walking frame in Social Day Centre 'A' and Social Day Centre 'B'.

182

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
never	68	88.3	72	75.8
occasionally	-	-	4	4.2
always	9	11.7	19	20.0

Table 29 - The numbers and percentages of users who <u>use stick</u> in Social Day Centre 'A' and Social Day Centre 'B'.

% of
users
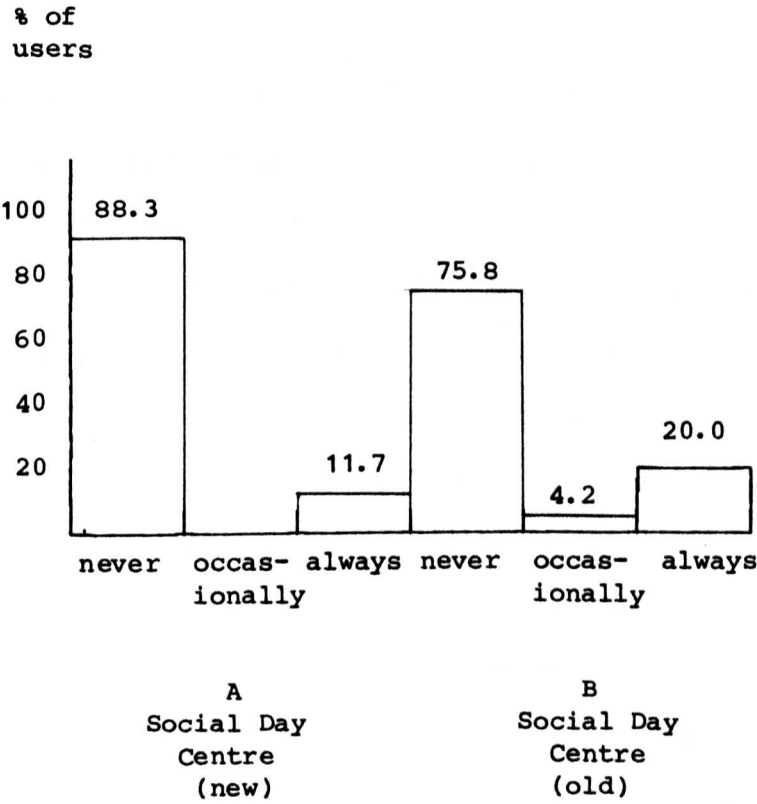
Diagram 26 - The pattern of usage of stick in Social Day Centre 'A' and Social Day Centre 'B'.

need to use more aids than the users of Social Day Centre 'A'. If these two day centres are compared with Day Care Centre 'C' which was discussed in the previous chapter, it can be seen that in terms of mobility characteristics, the users of the older Social Day Centre 'B' have a higher level of problems than those of the recently opened Social Day Centre 'A' but a lower level than users of Day Care Centre 'C'.

1.1.2 Self care characteristics

There are differences between Social Day Centres 'A' and 'B' not only in mobility characterstics of their users but also in the latter's ability to undertake self-care activities. In these activities (eating, washing, bathing, using the WC and dressing), the data showed that the users of the older Social Day Centre 'B' are less able to undertake these activities on their own than the users of Social Day Centre 'A'. Table 32 and Diagram 29 show that the main difference is in the percentages of users requiring help when having a bath. In Social Day Centre 'A' only 5.2% of the users need assistance from one person when having a bath but this percentage is much higher at 28.4% in Social Day Centre 'B'.

Although nobody needs assistance in eating, washing hands and using the WC in Social Day Centre 'A', there are some elderly users in Social Day Centre 'B' who need assistance in these activities (Tables 30, 31, 33 and Diagrams 27, 28, 30). In the latter day centre 3.2% of the users require assistance from one person in order to eat, 2.1% need one person's help to wash hands and 2.1% need assistance from one person when using the WC. Finally,

184

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
unaided	77	100	92	96.8
aided by 1 person	-	-	3	3.2

Table 30 - The numbers and percentages of users who <u>eat</u> unaided or aided in Social Day Centres 'A' and 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
unaided	77	100	93	97.9
aided by 1 person	-	-	2	2.1

Table 31 - The numbers and percentages of users who <u>wash hands</u> unaided or aided in Social Day Centres 'A' and 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
unaided	73	94.8	68	71.6
aided by 1 person	4	5.2	27	28.4
aided by 2 person	-	-	-	-

Table 32 - The numbers and percentages of users who <u>get bath</u> unaided or aided in Social Day Centres 'A' and 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
unaided	77	100	92	97.9
aided by 1 person	-	-	2	2.1

Table 33 - The numbers and percentages of users who <u>use WC</u> unaided or aided in Social Day Centres 'A' and 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
unaided	76	98.7	92	96.8
aided by 1 person	1	1.3	3	3.2

Table 34 - The numbers and percentages of users who get dressed
unaided or aided in Social Day Centres 'A' and 'B'.

% of
users

100

100   96.8

80

60

40

20   3.2

un-   aided   aided   un-   aided   aided
aided   by 1   by 2   aided   by 1   by 2
       person person   person person

         A   B
    Social Day   Social Day
     Centre   Centre
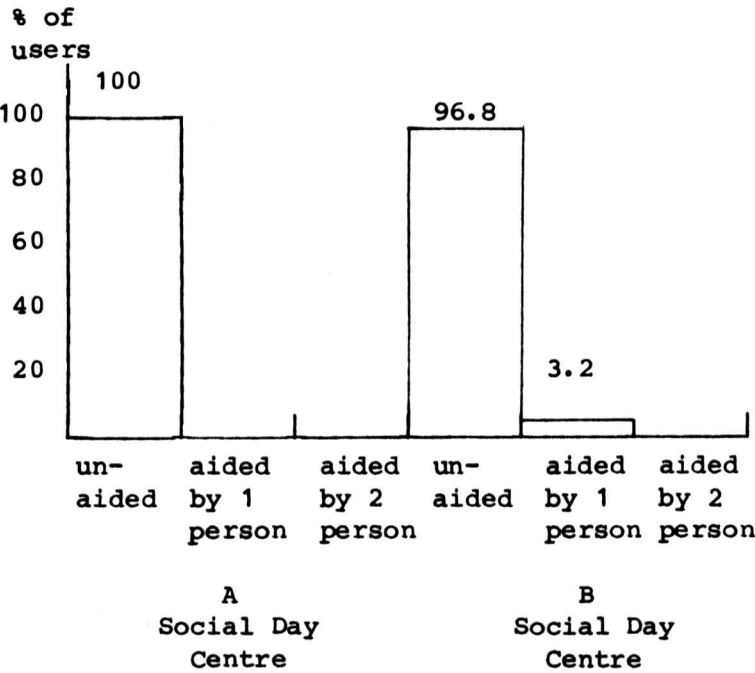
Diagram 27 -   The pattern of eating in different categories in
               Social Day Centres 'A' and 'B'. (See Table 30)

% of
users

100

100   97.9

80

60

40

20   2.1

un-   aided   aided un-   aided   aided
aided   by 1   by 2 aided   by 1   by 2
       person person   person person
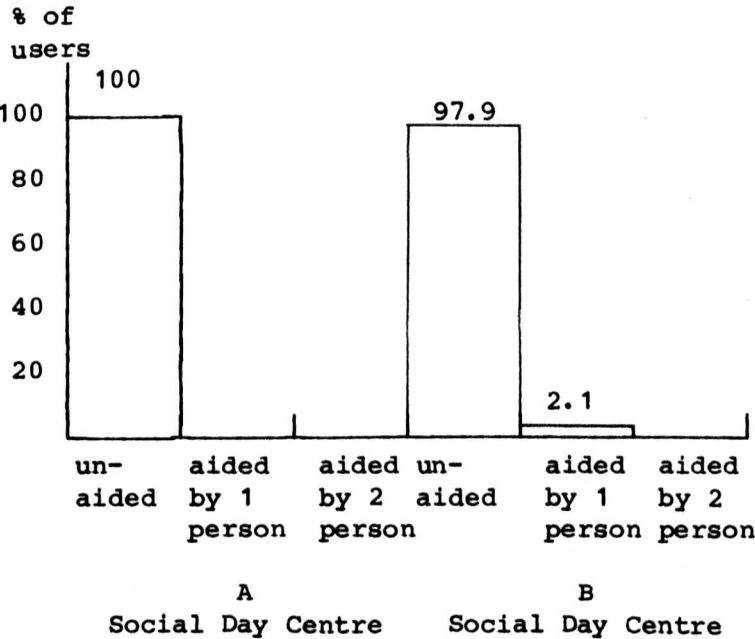
         A   B
    Social Day Centre   Social Day Centre
Diagram 28 -   The pattern of washing hands in different categories
               in Social Day Centres 'A' and 'B'. (See Table 31)

186

% of
users

100 ┤ 94.8
 80 ┤   71.6
 60 ┤
 40 ┤
 20 ┤   5.2   28.4

```
   un-     aided   aided   un-     aided   aided
   aided   by 1    by 2    aided   by 1    by 2
           person  person          person  person
             A                       B
         Social Day              Social Day
           Centre                  Centre
```
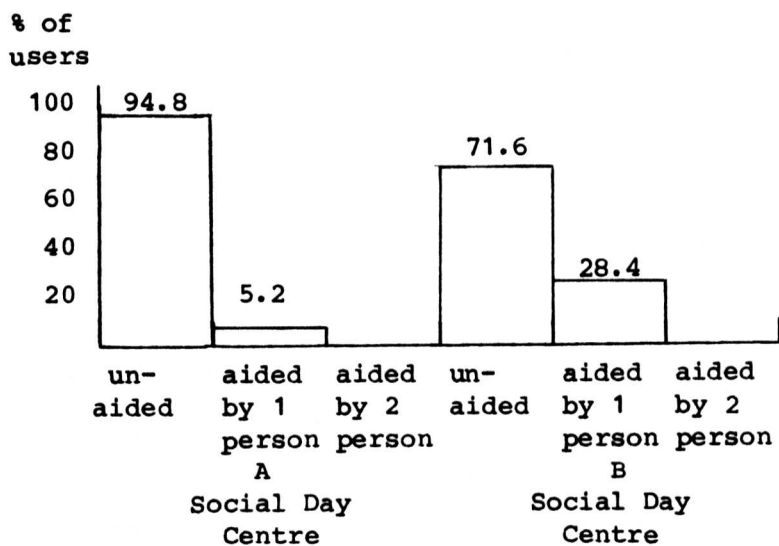
Diagram 29 - The pattern of <u>bathing</u> in different categories in
              Social Day Centres 'A' and 'B'. (See Table 32)

% of
users

100 ┤ 100
100 ┤   97.9
 80 ┤
 60 ┤
 40 ┤
 20 ┤   2.1

```
   un-     aided   aided   un-     aided   aided
   aided   by 1    by 2    aided   by 1    by 2
           person  person          person  person
             A                       B
         Social Day              Social Day
           Centre                  Centre
```
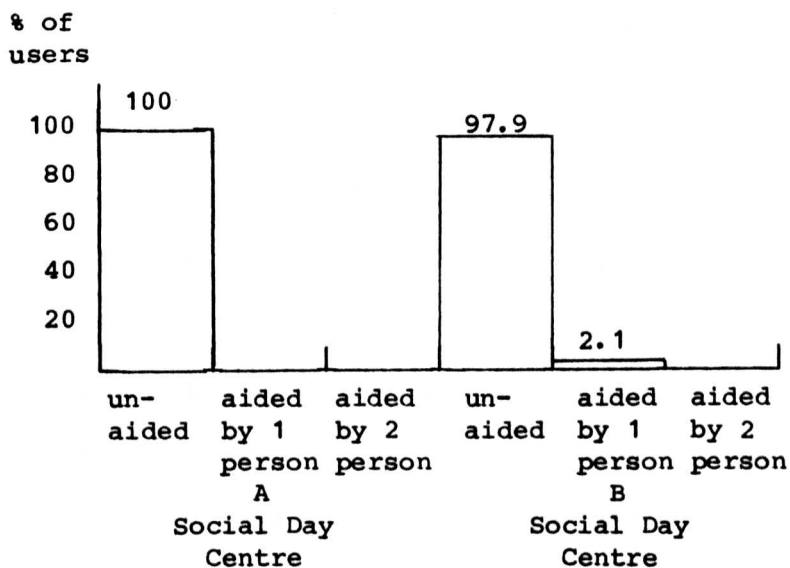
Diagram 30 - The pattern of <u>using the WC</u> in different categories
              in Social Day Centres 'A' and 'B'. (See Table 33)

% of
users

100 ┤ 98.7   96.8
 80 ┤
 60 ┤
 40 ┤
 20 ┤   1.3   3.2

```
   un-     aided   aided   un-     aided   aided
   aided   by 1    by 2    aided   by 1    by 2
           person  person          person  person
             A                       B
         Social Day              Social Day
           Centre                  Centre
```
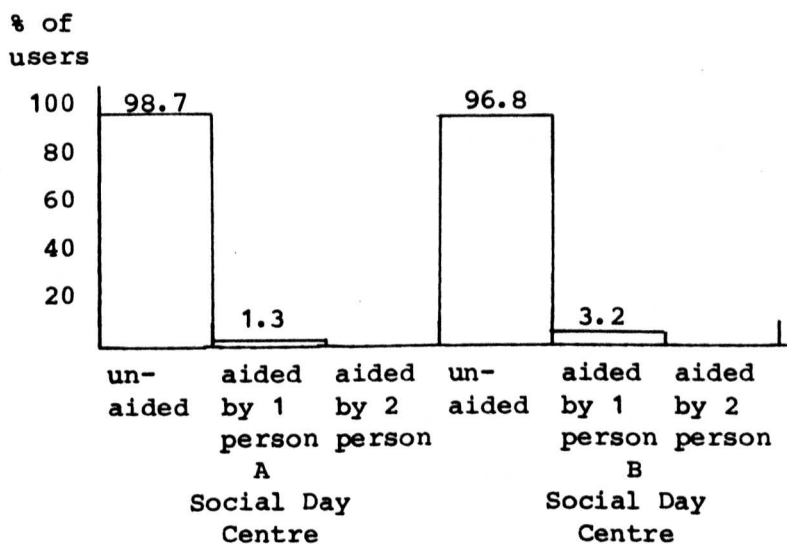
Diagram 31 - The pattern of <u>dressing</u> in different categories in
             Social Day Centres 'A' and 'B'. (See Table 34)

187

there is a slight difference between the percentages of users of these day centres requiring help to dress, only 1.3% of the users of Social Day Centre 'A' need help in this self-care activity, but it is required by 3.2% of the users in Social Day Centre 'B' (Table 34, Diagram 31).

In broad terms, the evidence on self-care characteristics of users in both social day centres indicates that a higher percentage of users in the old social day centre have difficulties in undertaking self-care activities than the users of the new social day centre.

If a comparison is made between Social Day Centres 'A' and 'B' and Day Care Centre 'C', which was examined in the previous chapter, in terms of the amount of assistance required by users undertaking self-care activities, users of the old Social Day Centre 'B' require less help than the users of Day Care Centre 'C', but more than the users of the new Social Day Centre 'A'. Thus, again the users' characteristics in Social Day Centre 'B' in terms of self-care, fall somewhere between the two extremes represented by Social Day Centre 'A' and Day Care Centre 'C'.

1.1.3 Sight-hearing-speech characteristics

In the capacity to see, hear and speak, Tables 35, 36, 37 and Diagrams 32, 33, 34 show a similar pattern in both Social Day Centres 'A' and 'B', but in general the percentage of users with complete capacity of sight, hearing and speech is slightly higher in the new Social Day Centre 'A' than in the Old Social Day Centre 'B'. In both day centres a very high percentage of users have complete

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
complete capacity	74	96.1	84	88.4
partial capacity	2	2.6	11	11.6
little capacity	1	1.3	-	-

Table 35 - The numbers and percentages of state of sight of users of Social Day Centres 'A' and 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
complete capacity	69	89.6	85	89.5
partial capacity	6	7.8	8	8.4
little capacity	-	-	2	2.1
no capacity	2	2.6	-	-

Table 36 - The numbers and percentages of state of hearing of users of Social Day Centres 'A' and 'B'.

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
complete capacity	75	97.4	86	90.5
partial capacity	-	-	8	8.4
little capacity	-	-	1	1.1
no capacity	2	2.6	-	-

Table 37 - The numbers and percentages of state of speech of users of Social Day Centres 'A' and 'B'.

% of users

```
100 │ 96.1
    │ ┌──────┐                    88.4
 80 │ │      │                  ┌──────┐
    │ │      │                  │      │
 60 │ │      │                  │      │
    │ │      │                  │      │
 40 │ │      │                  │      │
    │ │      │                  │      │
 20 │ │      │                  │      │
    │ │      │  2.6    1.3      │      │  ┌11.6┐
    │ │      │ ┌──┐   ┌──┐      │      │ ─┤    ├─
    └─┴──────┴─┴──┴───┴──┴──────┴──────┴──┴────┴────
      compl.  part.  little  compl.  part.  little
      cap.    cap.   cap.    cap.    cap.   cap.

              A                       B
         Social Day              Social Day
           Centre                  Centre
```
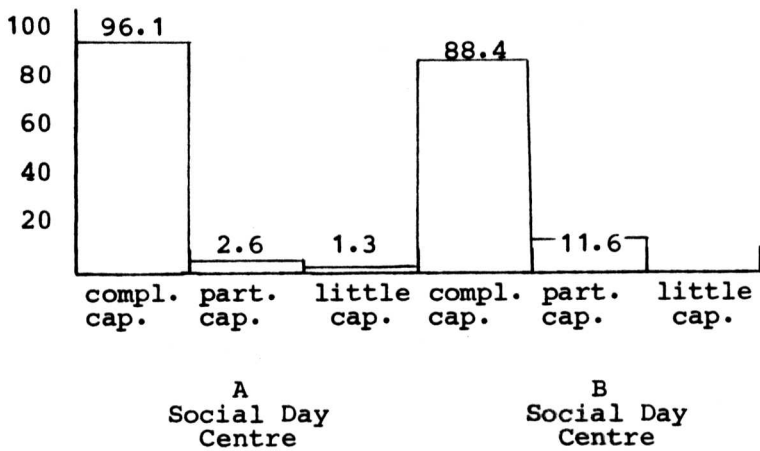
Diagram 32 - The pattern of <u>sight capacities</u> of users in Social Day
Centres 'A' and 'B'.

% of users

```
100 │ 89.6                         89.5
    │ ┌──────┐                   ┌──────┐
 80 │ │      │                   │      │
    │ │      │                   │      │
 60 │ │      │                   │      │
    │ │      │                   │      │
 40 │ │      │                   │      │
    │ │      │                   │      │
 20 │ │      │  7.8              │      │ ┌8.4┐  2.1
    │ │      │ ┌──┐      2.6     │      │─┤   ├─┌──┐
    └─┴──────┴─┴──┴──────┴──┴────┴──────┴─┴───┴─┴──┴────
      compl.  part. little   no  compl.  part. little  no
      cap.    cap.  cap.     cap. cap.   cap.  cap.    cap.

              A                          B
         Social Day                 Social Day

           Centre                     Centre
```
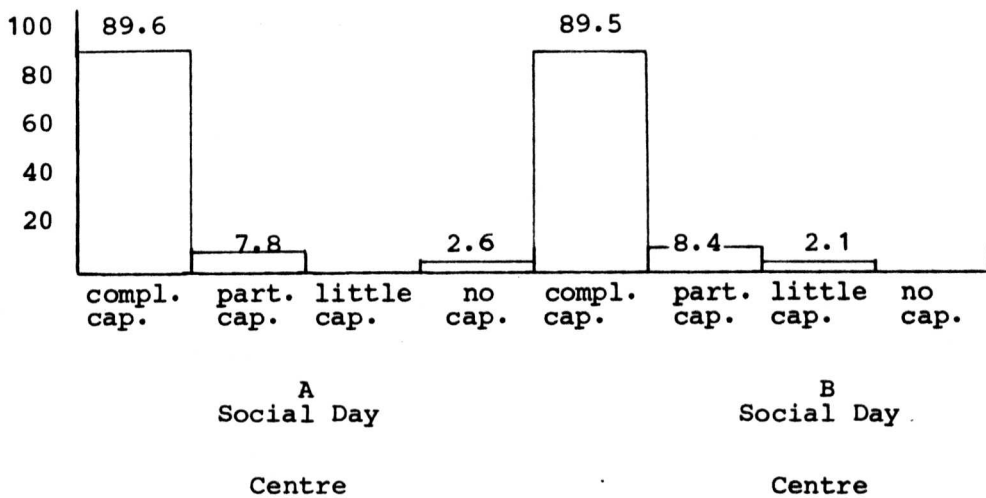
Diagram 33 - The pattern of <u>hearing capacities</u> of users in
Social Day Centres 'A' and 'B'.

% of users

```
100 │ 97.4                         90.5
    │ ┌──────┐                   ┌──────┐
 80 │ │      │                   │      │
    │ │      │                   │      │
 60 │ │      │                   │      │
    │ │      │                   │      │
 40 │ │      │                   │      │
    │ │      │                   │      │
 20 │ │      │                   │      │ ┌8.4┐ 1.1
    │ │      │           2.6     │      │─┤   ├─┌──┐
    └─┴──────┴───┴──┴────┴──┴────┴──────┴─┴───┴─┴──┴────
      compl.  part. little   no  compl.  part. little  no
      cap.    cap.  cap.     cap. cap.   cap.  cap.    cap.

              A                          B
         Social Day                 Social Day
           Centre                     Centre
```
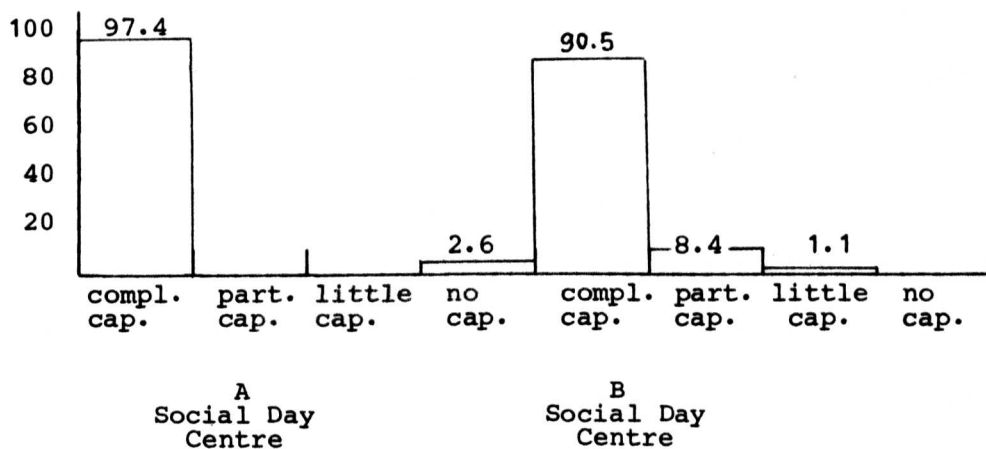
Diagram 34 - The pattern of <u>speech capacities</u> of users in Social
Day Centres 'A' and 'B'

capacity in each of these three senses. The percentage of users having complete capacity in Social Day Centre 'A' is 96.1% in sight, 89.6% in hearing, 97.4% in speech, whereas the comparable figures for Social Day Centre 'B' are 88.4% in sight, 89.5% in hearing and 90.5% in speech. In both day centres there are a small percentage of users who have less than complete capacity. In Social Day Centre 'A' there are two users with no capacity of hearing and speech. Both were born deaf and dumb but they are very well adjusted and active as they have learnt to cope with their disabilities. In addition to these people, who have always been unable to speak and hear, there are other users in both social day centres who have developed some sight-hearing and/or speech problems in later life.

Thus, in general the data show differences in the sight-hearing-speech characteristics of users of the two social day centres. More users in the old social day centre have incapacities in these three senses than the users of the new social day centre.

1.1.4 Continence characteristics

As Table 38 and Diagram 35 show, nearly all users of both day centres are continent but a slightly higher percentage are incontinent in Social Day Centre 'B'. In Social Day Centre 'A', 1.3% (one user) of users is occasionally incontinent but there are no users who are always incontinent. In Social Day Centre 'B', 2.1% of the users (two users) are occasionally and 1.1% of them are always incontinent. The organiser of the latter Day Centre mentioned that incontinence is beginning to be a problem. Although the policy is that only people who are continent are admitted to this day centre, some users have become incontinent since they started attending the day centre.

191

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
never	76	98.7	92	96.8
occasionally	1	1.3	2	2.1
always	-	-	1	1.1

Table 38 - The numbers and percentages of users' incontinence characteristics in Social Day Centres 'A' and 'B'.

% of
users
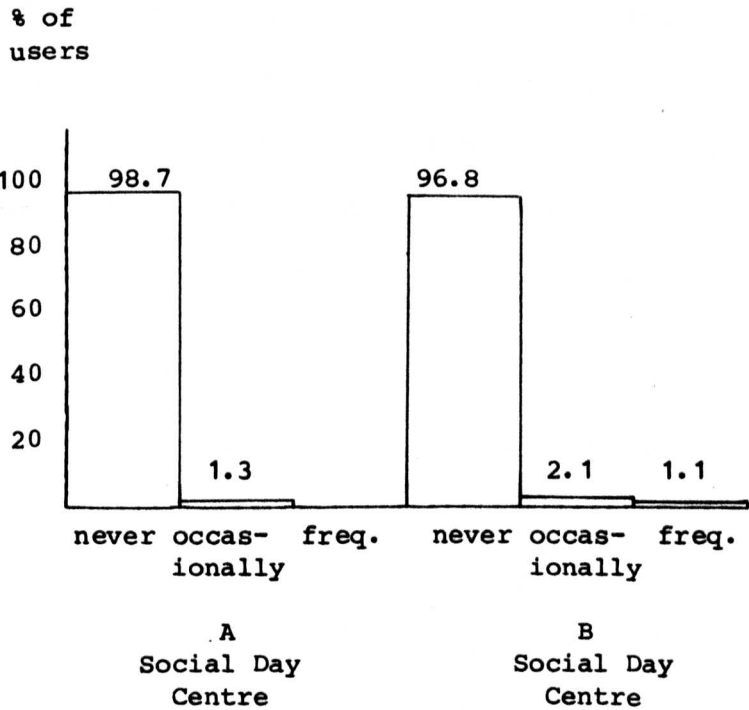
Diagram 35 -   The pattern of incontinence characteristics of users in Social Day Centres 'A' and 'B'.

In terms of continence characteristics; the evidence indicates a slight difference between the two social day centres. The percentage of users who are incontinent is slightly higher in the old social day centre than in the new social day centre.

1.1.5 Mental Characteristics

The research data show that the most of the users in both day centres are mentally alert but a higher percentage of users in the older Social Day Centre 'B' are mildly or severely confused.

In the latter day centre 5.3% of the users are mildly and 3.2% of the users are severely confused but in Social Day Centre 'A' only 1.3% (one) of the users is mildly confused and there is nobody who is severely confused. (Table 39, Diagram 36). Staff in Social Day Centre 'B' also commented that there was a change in mental state of some users who were mentally alert when they first came to the day centre but have since become confused.

Thus, the evidence demonstrates that the old social day centre accommodates more mentally confused users than the new social day centre.

1.1.6 Summary

In this first section, the users' characteristics in mobility, self-care, sight-hearing-speech, incontinence and mental state in Social Day Centres 'A' and 'B' have been compared. This comparison has shown that the users of the old Social Day Centre 'B' have more incapacities and need more assistance in undertaking the above activities than the users of the newer Social Day Centre 'A', but this difference is not as great as that between new Social Day

	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
mentally alert	76	98.7	87	91.6
mildly confused	1	1.3	5	5.3
severely confused	-	-	3	3.2

Table 39 - The numbers and percentages of users' mental
characteristics in Social Day Centres 'A' and 'B'.

% of
users
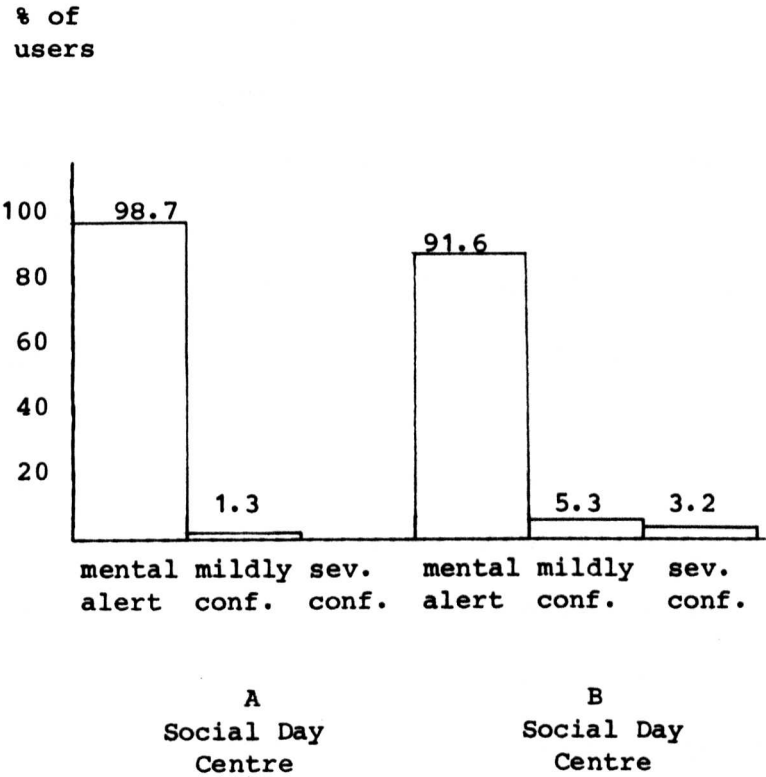
Diagram 36 - The pattern of mental characteristics of users
in Social Day Centres 'A' and B'.

194

Centre 'A' and the new Day Care Centre 'C'.

The next section will explore the type of activities which take place in each day centre and users' reasons for attendance at a day centre.

1.2 Activities

This section examines the reasons of users for attendance a day centre and the type of activities which take place in these day centres.

1.2.1 Reasons for attendance

> Sub-Proposition - Old People's reasons for attendance at recently provided social day centres are to obtain social contact and to undertake social activities, whereas the reasons for attending social day centres which were provided several years ago are not only to obtain social contact, but also to receive general care and stimulation.

In general, the evidence supports this proposition. Table 40 and Diagram 37 summarise the reasons for attendance at a day centre given by staff and some users in Social Day Centres 'A' and 'B'. Both Social Day Centres have a similar percentage of users who attend a day centre for social contact, with 89.6% of users in Social Day Centre 'A' and 87.4% in Social Day Centre 'B'. Despite this similarity there are differences in other reasons given. First, some of the users of Social Day Centre 'B' (6.3%) gave the need to relieve relatives who cared for them as a reason for attending a day centre. Another reason given by staff is to provide stimulation and care to 1.1% of the users. Although these percentages are not very high, they indicate that there are some users in this day centre who require some extra care and attention, whereas nobody in Social Day Centre 'A' attends for these reasons.

195

In order to/for	Social Day Centre 'A'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users
Obtain social contact	69	89.6	83	87.4
Relieve loneliness	11	14.3	3	3.2
Avoid isolation	2	2.6	1	1.1
Prevent depression	5	6.5	4	4.2
Stimulate and care	-	-	1	1.1
Occupation out of home	3	3.9	16	16.8
Relieve relative	-	-	6	6.3
Food	8	10.4	29	30.5
Art and craft	16	20.8	1	1.1
Indoor games	9	11.7	1	1.1
Dancing & Music	14	18.2	-	-
Be with wife	-	-	1	1.1
Voluntary help & work	-	-	2	2.1
Overcome bereavement	-	-	1	1.1

Table 40 - The numbers and percentages of users who gave reasons for needing a day centre in Social Day Centres 'A' and Social Day Centre 'B'.

percentage
of users

1. social contact
2. relief loneliness
3. avoid isolation
4. prevent depression
5. stimulate & care
6. occupation out of home
7. relief relative
8. food
9. art & craft
10. indoor games
11. dancing & music
12. be with wife
13. voluntary work
14. overcome bereavement

B
Social Day Centre
(old)

A
Social Day Centre
(new)
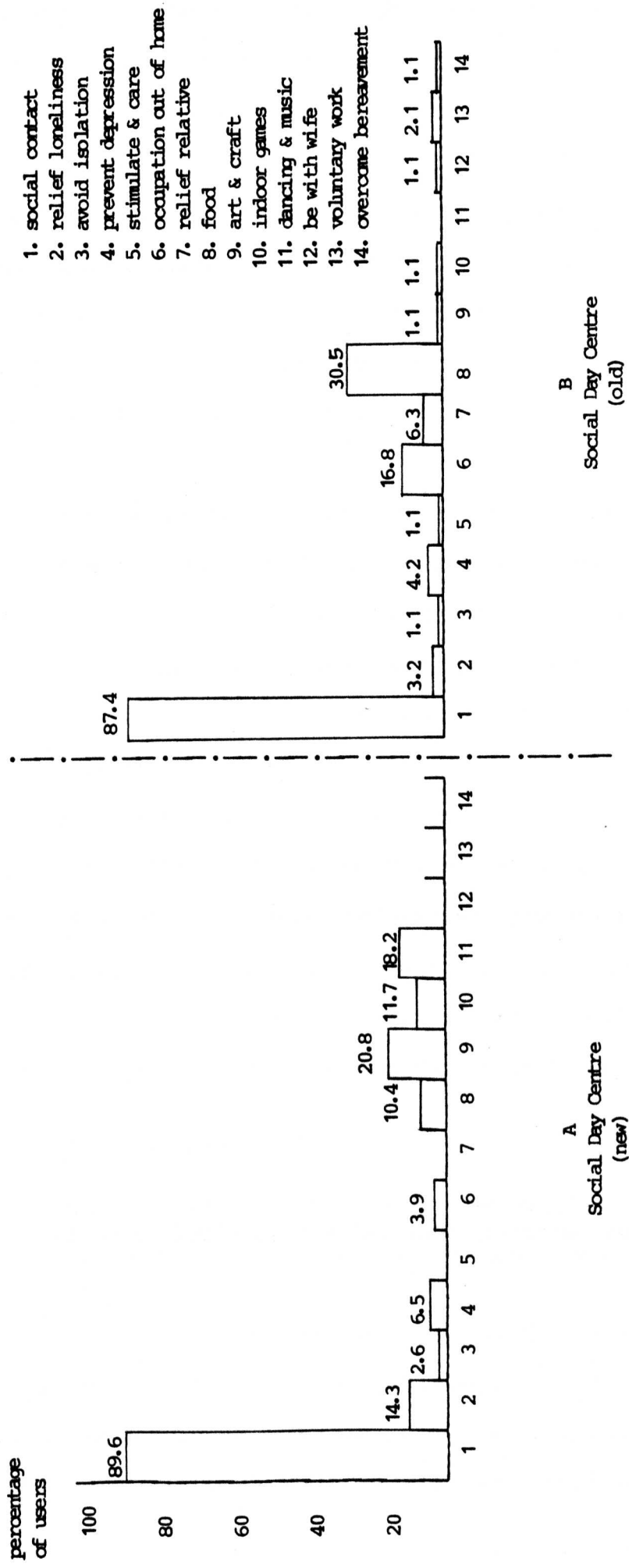
Diagram 37 - The patterns of reasons of users for needing a day centre in Social Day Centre 'A' and Social Day Centre 'B'.

197

A second difference between the reasons given for attending these two social day centres is the emphasis on participating in recreational activities. In Social Day Centre 'A' reasons for attending included 20.8% of users wanting to do art and craft activities and 18.2% wanting music and dancing and 11.7% wanting to play indoor games, e.g. bingo, card games, snooker. However the above reasons are given by only a small percentage of users in Social Day Centre 'B'. There the main reasons are placed on obtaining food (30.5%) and having some occupation outside the home (16.8%).

The evidence on this sub-proposition shows that the main reasons of users for attendance at both social day centres are to obtain social contact. However, in the old social day centre, there are some users who attend for stimulation and care or to provide relief to their relatives who look after them.

In examining the previous sub-proposition, it was found that there are some differences in the expectations and needs of the users in Social Day Centres 'A' and 'B'. From this, it seems likely that, the different requirements of users in each social day centre would be met by a different pattern of activities in each day centre.

1.2.2 Type of activities

> Sub-proposition- Different activities are provide in new and old social day centres to cater for the different requirements and expectations of their users.

This sub-proposition is partly supported by the evidence provided. Table 41 shows the type of activities which take place in Social Day Centres 'A' and 'B'. Although no self-care activities are provided in Social Day

(I) Day Care Activities			(A) Social Day Centre				(B) Social Day Centre		
A. Self-care activity	Yes		No. of users	% of users	Freq. of the activity	Yes	No. of users	% of users	Freq. of the activity
Feeding	–					–			
Washing	–					–			
Bathing	–					✓	1–2	2.1	1/7
Toileting	–					–			
Dressing	–					✓	1–2	2.1	1/7
B. Mobility training and Physical care activities									
Musical Movement			25–30		1/7	–			
Occupational Therapy	–					–			
Physiotherapy	–					–			
Hairdressings	–					✓	10–12		3/7
Chiropody treatment	–					✓	15–		1/3 months
C. Teaching and other training activities									
Kitchen training	–					–			
Laundry training	–					–			
Bathroom training	–					–			
Bedroom training	–					–			
(II) Social Activities									
A. Entertainment activities									
Dancing	✓		30–50	40–65	1/7	–			
Sing Songs	✓		10–40		various	✓		90	1/7
Film shows	–					–			
Concerts	✓		50–60		4 times a year	✓	var's		once or twice a year
B. Indoor games									
Bingo	✓		35–50	45–65	2/7	✓		30	1/7
Card games	✓		various		5/7	✓	various		5/7
Chess and other board games	✓		various		5/7	✓	various		5/7

	(A) Social Day Centre				(B) Social Day Centre			
	Yes	No. of users	% of users	Freq. of the activity	Yes	No. of users	% of users	Freq. of the activity
Darts	✓	various		5/7	–			
Snooker	✓	various		5/7	✓	various		5/7
C. Others								
Reading	✓	1-2		various	✓	various		5/7
Watching T.V	✓	various		5/7	✓		2-3	sometimes

(III) Art and Craft Activities
A. Dry Craft Work

	Yes	No. of users	% of users	Freq. of the activity	Yes	No. of users	% of users	Freq. of the activity
Sewing	–				–			
Knitting/Crochetting	✓	12	13	5/7	✓			5/7
Macrame	✓	5-6		1/7	–		–	
Toy Making (soft)	✓	20	26-20	5/7	✓		10	4/7
Basket making	✓	15	20	1/7	✓			4/7
Wood work	–				–			

B. Wet art and craft work

	Yes	No. of users	% of users	Freq. of the activity	Yes	No. of users	% of users	Freq. of the activity
Painting/Mosaic	–				✓	8	8.4	4/7
Pottery	–				✓	7	7.3	1/7

(IV) Meals/Snacks

	Yes	No. of users	% of users	Freq. of the activity	Yes	No. of users	% of users	Freq. of the activity
Meals	✓	min 45 max 58		5/7	✓	54-86		5/7
Snacks	✓	various		5/7	✓	various		5/7
Tea/Coffee	✓	40-58		5/7	✓	60-100		5/7

Table 41 - The activities which take place in Social Day Centres 'A' and 'B', the numbers and percentages of users who involved in each activity and the frequency of activities in each day centre.

Centre 'A', the facility for having a bath is available in Social Day Centre 'B', but very few elderly users (2.1%) actually take a bath. Other services such as chiropody and hairdressing are also available in Social Day Centre 'B'. Chiropody has recently been provided to meet the requirements of the elderly users and this service is available in the day centre once every three months. As there is no specific room designated for this activity, it takes place in one of the activity rooms which is used for group activities, such as bingo.

In the case of hairdressing, users of Social Day Centre 'B' (especially the ladies) are very happy to have this service provided in their day centre and the users of Social Day Centre 'A' would also like to have this facility. Neither day centre provides the type of teaching or training in mobility or in using kitchen and bathroom facilities which is available in some day care centres.

Although Social Day Centre 'A' provides musical movement, this activity is not available in Social Day Centre 'B'. In the case of entertainment activities both day centres have concerts but these are less frequent in Social Day Centre 'B'. They sing songs in both day centres, but dancing is only available in Social Day Centre 'A'. The users of Social Day Centre 'B' complained about the lack of entertainment. Most of them wish to have a more lively atmosphere with more music, concerts and dancing. This is reflected in comments by the users of Social Day Centre 'B' such as, 'We just do nothing, just sit and watch'. One lady said:

> I have difficulty with my eyes. I can see so little, so I can't do any craft work but I enjoy it when people are singing or dancing or I can listen to music but there is nothing here.

Bingo, card games, chess and other board games are played in both social day centres. Social Day Centre 'A' has bingo sessions twice a week and 45-65% of all users attend this activity, but in Social Day Centre 'B' there is only one bingo session per week and only 30% of the users attend. The number of users who play cards or other games varies but in both day centres the opportunity to take part is available every day. Darts and snooker are played daily in Social Day Centre 'A', mostly by men. Although there is equipment for playing darts in Social Day Centre 'B', it is not used but snooker is a big attraction for many of the men in Social Day Centre 'B'. In the latter day centre the percentage of men (33.7%) is much higher than in the other day centres studied; for example, in Day Centre 'A', 26% of the users are male and 74% are female. The staff in Social Day Centre 'B' emphasised that the main reasons for the high percentage of men at the day centre is because they can play snooker there. Both social day centres provide some facilities for reading and watching T.V.

Although both day centres provide craft activities such as knitting, crochetting, toy making, basket making for users, the attendance at craft work sessions is higher in Social Day Centre 'A' (approximately 20%) than Social Day Centre 'B' (approximately 10%). There is no painting or pottery classes in Social Day Centre 'A', but these activities are available in Social Day Centre 'B' and approximately 7-8% of the users attend painting class and 8-9% of them attend the pottery session.

Both day centres offer meals, snacks and tea or coffee for their users. In Social Day Centre 'B', the number of

meals served range from a minimum of 54 to a maximum of 86 daily. In Social Day Centre 'A' the comparable numbers range from a minimum of 45 to a maximum of 58 people taking meals. In addition, in Social Day Centre 'B' meals on wheels lunches are cooked for 68-78 people.

Thus, in general, the evidence indicates that both new and old social day centres provide mainly social activities. Although the old social day centre provide bathing and chiropody services for its users, there are no activities related to mobility and self-care, for the frail users who have difficulties in mobility and/or undertaking self-care activities.

1.3 Transport provision

Sub-proposition- Special transport is required by a higher proportion of users of old social day centres than users of new social day centres.

This sub-proposition is supported by the evidence. There is no provision of special transport for users of Social Day Centre 'A', but it is made available for users of Social Day Centre 'B' which is located in a different local authority area. This difference, reflects the different policies and resources available in the two local authorities where the day centres are situated. In providing Social Day Centre 'A' the aim was to cater mostly for local elderly people who could either walk to the day centre or use public transport. Thus, this is a local day centre catering daily for about 60 elderly people. In contrast, Social Day Centre 'B' was planned to meet the requirements of elderly people from a wide catchment area and an average of 90 elderly people attend daily with a minimum attendance of 70 and a maximum of 120 people.

Thus, from the beginning, transport was provided for users of Social Day Centre 'B'.

These policy differences are reflected in the data on transport provision shown in Tables 42a-42b and Diagrams 38a-38b; these show that 80% of the users of Social Day Centre 'B' travel to and from the day centre by the day centre's transport, but there is no similar provision for users of Social Day Centre 'A'. At the time the data was collected 72.7% of the users of the latter day centre walked to and from their day centre, 9.1% went by bus, 14.3% by private car and 3.9% of them come either by tube or on a motorbike. In contrast, only a very small percentage of users of Social Day Centre 'B' walk to their day centre (5.2%), a further 7.4% use public transport (bus) and the other 7.4% use their private car.

Although a comparatively high percentage of users of Social Day Centre 'B' now use special transport to attend their day centre, this has not always been the case. In 1974, a research project was carried out by the Social Services Department which is responsible for Social Day Centre 'B' on various aspects of the running of this day centre. At that time only 28.7% of the users were using the day centre's special transport compared with 80% in 1982, as shown on Tables 42a and 42b, Diagrams 38a and 38b. Thus, in 1974 comparatively more users were either walking (26.1%), using buses (27.4%) or their private cars (17.8%) in order to attend this social day centre than in 1982.

These figures show that a much higher percentage of users of the older social day centre are using special transport than was the case eight years ago. This is what

by	Social Day Centre 'A'		Social Day Centre 'B'		Social Day Centre 'B'	
	number of users	percentage of users	number of users	percentage of users	number of users	percentage of users
day centre transport	–	–	75	80.0		28.7
walking	56	72.7	5	5.2		26.1
bus	7	9.1	7	7.4		27.4
private car	11	14.3	7	7.4		17.8
others (tube,motorbike	3	3.9	–	–	–	–

Table 42a – The numbers and percentages of users of different types of transport utilized to attend Social Day Centres 'A' and 'B' in 1982.

Table 42b –
The number and percentages of users of different types of transport utilized to attend Social Day Centre 'B' in 1974.
(The figures based on the research which was done by Social Services Department in the area of Social Day Centre 'B').

% of users

A
Social Day Centre

B
in 1982
Social Day Centre

B
1974
Social Day Centre
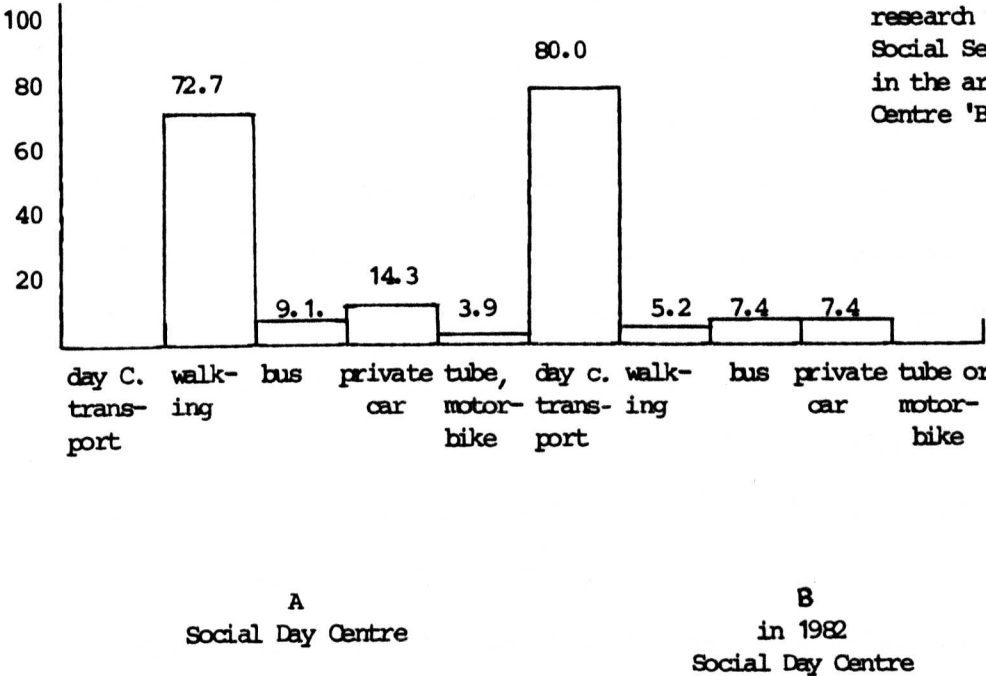
Diagram 38a – The pattern of usage of transport in Social Day Centres 'A' and 'B' in 1982.
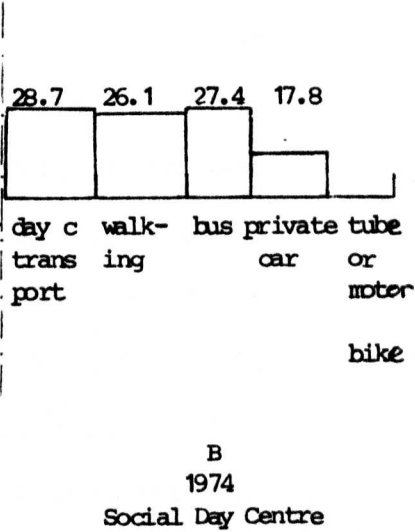
Diagram 38b – The pattern of usage of transport in Social Day Centre 'B' in 1974.

would be expected as the original users became older and more frail and where the Local Authority's policy was to enable old people to continue to attend the same day centre for as long as possible as their physical and mental conditions deteriorated. However, there is also the possibility that the Local Authority decided to expand transport facilities to the day centre and some old people took advantage of this, even though they were still fit enough to walk or use public transport, etc.

Although there is a need for detailed investigation to find out the main reasons why 80% of users of Social Day Centre 'B' now travel by special day centre transport, there is data which shows what percentages of these 80% users have some difficulty in mobility, whether or not they use walking aids or have some other infirmities which limit their mobility or ability to use public transport. These figures show that: 43.4% of users of special transport use a mobility aid, namely a wheelchair (6.6%) or a walking frame (17.1%) or a stick (19.7%). A further 27.7% of those using special transport do not use any of these aids but walk with difficulty or have some infirmities, such as a heart condition or have suffered a stroke or have speech or sight problems or suffer from arthritis or hip problems, and there are an additional 3.9% who are confused. The remaining 25% of users who use the special transport are able to walk without difficulty and have no infirmities which obstruct their mobility, but it is not known, if there are any other reasons to explain their use of special transport to attend their day centre; for example they might live several miles from the day centre but have limited public transport provision.

Thus the evidence shows that despite the difference in local authority policies, it is clear that, in general, the users of the old social day centre require more special transport facility than the users of the new social day centre.

1.4. Staff provision

> Sub-proposition - If old social day centres accommodate a higher proportion of users who have more infirmities and require more assistance from others to undertake certain activities than new social day centres, then the former will employ day care staff in addition to managerial, educational and domestic staff.

This proposition is partly supported. The type and number of staff who are employed in both Social Day Centres 'A' and 'B' are listed in Table 43. This shows that neither Social Day Centre 'A' nor Social Day Centre 'B' employ any full-time care staff. Although old Social Day Centre 'B' provides a limited chiropody service and a hairdresser, these type of staff do not meet the users' needs for specific types of care which stem from their various disabilities. These include users who are incontinent (3.3%) or confused (8.5%) or require assistance in eating (3.2%). In addition, there is a comparatively high incidence of users having problems with mobility, with 3.2% of users always using a wheelchair and 13.7% always using a walking frame. When these users have problems in coping with their infirmity or disability, there is no staff whose role is to provide the necessary assistance. This is given either by the organiser of the day centre or another member of staff or other users, but it is not their job to do this and they are not trained to give this assistance. The organiser of this day centre found that she and her staff were helping users to wash, use the

toilet and move around the centre instead of doing the tasks they were employed to do and as a result, these were being done less efficiently.

The other differences between the day centres in terms of type of staff employed are, first, Social Day Centre 'A' has no full-time craft instructor but the organiser and her deputy are quite expert at assisting users in these activities. In addition a part-time basket making instructor teaches users two hours in a week. Second, although Social Day Centre 'A' has part-time staff who teach dancing and musical movement, this type of staff is not employed in Social Day Centre 'B'. The final difference is that, the latter day centre employs a total of seven drivers and escorts for the special transport facility, which is not available in Social Day Centre 'A'. Five special vehicles park in Social Day Centre 'B'. and these collect and return not only the users of this day centre but also those attending another nearby day centre. On each journey to and from the day centres they collect users of both day centres who live in the same area.

The evidence shows that neither of the social day centres employ day care staff. Although no users of the new social day centre require assistance in self-care activities, some users of the old social day centre require staff help in those activities but this requirement is not met by the staffing and organisation of this day centre.

> Sub-proposition - The overall staff/user ratio will be higher in old social day centres than in new social day centres.

In broad terms, this sub-proposition is supported by the evidence provided. Table 43 shows the number of staff in Social Day Centres 'A' and 'B' and the number of hours

SOCIAL DAY CENTRE 'A'		
Number of Staff	Type of Staff	Working hours in a week
1	Organiser	35
1	Deputy Organiser	30
1	Cook	30
1	Assistant Cook	30
1	General Assistant	30
2	Domestic Staff	20-20
1	Musical Movement Instructor	2
1	Dance Teacher	2
1	Basket-making instructor	2
Total 10 staff		Total 201 hours
SOCIAL DAY CENTRE 'B'		
Number of Staff	Type of Staff	Working hours in a week
1	Organiser	37.5
1	Craft Instructor	35
1	Cook	40
3	Kitchen Domestic Staff	30-25-20
2	Domestic Staff	30-20
1	Hairdresser	18
1	Chiropodist	half an hour in a week / 2-3 hours in a month
7	Drivers & Escorts for Day Centre 'B' and another day Centre in the area.	1 staff 30 hours in a week / 7 staff 210 hours in a week / approximately 105 hours for Social Day Centre 'B'
Total 17 staff		Total 360 hours

Table 43 - The numbers, types and working hours of staff who work in Social Day Centre 'A' and Social Day Centre 'B'.

each one is employed per week. Social Day Centre 'A' employs a total of ten staff and Social Day Centre 'B' employs a total of 17 staff, these totals include both full-time and part-time staff. Overall staff working hours are 201 hours per week in Social Day Centre 'A' and 360 hours in Social Day Centre 'B'. The total number of users who attend Social Day Centre 'A' each week is 297 and the comparable attendance number in 440 for Social Day Centre 'B'. Thus the average staff time per user in each centre is very similar at 0.8 hours in Social Day Centre 'B' and 0.7 hours in Social Day Centre 'A'. It was anticipated that this figure would be higher in the older Social Day Centre 'B' where users require more assistance or care by staff but this is not the case. In terms of staff working hours per user, the situation is similar to that in Social Day Centre 'A', but there users do not require staff assistance in certain activities at all.

In general, the evidence shows that staff/user ratio is slightly higher in the old social day centre, but this is not as significant as expected.

2   Group II sub-proposition
The relationship between the users' characteristics, their requirements and the architectural setting

In the first section of this chapter, four main groups of sub-propositions were tested. The data supports what was expected that there are differences between the characteristics and the requirements of users in a new and in an old social day centre. The data showed that the users of the old social day centre have a high level of dependence and require more special transport and staff assistance than the users of the new social day centre. In this section the sub-proposition is as follows:

If social day centres are designed for active old people, it would be expected that there would be a better fit between the requirements of users and the architectural setting in new rather than old social day centres where users are more likely to be more frail and less capable because of the ageing process.

Although this is what would be expected according to the literature the initial research and the data showed that both of the social day centres examined have some design inadequacies. Nevertheless, the fit between the users requirements and architectural setting is better in the new rather than old social day centre. The design inadequacies are not due primarily to the changing requirements of the ageing users but to two other reasons. The first is the lack of understanding at the initial design stage of usage patterns in the buildings by the elderly users and staff. Second, there are some organisational inadequacies which result in an ineffective use of the buildings. In this section a comparison will be made of these social day centres in terms of various areas in the buildings. These are; multi-purpose room, dining room, lounge, craft room, toilets - bathroom, entrance halls, corridors and staff areas. These rooms will be compared in terms of area requirements for the various activities held in them, access and circulation, their location in the overall buildings amd the equipment in use in them. A plan of these rooms and the activities which take place in them are shown in Fig.12 with their plans as follows.

2.1 Multi-purpose room and dining room

As was expected the multi-purpose room and dining room of older Social Day Centre 'B' have more problems in terms

Social Day Centre 'A' (Purpose-built)
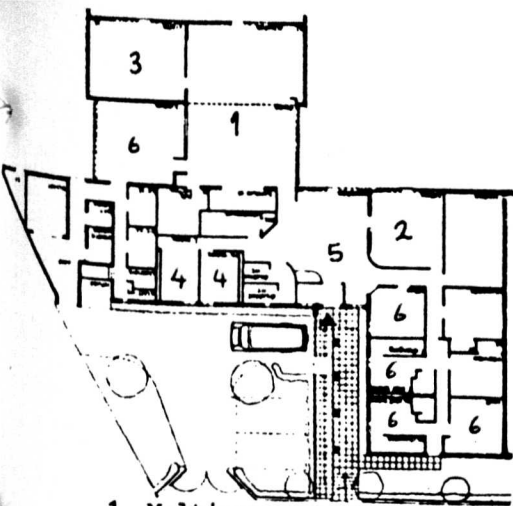
1. Multi-purpose room
2. Lounge
3. Craft room
4. Toilets
5. Entrance hall
6. Staff areas

Social Day Centre 'B' (Purpose-built)
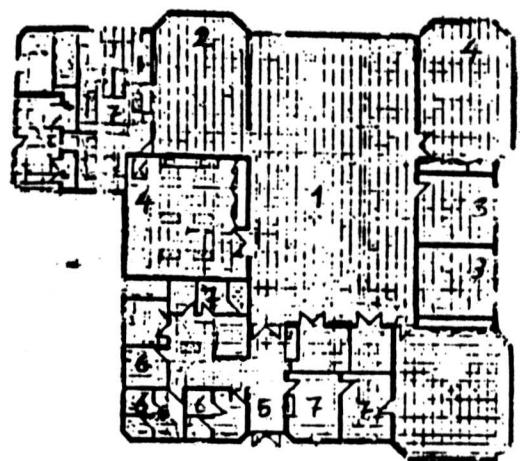
1. Multi-purpose room
2. Dining room
3. Lounge
4. Craft room
5. Entrance Hall - corridors
6. Toilets - bathroom
7. Staff areas

Areas	Activities	Areas	Activities
1. Multi-purpose rooms	) Meals) Bingo) Dancing) Musical Movement) Craftwork) Sing songs) card board games	1. Multi-purpose room	) Sitting) Sing songs) Card board games) Snooker
		2. Dining room	) Meals served and eaten
		3. Lounge	) Watching TV) Sitting) Resting
2. Lounge	) Sitting) Chatting) Watching TV		
3. Craft room	) Crochet) Knitting) Basket making) Macrame) Soft toy making	4. Craft room	) Crochet) Knitting) Basket making) Soft toy making) Painting) Pottery
4. Toilets		5. Entrance hall corridors	) Access
5. Entrance hall	) Sitting) Watching) Snooker	6. Toilets-bathroom	
		7. Staff areas	) Office work) Changing) Kitchen work) Cleaning
6. Staff areas	) Office work) Changing) Cooking meals) Cleaning		

Fig 12. The plans, areas and activities in Social Day Centre 'A' and Social Day Centre 'B'.

of meeting the requirements of their users than the multi-purpose room of the new Social Day Centre 'A' with its more active users. As shown in the previous chapter, Social Day Centre 'A' has no problems fitting required activities into the multi-purpose room except those resulting from too little storage provision. In contrast, the multi-purpose room of Social Day Centre 'B' has some problems in terms of size, circulation, its location in the centre and high noise levels.

Both Social Day Centres 'A' and 'B' accommodate a range of different activities in their multi-purpose room (Fig. 12). In Social Day Centre 'A' meals are served in this room but Social Day Centre 'B' has a separate dining room (Chapter VI, plan 3). Activities which take place in the multi-purpose room of both day centres are card and board games and sing songs. Several more activities take place in the multi-purpose room of Social Day Centre 'A', these are meals, bingo, dancing, craftwork. In contrast, in Social Day Centre 'B' approximately a third (70-80m^2) of the whole area of the multi-purpose room is permanently in use for snooker (Plan 16). This facility attracts many men and those who are interested play or watch all day long. In the remaining part of the same room, tables and chairs are in use by groups of elderly people who sit and chat or play card games.

A comparison of the areas in use in the multi-purpose rooms of the two day centres 'A' and 'B' shows that Social Day Centre 'B' has more space per user. As shown in Plan 16 the dimensions of its multi-purpose room are 19.3m x 11.2m =216.2m^2. It is used by a minimum of 60 and the maximum of 100 elderly people at different times on

different days of the week. This allows a minimum of $2.1m^2$ and a maximum of $3.6m^2$ per person compared with a minimum of $1.4m^2$ and a maximum of $1.8m^2$ per user in Social Day Centre 'A'. Although the area of the multi-purpose room in Social Day Centre 'B' is large enough in terms of space per user; the design of the room does not allow for small groupings of users and they have to sit as one big group of approximately 70-75 people. This results in two main problems, first, with circulation and second with noise levels.

As Plan 16 shows, many doors open into the multi-purpose room; these include three leading to the craft activity rooms, 2 to lounges, one to the dining room, two to the main entrance hall and two to the back garden. Thus an area of 30-32m long and 1.5-2.0m wide is used for circulation and for access to these various rooms. This allows enough space for circulation around the sitting area but when users sit informally around the tables some people, particularly those in the middle of the whole group, find it difficult to get out, for example to go to the toilets or the dining room. Those using walking frames experience the greatest difficulty as they cannot push or pull the chairs which are obstructing the route to their destination.

The second major disadvantage of this room is the high noise level. This results from the large number of people (approximately 70-75) gathered together in one large space. Many of the elderly people who were interviewed complained about the noise which they found very disturbing in this room.

In contrast with the very large area allowed for the

Dining room

Kitchen

Snooker table

Multi-purpose room

Craft room II

Craft room I

Lounge

Staff cloaks

WC

Hairdresser

Cloaks

Bathroom

Storage

Storage

Lounge

TV

Activity Room

Female Toilets

Male Toilets

Entrance Hall

Staff Office

Staff Room
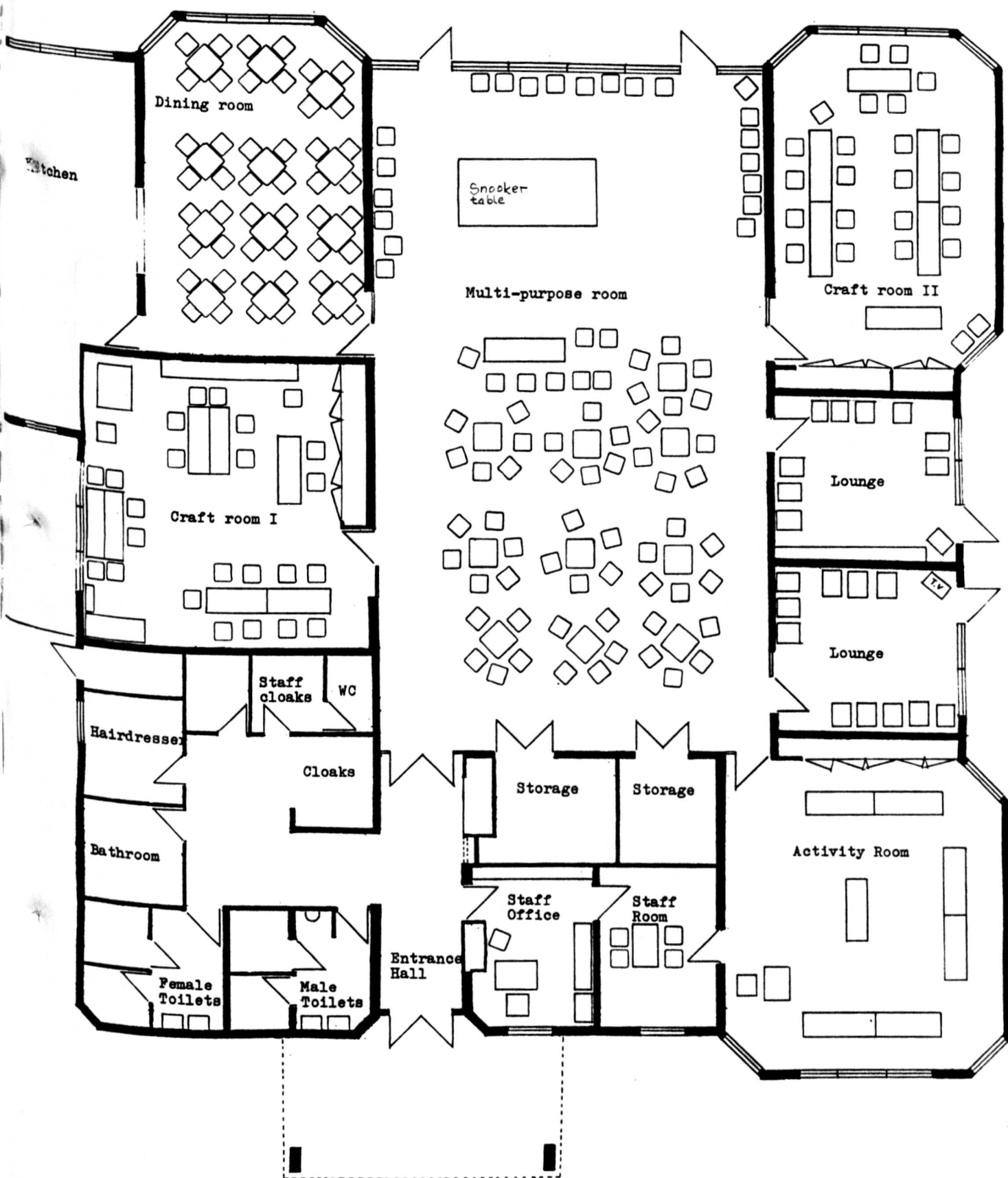
Plan 16 :   Social Day Centre   'B'.
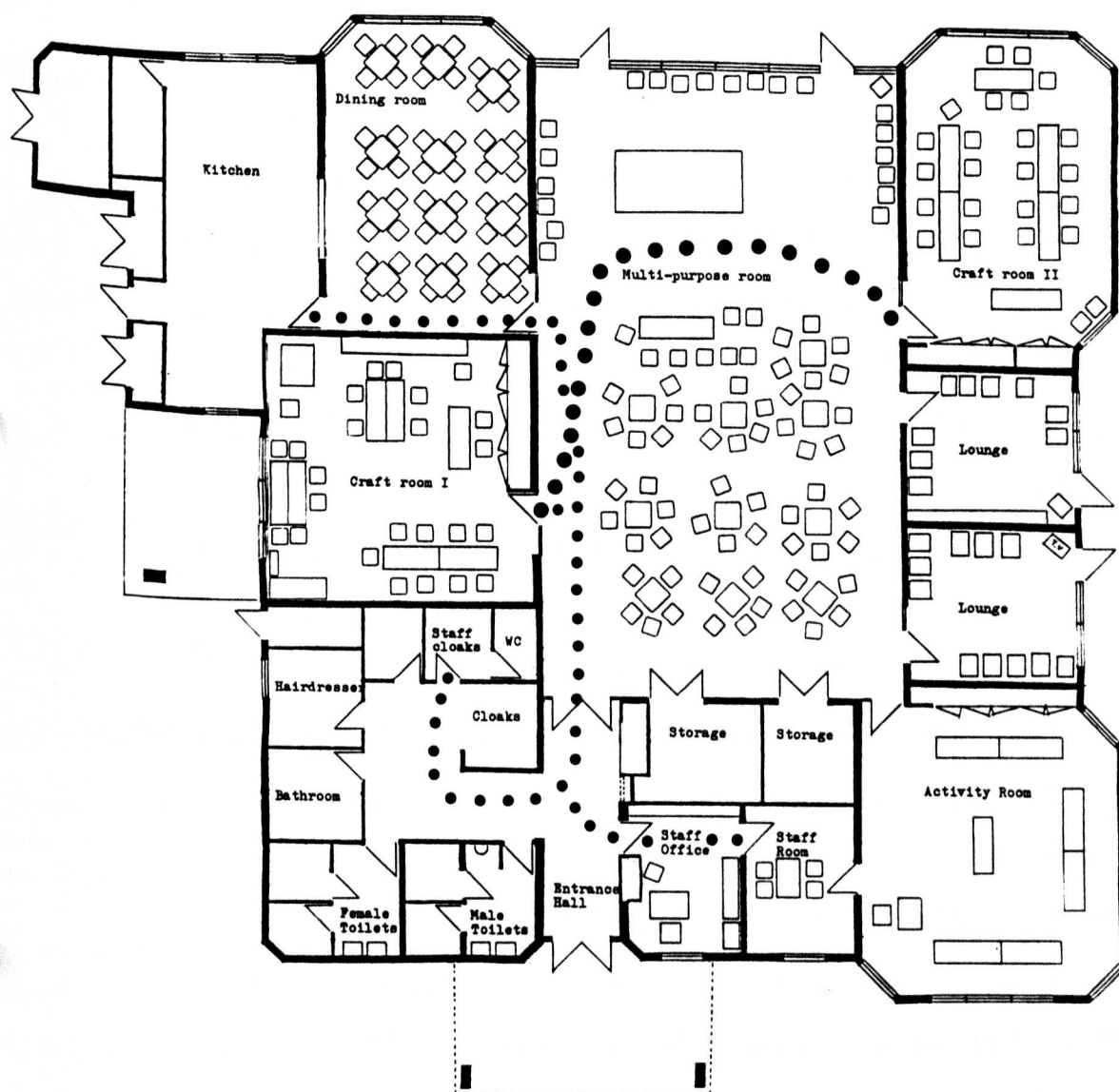
Plan 16a : Social Day Centre 'B' .

multi-purpose room in Social Day Centre 'B', the reverse is the case for the dining room in this day centre. If the dependence level of users of Day Centre 'B' is greater than the users of the Day Centre 'A', then it would be expected that the users of the former centre would require more space in all rooms than the users of the latter centre. In fact, when the two day centres are compared in terms of dining space per user, the reverse is the case.

The area in the dining room allowed per person is greater in the newer Social Day Centre 'A' than in the older Social Day Centre 'B'. In the former day centre the area ($82m^2$) which is provided for a maximum of 58 elderly users is not only used as a dining room but also for multi-purpose activities allowing $1.4m^2$ for each user (Chapter VI, 2.1). However in Social Day Centre 'B' the dining room is a separate room and it is only used at lunch time. It accommodates a maximum of 48 elderly users in an area of $57m^2$ which allows $1.2m^2$ space for every user.

Thus, although the users of Social Day Centre 'A' are more mobile and able-bodied (none use wheelchairs or walking frames and only 11.7% of them use walking sticks) than the users of Social Day Centre 'B' where 3.2% always use a wheelchair, 13.7% always use a walking frame and 20% of them always use a stick, more space is provided for the users of the former ($1.4m^2$) than the latter ($1.2m^2$). Yet wheelchair users and walking frame users require more space in the actual activity of eating and in circulation than an able-bodied person. In addition, wheelchair users need extra space for manoeuvre. The observations made in the dining room of Social Day Centre 'B' showed that there was insufficient circulation space and sitting areas and so the

movement of both the users and staff were obstructed. Plan 16 illustrates the arrangement of the furniture and the circulation spaces. People can hardly pass through the circulation space in order to reach their chairs. On two sides of the room only 0.80 metres has been allowed for circulation space and this space is used not only by staff serving meals but also by the users with wheelchairs or walking frames or sticks to get access to their dining chairs.

This falls short of Goldsmith's recommendations for a similar setting, i.e. the dining rooms of residential homes for disabled people where an area of approximately $2.0m^2$ should be provided for each resident,(1)*. In addition there should be 1.6m circulation space from the edge of the dining table where a wheelchair user was sitting to any wall or person sitting behind to allow for other wheelchair users passing behind as shown in Fig. 13.

If the recommended dimensions of 1.6m is applied to the main route from multi-purpose room to kitchen and a slightly smaller dimension of 1.4m as a secondary access from in front of the servery to the dining area, then the actual area for dining furniture would be greatly reduced to approximately $38m^2$ from out of a total of $57m^2$ area as shown in the following Fig. 14. According to Goldsmith's recommendations of $2m^2$ per person, this area should only accommodate approximately 19-20 elderly users rather than 48 users.

---

(1) Goldsmith, S. , (1976), 'Designing for the disabled', RIBA Pub., pp. 257-258

1.60m

0.90m
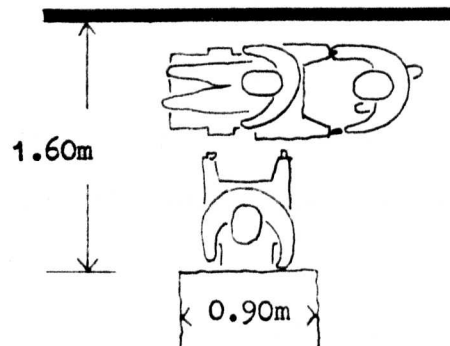
Fig. 13 - Circulation spaces for wheelchair
users in dining room of residential
home.

Source: Goldsmith, S., (1976),
'Designing for the disabled'
pp. 257-258.

Multi-purpose room

Dining room

1.60m

1.40m

Kitchen
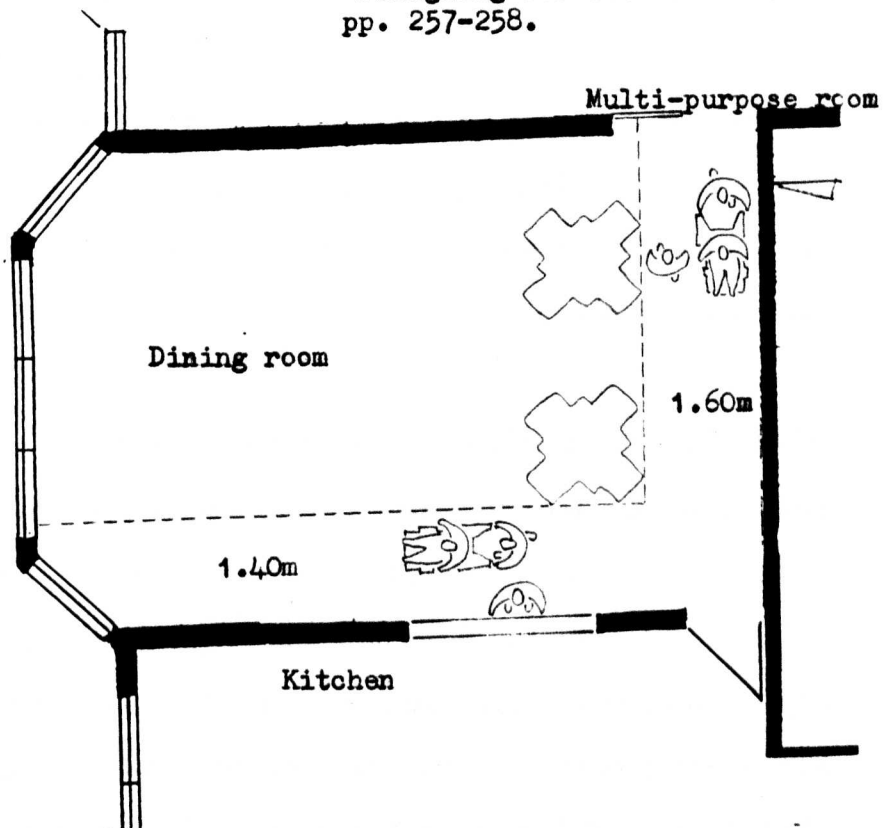
Fig. 14 - Circulation spaces in dining room for
for the users of Social Day Centre 'B'.

2.2 Lounge

Both social day centres have separate lounges for their users but the lounge in Social Day Centre 'A' is used more effectively than those in Social Day Centre 'B'. In Social Day Centre 'A' the lounge is not only very well planned and pleasantly furnished but it also meets the space requirements of users and is centrally located in the building as was explained in Chapter VI (2.2). In Social Day Centre 'B' there are two separate lounges with the same dimensions (4.7m x 5.2m = 24.4.m^2), which are available for users, but neither of these rooms meets users' requirements as effectively as the lounge in Centre 'A'. First, the interviews with users of Centre 'B' revealed that both these lounges felt cold to them except during one or two months in summer and so they prefer not to sit in them. Second, from observations it appeared that the multi-purpose room also functions as a lounge and despite the noise and circulation problems users prefer to sit there.

One of these sitting rooms was originally used as a reading room. It had bookshelves on the walls but they were moved to the staff office because the staff were unable to watch the sitting room and the number of missing books became unacceptably high, so now the organiser lends books to the users. At present in this sitting-room the only furniture consists of ten armchairs which are rarely used.

The other lounge serves as a television room containing a TV and eleven armchairs but no stools or coffee tables. This room is used when some important or interesting events are screened but otherwise it is usually

empty.   Both lounges in Social Day Centre 'B' were not very well considered in terms of creating a pleasant atmosphere with their furniture and fittings. However the reverse is the case in Social Day Centre 'A' where the types and arrangements of the furniture were well thought out.

2.3 Craft room

In both social day centres users and staff find there are some inadequacies with their craft rooms.   The craft room of Social Day Centre 'A' was examined in detail in the previous chapter (Chapter VI, 2.3). One of the constraints there, is inadequate storage space and the other is the insufficient area of working space for doing craft activities. In the craft room of the old Social Day Centre 'B', there are some design defects as well as some problems with the equipment in use and the storage space. Although, in Social Day Centre 'A' the organiser and her deputy are responsible for craftwork such as soft toy making, crochet, knitting except basket making and macramé, in Social Day Centre 'B' a craft instructor is responsible for pottery, painting, crochet, knitting, toy making, basket making. In the latter day centre two rooms are in use for the craft activities, but the craft instructor works only in one of the rooms, namely craft room I. In the other room which is craft room II some users do their craft work without any instruction, because in the past, they used to do craftwork in that room with another instructor and they prefer to carry on their work in that room (Plan 16a).

Most of the craft work takes place in the former room, because the kiln for pottery and water for basket making and painting is available there. In the latter room

there is no water; thus the users who do basket work carry water in a bucket from somewhere else. Although craft room I ((8m x 8m) - 3.0m^2 =61m^2) and craft room II ((9.3m x 6.3m) - 1.5m^2 = 58.5m^2 - 1.5m^2 = 57m^2) have quite a large total area, that is 118m^2, the attendance of users to art and craft work is very low, with only 7-8% of the users attending daily that is an average of 10 users, doing craft work in this total area. This allows 11.8m^2 per user in these two craft rooms. Thus, as the numbers show and from the observations made these rooms are under used.

However in Social Day Centre 'A' in the craft room 2.2m^2 area is allowed for each person which is insufficient and the attendance at the craft activities is very much higher than in the old Social Day Centre, it is approximately 30% (or 15-20 users) of the users in a weekday (Chapter VI, 2.3 and Plan 8).

The craft instructor of the Social Day Centre 'B' complained about the insufficiency of the area of craft room I and said that she found it quite a long distance between this room and craft room II (18m door to door). She prefers to work only in craft room I, but then the area is not sufficient for all the activities. Second, she emphasised that although there are roof windows for extra light, the windows cannot be opened. If there is a painting group or the kiln is on for the pottery work, the smell and heat make the room inadequate for work unless the windows are open and if they are opened, the others complain, because of draughts. It is impossible to satisfy all users and the staff are not happy with the working conditions. Apart from these inadequacies, the craft instructor finds the storage space limited and there is no

space for the finished crafts, pots, etc. In addition she emphasised that the kiln is badly located and there is no extra space left around it for working space.

Thus, although there is enough space for craft activities in the older Social Day Centre 'B' because the area is split up into two rooms located far away from each other, they are not both effectively in use. But if they were designed adjacent to each other they might be more effectively used.

2.4 Entrance halls, corridors

The comparison of entrance halls of Social Day Centres 'A' and 'B' shows that this area is very well considered and arranged in terms of size, furniture, sitting corners, access passages, heating and natural light in new Social Day Centre 'A' which was examined in detail in the previous chapter (Chapter VI, 2.5, Plan 8), but this is not the case for the entrance hall of the older Social Day Centre 'B'. This area is a passage and in use only for access to the day centre and to facilities. It is draughty and dark and not a very pleasant area. As shown in Plan 16, after entering the building on the right hand side there is a short corridor giving access to various rooms. These are the male and female toilets, bathroom, hairdresser, cloakrooms, staff toilet and cloakroom. At the opposite side of the entrance doors there are the doors of the multi-purpose room. These doors also give access through the multi-purpose room to craft rooms, dining room, lounges and kitchen.

In old Social Day Centre 'B', although entrance hall functions only for access to and from building rather than as a reception hall, it is insufficient even for access in

some cases.   When the users start to leave the centre, three to four coaches have to be ready, only one coach can park in front of the porch so that the back doors and lift facility is positioned towards the entrance doors.   As there is not enough space for the other coaches to park in the same position, they park casually in the middle of the parking area.   In the rainy or cold snowy weather no users are able to get into the cars without feeling cold, or getting wet in getting into the coach.   The escorts and some drivers help their passengers to reach their coach from the multi-purpose room.   It is quite a long distance from the furthest sitting corner to the entrance door, that is, 30 metres.

In order to speed up the transfer activity, transport staff carry many users by the wheelchairs, but at the same time some users walk with their walking frames through the entrance hall to their coaches.   Thus usually a queue develops in the entrance hall because of the slow movement of some users.   The width of the entrance hall is only 2.3 metres which is not enough for side-by-side walking and it was observed that usually wheelchair and walking frame users prefer to walk in the middle of the hall, which does now allow access along the sides.

On the other hand some users want to be able to watch the parking space to see if the coaches have come and to be nearer to the entrance doors in order to put their coats on and get themselves ready.   This is not possible in old Social Day Centre 'B' which has not been designed to allow for this requirement.   However in new Social Day Centre 'A', although there is no special transport provided, and so, there is no reason for its users to wait

in the entrance hall for this, the users still enjoy sitting there and watching the activity going on around them. It may be argued that although this new Social Day Centre has no transport facility at the moment, it may be provided in the future if the users stay in the same day centre when they get frail and are not able to attend by walking or on public transport. This entrance hall may then be perfectly fit for the future requirements of users.

2.5 Toilets-bathrooms

In addition to the toilet facilities in both Social Day Centres 'A' and 'B', a bathroom is available in older Social Day Centre 'B'. Although the toilets of Social Day Centre 'A' are sufficient in number and adequate in design, the reverse is the case in Social Day Centre 'B'. Only four toilets are available for both female and male users in the latter day centre. The daily attendance of users ranges from a maximum of 120 to a minimum of 70 users, which means that there is one toilet for 30 users when there is maximum attendance or one per 17 users when there is a minimum attendance.

However in Social Day Centre 'A' where a maximum of 66 and a minimum of 54 users attend daily, there are a total of eight toilet cabins for both sexes including one designed for disabled female and one for disabled male users (Chapter VI, 2.4, Plan 12).This allows one toilet for 8 users when there is a maximum attendance or one for 7 users when there is a minimum attendance. In Social Day Centre 'B' the toilet area is 26.4m^2 including toilet cabins and washbasin areas (Plan 16). The same area is 23.1m^2 including toilets for the disabled in Social Day Centre 'A'. The staff in Social Day Centre 'B' also emphasised

that the number of users' toilets provided is insufficient. This is a design defect due to one of the faulty decisions which was taken in the briefing stage, but its seems it is difficult to alter these defects after completion of the buildings.

Although a bathroom is available in Social Day Centre 'B' and many users need assistance in bathing, very few of them have a bath in the day centre and this facility is under used. One of the reasons for this is that the outside hall onto which the bathroom door and many other doors from other rooms open is not very well heated and is cold and draughty and this has a psychological as well as a physical impact. In addition, the bathroom is located adjacent to the women's toilets, the hairdresser and the entrance hall, all these areas generate traffic and the elderly people like warmth and a little privacy after a bath. As there is no other resting place near the bathroom, users have to return immediately and rather conspicuously to the crowded multi-purpose room through the cold entrance hall.

2.6 Staff areas

In both social day centres it was found that most of the staff facilities are inadequate and badly located. Although it was expected that there would be a better fit in terms of staff requirements and the facilities provided for them in the new Social Day Centre 'A', this is not the case (See Chapter VI, 2.6). In the older Social Day Centre 'B' there are also some problems with the staff room, office and staff toilets. In the case of staff room of Social Day Centre 'B', the problems are its small size, and

the limited provision of furniture in it in relation to the number of staff and its location in the centre.   In this day centre there is only one staff room with an area of 3.3m x 4.5m =15m^2 containing only one table and four chairs which has to accommodate a total of 17 staff in their free time; this includes not only the staff who spend all their time in the centre i.e. the craft instructor, domestic and kitchen staff, but also staff employed to transport users to and from the centre. (Plan 16a)

The percentage of users who use day centre transport has increased from 28.7% to 78.9% between 1974 and 1982 and this has meant that extra drivers and escorts have been employed.   At the present time, a total of 7 drivers and escorts do daily trips twice in the morning between 8.30 -11.00 a.m. and twice in the afternoon between 3.30 - 5.30 p.m.   Their vehicles park in the parking area in front of the day centre.   Although these vehicles also carry users from another nearby day centre, the drivers and escorts mostly stay in Social Day Centre 'B' before or after trips.

The second problem with the staff room is its location in the building.   In order to get access to the staff room from the entrance hall, it is necessary to go through the organiser's office and she is not happy about this and finds it disturbing.   Another door opens from the staff room to one of the users activity rooms which is not in use.   As a result of all these problems, it seems that generally this room is used mainly by drivers and escorts. The other staff of the day centre prefer to stay in their own working areas.   In the interview with staff, it was emphasised that there is no regular staff break.

Another problem is the inadequate and badly located toilet provision. There is only one toilet for all 17 staff and there is no toilet adjacent to the kitchen for the kitchen and domestic staff. They find, it is quite a long distance to go to the staff toilet which is 32 metres from the kitchen door to the toilet door.

In this chapter, the evidence supports the main proposition 2. The findings show that, as expected, there are differences between the characteristics and requirements of users in the new social day centre which has been recently provided and the users of the old social day centre which was provided several years ago. The users of the old social day centre have more incapacities and require more assistance in many activities than the users of the new social day centre. It is also evident that the fit between the users' requirements and the architectural setting is closer in the new social day centre than in the old social day centre. This would be expected given that both centres were designed for active old people. All users of the new social day centre are active, those in the old social day centre have some disabilities due to effects of ageing process.

The next chapter will present the findings related to the main proposition 3 which is concerned with a comparison of the old social day centre discussed in this chapter and the old day care centre.

CHAPTER VIII

A COMPARISON BETWEEN AN OLD SOCIAL DAY CENTRE AND AN OLD DAY CARE CENTRE

In the previous chapter a comparison was made between a new social day centre and an old social day centre in terms of users' characteristics, their requirements from the facilities provided and the architectural setting. The evidence showed that some of the characteristics of the users of the old social day centre have deteriorated over time and the users of the old social day centre have a considerably higher level of dependence than the users of the new social day centre. In addition, the architectural setting has not met the requirements of users of the old social day centre to the same extent as the setting of the new social day centre.

The aim of this chapter is to compare an old social day centre and an old day care centre. Thus the main proposition 3 is that:

> If social day centres' users continue to attend the same day centres as they become more frail, then their characteristics and requirements will become more like those of day care centres' users and there is likely to be a mismatch between their requirements and the architectural setting. The facilities provided in older social day centres designed for active users will become less appropriate over time than those in older day care centres which were designed to cater for the disabled and the frail.

The above proposition may be broken down into two main groups of sub-propositions. The first group is related to users' characteristics, activities, transport and staff provision. The second group is concerned with the relationship between the first group of factors and the architectural setting. The first group of sub-propositions are as follows:

Group I Sub-propositions

Users' characteristics

- There are some similiarities between the pattern of users' dependence in older social day centres and in older day care centres.

Activities

- Old people's reasons for attendance at day care centres which were provided several years ago are mainly to obtain day care and also to obtain social contact; similarly the reasons for attending social day centres which were provided several years ago are not only to obtain social contact but also to receive some general care and stimulation.

- Older social day centres provide day care activities as well as social contact activities as day care centres do.

Transport provision

- Special assistance with transport is required by a similar proportion of users of old social day centres and day care centres.

Staff provision

- Old social day centres and day care centres employ day care staff as well as other managerial, craft, domestic and kitchen staff.

- The overall staff-user ratio is similar in old social day centres and old day care centres.

Group II Sub-proposition

- If there are some similarities in users' characteristics and capabilities, activities and transport provided in old social day centres and old day care centres, then there will be greater mismatch between the users' capabilities, their requirements and the architectural setting in old social day centres which were designed for active elderly people than in old day care centres which were designed for frail elderly people.

The architectural setting will be examined as in previous chapters under seven headings for both day centres as follows.

- Multi-purpose room
- Dining room
- Lounge
- Craft rooms
- Entrance hall - corridors
- Toilets - bathroom
- Staff areas

These areas will be examined according to the following criteria:

- the area requirement of users and equipment in use;
- access and circulation to facilities;
- location and design of the rooms and facilities and distances between them.

In order to test the above propositions, it is proposed to compare an older Social Day Centre 'B', (which was opened in 1973 and compared with the new Social Day Centre 'A' in the previous chapter), with an older Day Care Centre 'D' which was opened in 1976. The layout of day centres 'B' and 'D' are shown in Plan 17 and Plan 18.

As an example for comparison Day Care Centre 'D' was chosen for the following reasons. First, Day Care Centre 'D' is a purpose-built building, so it seems that this may give a better understanding about the effectiveness of a setting specifically designed as a day care centre over time rather than a converted building but not specifically adapted such as Day Care Centre 'C'. Second, there are policy differences between the Local Authorities providing the two day care centres in the sample which might affect the general pattern of admission and care in these centres. For example, the Local Authority operating Day Care Centre 'D' has defined criteria which allow for very frail and dependent elderly people to be admitted to this day centre including the mentally confused. The Local Authority running Day Care Centre 'C' has rather different policies whereby separate day centre provision is provided for the elderly mentally infirm and so only a very few mildly confused people are accepted in Day Care Centre 'C' according to the admission criteria. Therefore, Day Care
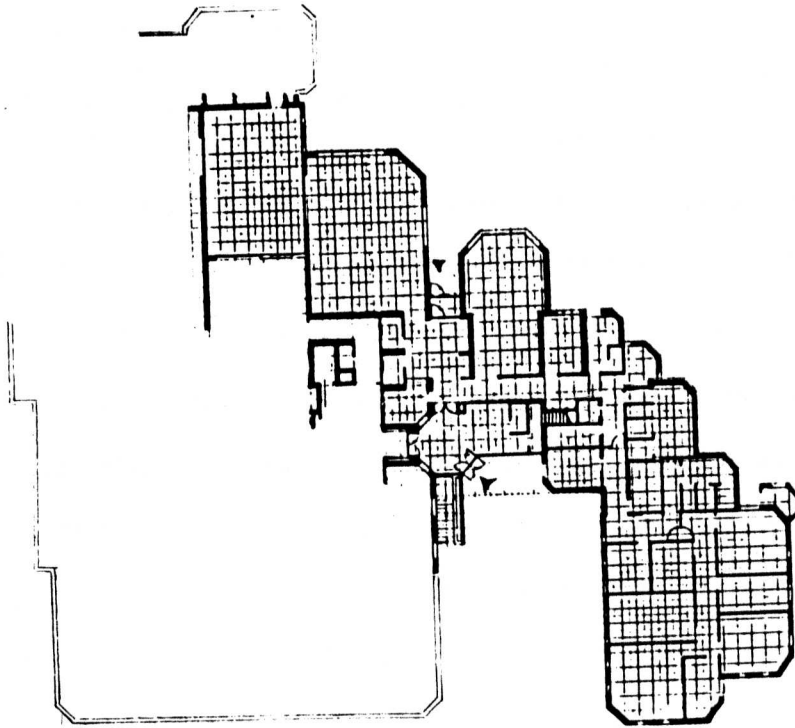
Plan 18 : Day Care Centre 'D'
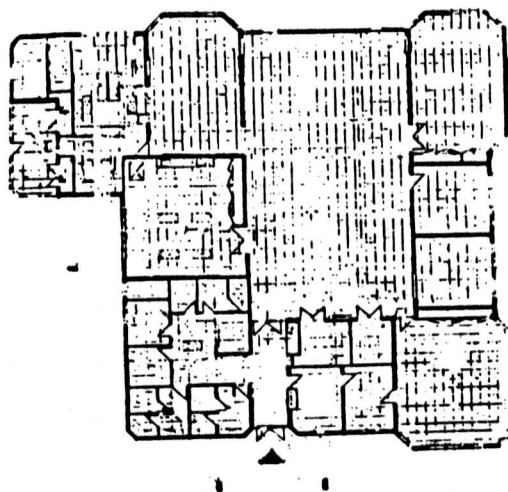
Plan 17 : Social Day Centre 'B'

Centre 'D' will be examined in this chapter.

Group I Sub-propositions

1.1 Users' characteristics

<u>Sub-proposition</u> - There are some similarities between the pattern of users' dependence in older social day centres and in older day care centres.

In general, the evidence supported this sub-proposition. The users of Day Care Centre 'D' have a higher level of dependence than the users of Social Day Centre 'B', this was expected. However, it is also clear that the differences in the pattern of dependence in old Social Day Centre 'B' and old Day Care Centre 'D' are not as distinct as those between the new Social Day Centre 'A' and the new Day Care Centre 'C', which were examined in Chapter VI.

1.1.1 Mobility characteristics

In general the comparison of data of the mobility characteristics of users in Social Day Centre 'B' and Day Care Centre 'D' shows that there is a great similarity in the patterns of dependence in these day centres. Nevertheless, the users of Day Care Centre 'D' are less capable than those of the users of Social Day Centre 'B'.

Table 44 and Diagram 39 illustrate that a very high percentage of users from both day centres are able to walk without any assistance from other people; the relevant percentages are 89% of the users in Day Care Centre 'D' and 91.6% of the users in Social Day Centre 'B'. A further 5.5% of the users in Day Care Centre 'D' and 4.2% of the users in Social Day Centre 'B' are able to walk inside, assisted by one person, whilst 3.2% of users in Social Day Centre 'B' and 1.1% of the users in Day Care Centre 'D' are

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	87	91.6	81	89.0
aided by 1 person	4	4.2	5	5.5
aided by 2 person	3	3.2	1	1.1
never	1	1.1	4	4.4

Table 44 - The users ability to **walk inside** Social Day Centre 'B' and Day Care Centre 'D'.

% of
users
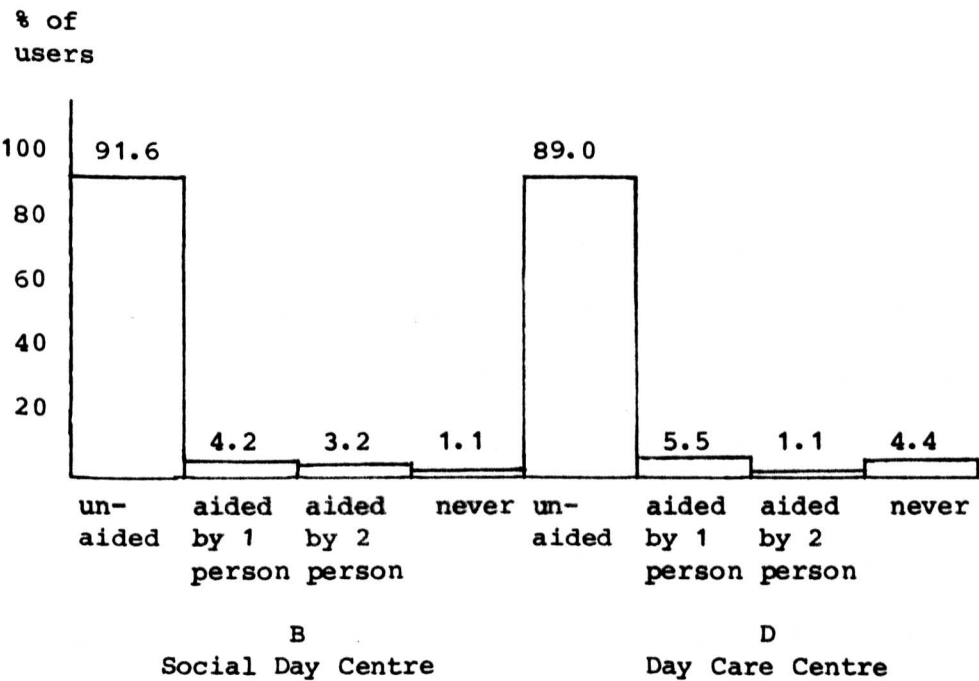
Diagram 39 - The **mobility patterns** of users **inside** Social Day Centre 'B' and Day Care Centre 'D'.

able to walk inside aided by two people. The remaining 4.4% from Day Care Centre 'D' and 1.1% from Social Day Centre 'B' are never able to walk inside the day centres.

However users' ability to walk inside their centre is much greater than their ability to walk outside, particularly in the Day Care Centre. Table 45 and Diagram 40 show that only 59.3% of the users of Day Care Centre 'D' are able to walk outside unaided compared with 87.4% of users in Social Day Centre 'B'. In Day Care Centre 'D' a quarter (26.4%) of the users require assistance by one person whereas this percentage is only 4.2% in Social Day Centre 'B'. A further 4.4% of the users need assistance from two people in Day Care Centre 'D' compared with 3.2% in Social Day Centre 'B'. The remaining 9.9% of users of Day Care Centre 'D' and 5.3% of users of Social Day Centre 'B' are never able to walk outside.

Table 46 and Diagram 41 illustrate the numbers and percentages of users who require different mobility aids. In general, this shows that the users of Day Care Centre 'D' are more dependent on aids than the users of Social Day Centre 'B'. The percentage of users who need to use a walking aid is 68.1% inside Day Care Centre 'D' compared with 36.9% of the users of Social Day Centre 'B'. There is a considerable difference in the usage of walking sticks. Just over half (52.7%) of the users of Day Care Centre 'D' always use a stick in the day centre; the comparable percentage is 20% for Social Day Centre 'B'. Similarly, the use of wheelchairs both inside and outside is higher in Day Care Centre 'D' than in Social Day Centre 'B' where 7.7% of the users require a wheelchair inside and 15.4% of

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	83	87.4	54	59.3
aided by 1 person	4	4.2	24	26.4
aided by 2 person	3	3.2	4	4.4
never	5	5.3	9	9.9

Table 45 - The users ability to walk outside Social Day Centre 'B' and Day Care Centre 'D'.

% of
users
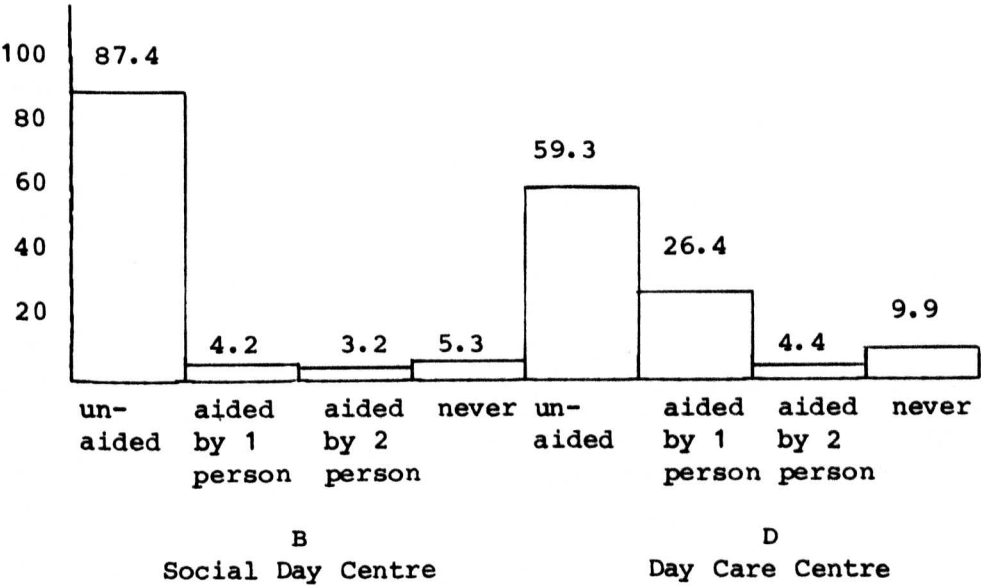
Diagram 40 - The mobility patterns of users outside Social Day Centre 'B' and Day Care Centre 'D'.

236

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
use of a wheel-chair inside	3	3.2	7	7.7
use of a wheel-chair outside	6	6.3	14	15.4
use of walking frame	13	13.7	7	7.7
use of stick	19	20.0	48	52.7
never use any aids	60	63.1	29	31.9

Table 46 - The numbers and percentages of users who always use one of the mobility aids or never use them inside or outside of Social Day Centre 'B' and Day Care Centre 'D'.
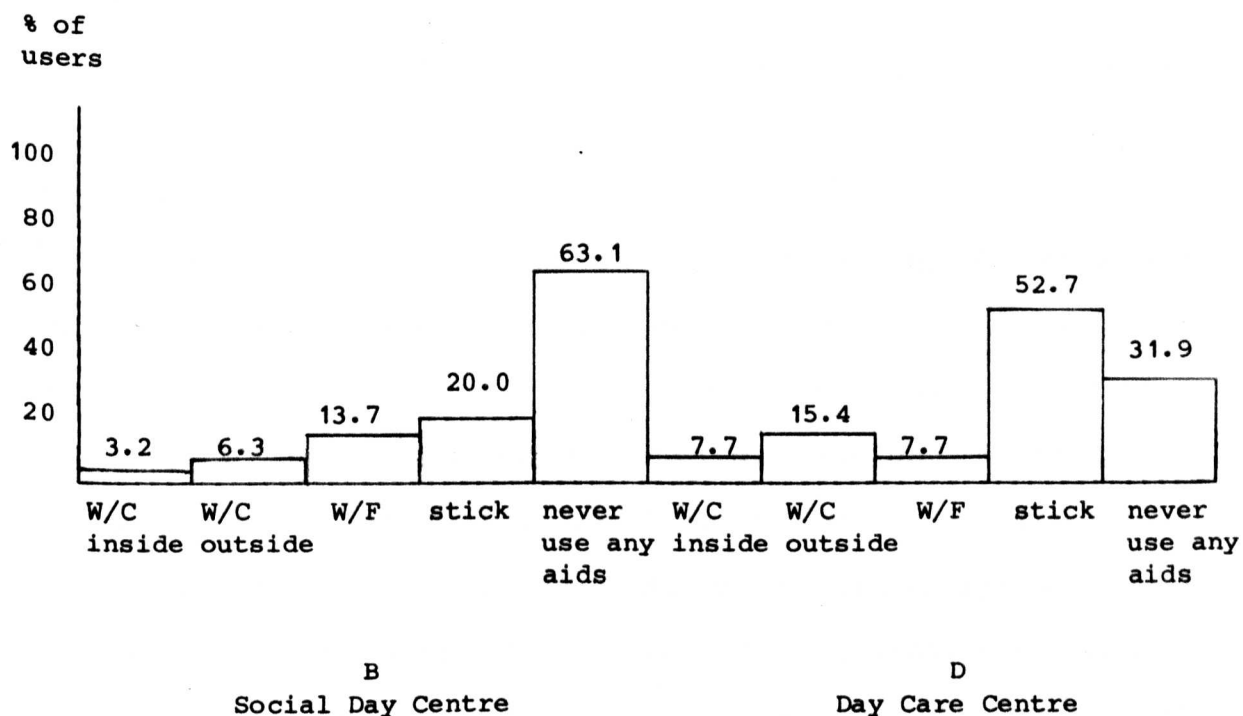
Diagram 41 - The pattern of permanent usage of mobility aids by users in Social Day Centre 'B' and Day Care Centre 'D'.

them always use a wheelchair outside. In Social Day Centre 'B', the comparable percentages are 3.2% using wheelchairs inside and 6.3% using them outside. In contrast, the use of walking frames is nearly twice as high in Social Day Centre 'B' where 13.7% of users always require a walking frame compared with Day Care Centre 'D' where only 7.7% always use a walking frame. In addition to these elderly people who always use aids, there are others in both day centres who sometimes use some type of walking aid.

Table 47 and Diagram 42 show that whilst a very high percentage of users of both centres never use wheelchairs inside, the relevant percentages being 94.7% for Social Day Centre 'B' and 89% for Day Care Centre 'D', the remainder either always use a wheelchair or do so occasionally. In Day Care Centre 'D', 7.7% of the users always use a wheelchair inside compared with 3.2% of the users of Social Day Centre 'B' and the remaining 3.3% in Day Care Centre 'D' and 2.1% in Social Day Centre 'B' occasionally use them inside their day centres.

Table 48 and Diagram 43 illustrate the numbers and percentages of users who use wheelchairs outside their day centre. Whilst 91.6% of the users of Social Day Centre 'B' never use a wheelchair outside the day centre, the comparable percentage for Day Care Centre 'D' is much lower at 78%. In the latter Day Centre 15.4% always and 6.6% occasionally use a wheelchair outside the centre whereas in Social Day Centre 'B', only 6.3% always and 2.1% occasionally use a wheelchair outside.

Table 49 and Diagram 44 show the use of walking frames in two day centres. Although a similar percentage of users in both centres never use these aids, namely,

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
never	90	94.7	81	89.0
occasionally	2	2.1	3	3.3
always	3	3.2	7	7.7

Table 47 - The numbers and percentages of users who <u>use wheelchair inside</u> Social Day Centre 'B' and Day Care Centre 'D'.

% of
users
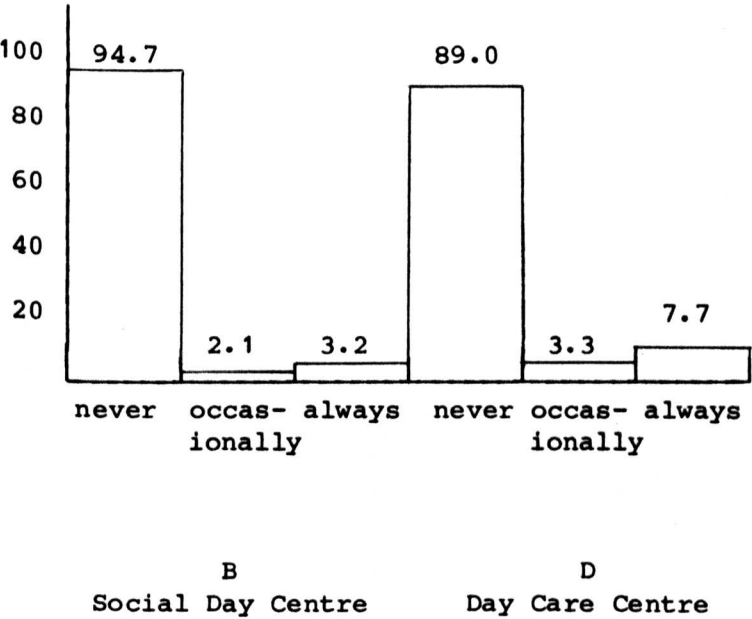
Diagram 42 -   The pattern of <u>usage of wheelchair inside</u> Social Day
Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
never	87	91.6	71	78.0
occasionally	2	2.1	6	6.6
always	6	6.3	14	15.4

Table 48 - The numbers and percentages of users who use wheelchair
outside Social Day Centre 'B' and Day Care Centre 'D'.

% of
users
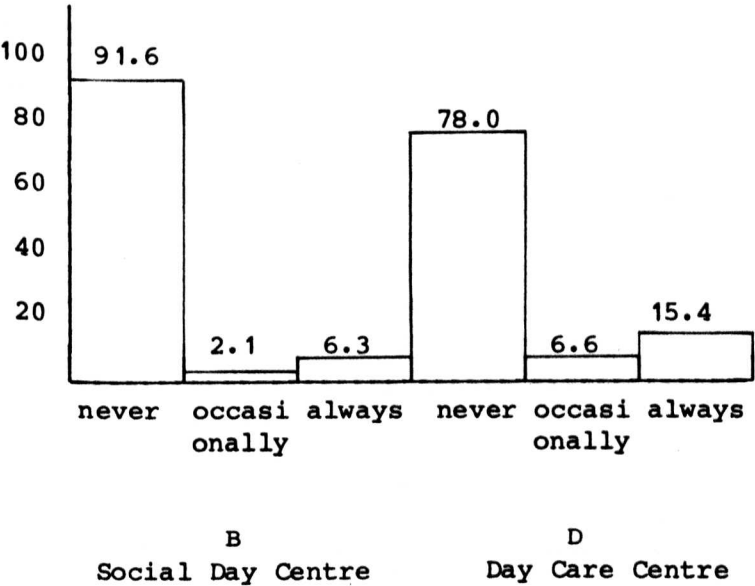
Diagram 43 - The pattern of usage of wheelchair outside Social Day
Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
never	80	84.2	79	86.8
occasionally	2	2.1	5	5.5
always	13	13.7	7	7.7

Table 49 - The numbers and percentages of users who use walking frame in Social Day Centre 'B' and Day Care Centre 'D'.

% of
users
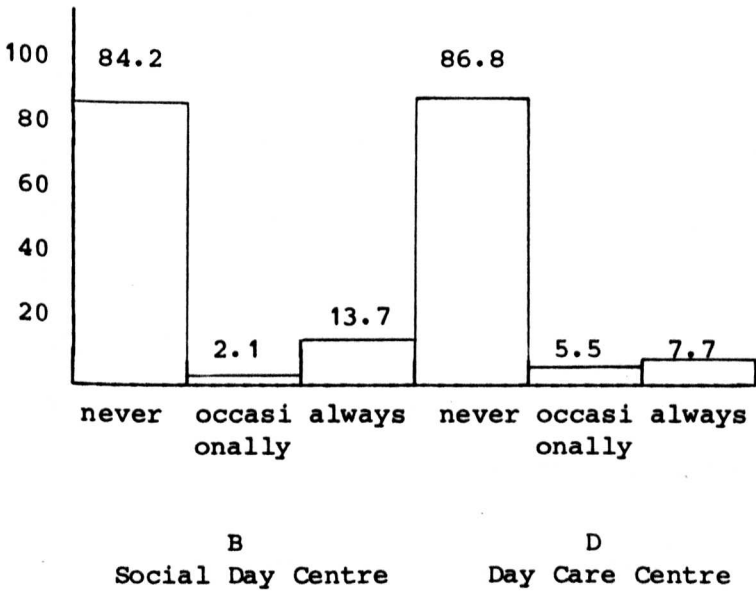
Diagram 44 - The pattern of usage of walking frame in Social Day Centre 'B' and Day Care Centre 'D'.

241

84.2% in Social Day Centre 'B' and 86.8% in Day Centre 'D', the percentage of users who always use a walking frame is higher in Social Day Centre 'B' (13.7%) than in Day Care Centre 'D' (7.7%). In the latter centre, the remaining 5.5% use a walking frame occasionally but in Social Day Centre 'B' only 2.1% do so.

The use of sticks in both day centres is shown in Table 50 and Diagram 45. More than half (52.7%) of the users always use a stick in Day Care Centre 'D' compared with one in five users (20%) in Social Day Centre 'B'. A further 4.2% in Social Day Centre 'B' and 3.3% in Day Care Centre 'D' use a stick occasionally and the remainder, 75.8% in Social Day Centre 'B' and 44% in Day Care Centre 'D' do not use a stick.

From this comparison of mobility characteristics of users in both day centres, it is evident that although the users of Day Care Centre 'D' have greater problem with mobility than the users of Social Day Centre 'B', many of the latter have considerable difficulties with mobility and require aids to move about. Thus the evidence from the previous chapter and this chapter shows that whilst the users of the older Social Day Centre 'B' were not as mobile as the users of the new Social Day Centre 'A', they are more able than the users of Day Care Centre 'D'.

1.1.2 Self-care characteristics

The level of assistance required by users of both day centres are similar for most of the self-care activities namely eating, using the W.C. and washing hands, but there are some differences in those for bathing and dressing. Table 51 and Diagram 46 show that almost all users are able

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
never	72	75.8	40	44.0
occasionally	4	4.2	3	3.3
always	19	20.0	48	52.7

Table 50 - The numbers and percentages of users who use stick inside
Social Day Centre 'B' and Day Care Centre 'D'.

% of
users
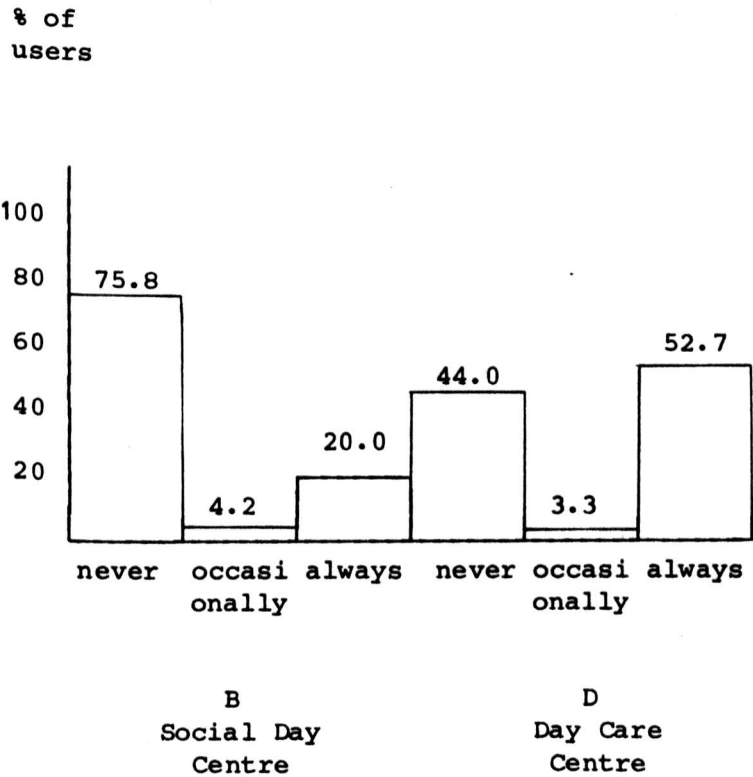
Diagram 45 -   The pattern of usage of stick inside Social Day
Centre 'B' and Day Care Centre 'D'.

to eat without assistance in both day centres, 96.8% in Social Day Centre 'B' and 98.9% in Day Care Centre 'D'. Whilst only 1.1% of users in Day Care Centre 'D' need assistance from one person, it is interesting to note that this percentage is slightly higher (3.2%) for Social Day Centre 'B'. Similarly Table 52 and Diagram 47 illustrate that most users of both day centres can wash their own hands; the relevant percentages are 97.9% of the users of Social Day Centre 'B' and 97.8% of the users of Day Care Centre 'D', with the remainder in both day centres requiring help from one person.

Table 54 and Diagram 49 are concerned with whether users require assistance in using the toilet. The great majority of the users of both day centres do not but 7.7% of the users of Day Care Centre 'D' and 2.1% of the users of Social Day Centre 'B' require assistance from one person. Although none of the users in the latter centre requires help from two people, 1.1% of the users of Day Care Centre 'D' require this level of assistance.

In both day centres a fairly large number of users require help in taking a bath, but the percentage is much higher in Day Care Centre 'D' (56%) than in Social Day Centre 'B' (28.4%) as shown in Table 53 and Diagram 48. In the former day centre, more than half of the users (51.6%) need assistance from one person and a further 4.4% require assistance from two people. In the case of Social Day Centre 'B', 28.4% of the users require help from one person but none require help from two people.

Table 55 and Diagram 50 illustrate users' abilities to get dressed. Whilst the majority of the users in both day centres are able to dress unaided, 24.2% of the users of

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	92	96.8	90	98.9
aided by 1 person	3	3.2	1	·1.1

Table 51 - The numbers and percentages of users who require assistance in eating in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	93	97.9	89	97.8
aided by 1 person	2	2.1	2	2.2

Table 52 - The numbers and percentages of users who require assistance in washing hands in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	68	71.6	40	44.0
aided by 1 person	27	28.4	47	51.6
aided by 2 person	-	-	4	4.4

Table 53 - The numbers and percentages of users who require assistance in bathing in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	92	97.9	83	91.2
aided by 1 person	2	2.1	7	7.7
aided by 2 persons	-	-	1	1.1

Table 54 - The numbers and percentages of users who require assistance in <u>using the WC</u> in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
unaided	92	96.8	69	75.8
aided by 1 person	3	3.2	22	24.2

Table 55 - The numbers and percentages of users who require assistance in <u>dressing</u> in Social Day Centre 'B' and Day Care Centre 'D'.

% of users

```
100 │ 96.8          98.9
 80 │┌────┐        ┌────┐
 60 ││    │        │    │
 40 ││    │        │    │
 20 ││    │ 3.2    │    │ 1.1
    ││    │┌────┐  │    │┌────┐
    └┴────┴┴────┴──┴────┴┴────┴
     un-   aided  un-   aided
     aided by 1   aided by 1
           person       person

            B            D
       Social Day    Day Care
         Centre       Centre
```
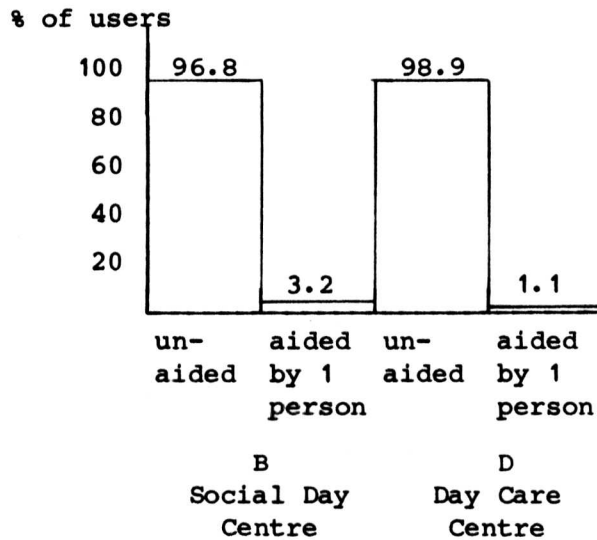
Diagram 46 –   The pattern of <u>eating</u> in different categories in Social Day
               Centre 'B' and Day Care Centre 'D'.

% of users

```
100 │ 97.9          97.8
 80 │┌────┐        ┌────┐
 60 ││    │        │    │
 40 ││    │        │    │
 20 ││    │        │    │
    ││    │ 2.1    │    │ 2.2
    ││    │┌────┐  │    │┌────┐
    └┴────┴┴────┴──┴────┴┴────┴
     un-   aided  un-   aided
     aided by 1   aided by 1
           person       person

            B            D
       Social Day    Day Care
         Centre       Centre
```
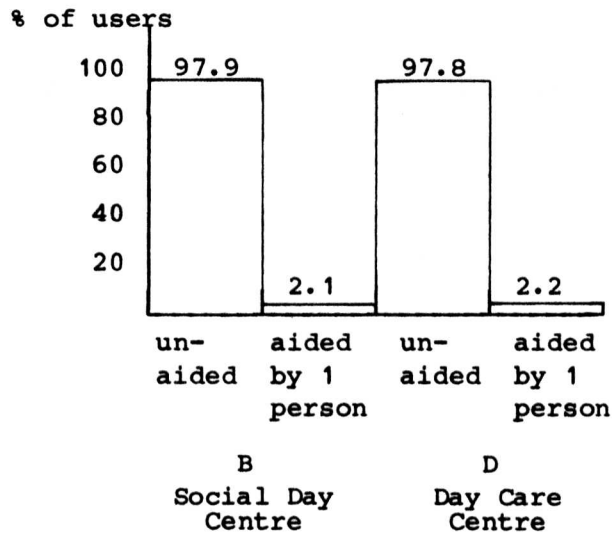
Diagram 47 – The pattern of <u>washing hands</u> in different categories in Social
             Day Centre 'B' and Day Care Centre 'D'.

% of users

```
100 │
 80 │ 71.6
 60 │┌────┐
    ││    │ 28.4         51.6
 40 ││    │┌────┐  44.0 ┌────┐
    ││    ││    │ ┌────┐│    │
 20 ││    ││    │ │    ││    │ 4.4
    ││    ││    │ │    ││    │┌────┐
    └┴────┴┴────┴─┴────┴┴────┴┴────┴
     un-   aided aided un-   aided aided
     aided by 1  by 2  aided by 1  by 2
           person person      person person

             B                 D
        Social Day          Day Care
          Centre             Centre
```
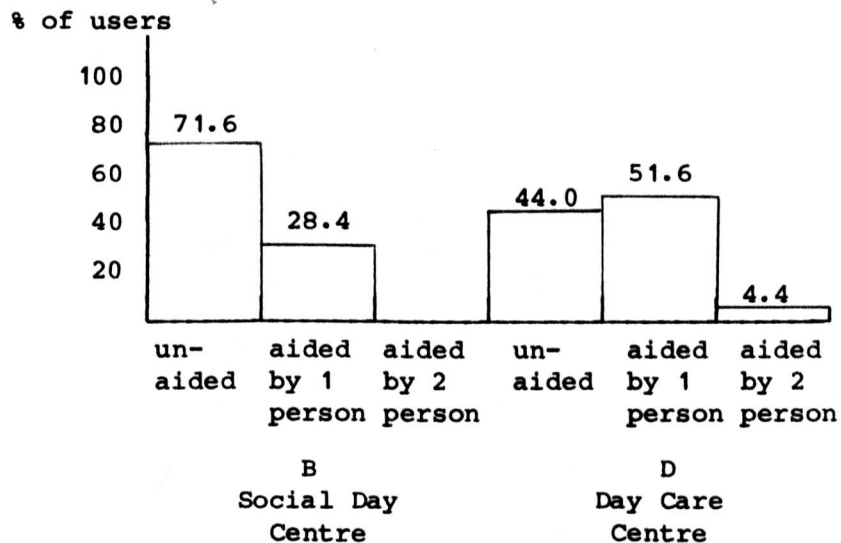
Diagram 48 – The pattern of <u>bathing</u> in different categories in Social Day
             Centre 'B' and Day Care Centre 'D'.

247
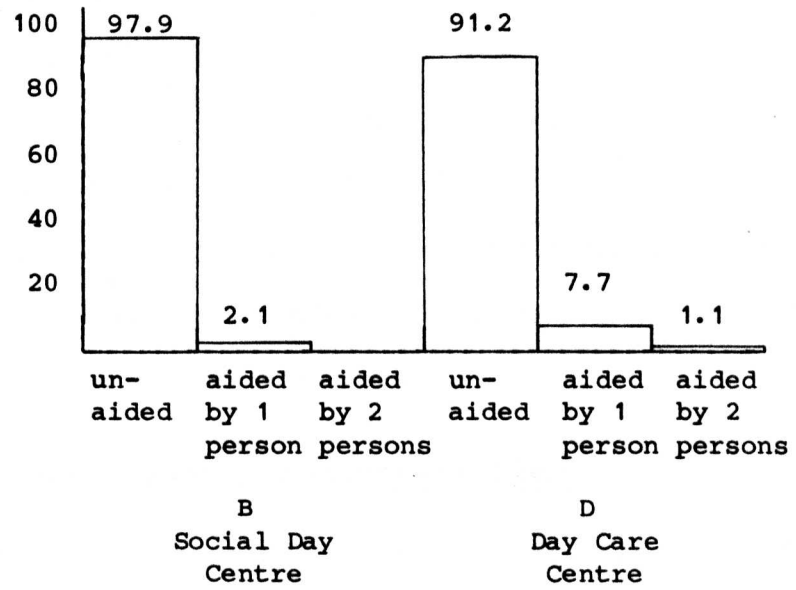
% of users

Diagram 49 - The pattern of <u>using the WC</u> in different categories in
Social Day Centre 'B' and Day Care Centre 'D'.

% of users
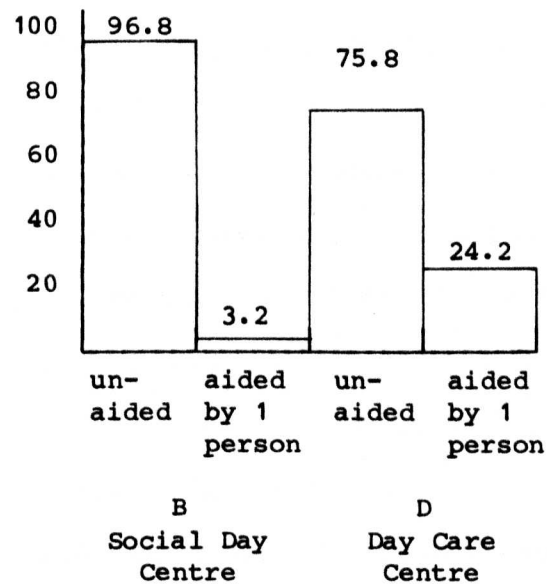
Diagram 50 - The pattern of <u>dressing</u> in different categories in
Social Day Centre 'B' and Day Care Centre 'D'.

Day Care Centre 'D' require some help from one person to dress, but only 3.2% of the users require this help in Social Day Centre 'B'.

Thus, in general the evidence shows that there are similiarities between the users of the old social day centre and those of the old day care centre, in terms of self-care characteristics, namely eating, using the W.C., washing hands, bathing and dressing.

1.1.3 Sight-hearing-speech characteristics

The capacities for sight, hearing and speech of the users of both day centres are illustrated in Tables 56, 57, 58 and Diagrams 51, 52, 53.   Although over half of the users of both day care centres have complete capacity in each of these senses, some users in both day centres have some sight, hearing and speech problems but, as expected,the percentages with these disabilities are higher in Day Care Centre 'D'.   Tables 56, 57, 58 and Diagrams 51, 52, 53 show that the percentages of users who have partial capacity in sight, hearing and speech are considerably higher in Day Care Centre 'D' than in Social Day Centre 'B'.   Table 57 and Diagram 52 show that in Day Care Centre 'D' 34.1% of the users have partial capacity and 8.8% have little capacity in hearing compared with 8.4% of users with partial capacity and 2.1% with little capacity in Social Day Centre 'B'.   The rest of the users in both day centres have complete capacity in hearing.

In the case of speech capabilities, Table 58 and Diagram 53 illustrate that a quarter (25.3%) of the users of Day Care Centre 'D' have partial capacity and 5.5% have little capacity in speech compared with 8.4% of the users with partial capacity and 1.1% with little capacity in

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
complete capacity	84	88.4	65	71.4
partial capacity	11	11.6	16	17.6
little capacity	-	-	9	9.9
no capacity	-	-	1	1.1

Table 56 - The numbers and percentages of users' sight capacities in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
complete capacity	85	89.5	52	57.1
partial capacity	8	8.4	31	34.1
little capacity	2	2.1	8	8.8
no capacity	-	-	-	-

Table 57 - The numbers and percentages of users' hearing capacities in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
complete capacity	86	90.5	63	69.2
partial capacity	8	8.4	23	25.3
little capacity	1	1.1	5	5.5
no capacity	-	-	-	-

Table 58 - The numbers and percentages of users' speech capacities in Social Day Centre 'B' and Day Care Centre 'D'.
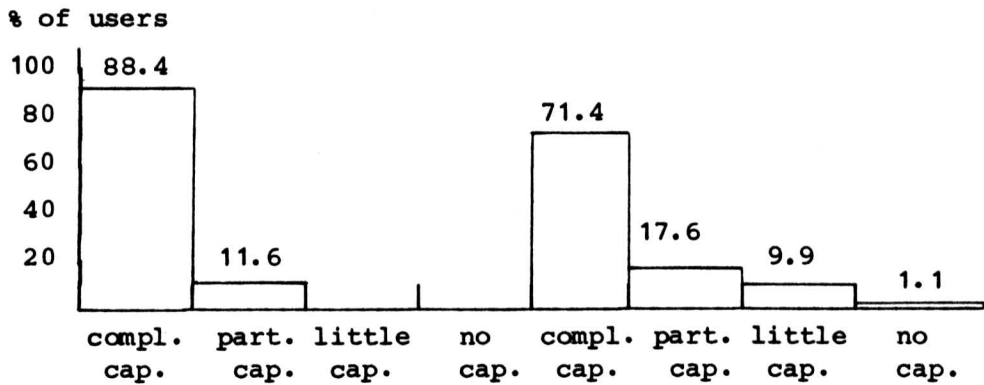
% of users

Diagram 51 - The pattern of **sight capacities** of users in Social Day
Centre 'B' and Day Care Centre 'D'. (See Table 56)
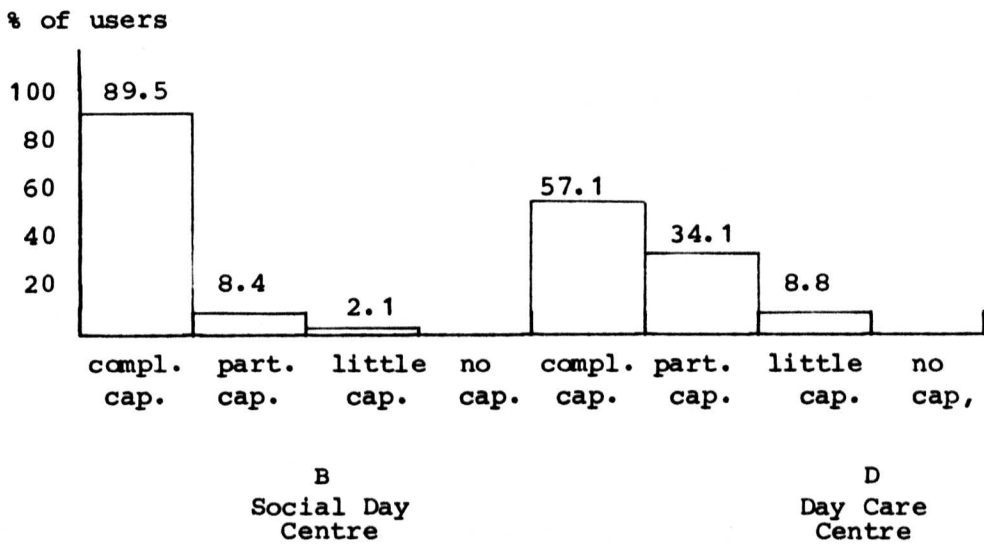
% of users

Diagram 52 - The pattern of **hearing capacities** of users in Social Day
Centre 'B' and Day Care Centre 'D'. (See Table 57)
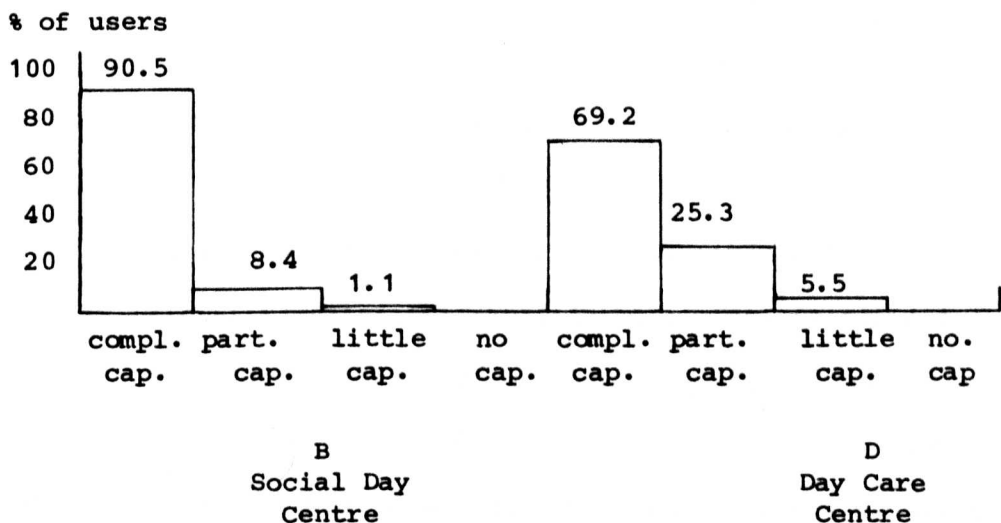
% of users

Diagram 53 - The pattern of **speech capacities** of users in Social Day Centre
'B' and Day Care Centre 'D'. (See Table 58)

Social Day Centre 'B'. Details of users' sight characteristics are given in Table 56 and Diagram 51 and these show that 17.6% of the users of Day Care Centre 'D' have partial capacity in sight, compared with 11.6% in Social Day Centre 'B'. Although none of the users in Social Day Centre 'B' have little or no capacity in sight, 9.9% of the users of Day Care Centre 'D' are in this category and in addition 1.1% have no capacity in sight.

Briefly, some problems with sight, hearing and speech of the users of both day centres have been examined. Although the percentages of users with each of these disabilities is higher in Day Care Centre 'D', some users of Social Day Centre 'B' are also suffering from these disabilities, as expected.

1.1.4 Continence characteristics

Table 59 and Diagram 54 show that the majority of users in both day centres are continent but there are some users in each day centre who are incontinent. Only a few elderly users in Social Day Centre 'B' are incontinent (3.3%), but in Day Care Centre 'D' almost one in four have this problem. In the latter day centre, 18.7% of the users are occasionally incontinent, compared with 2.1% of the users of the former day centre. In addition, 4.4% of the users of Day Care Centre 'D' and 1.1% of the users of Social Day Centre 'B' are frequently incontinent.

Table 60 and Diagram 55 show that although none of the users in Social Day Centre 'B' are doubly incontinent there are a few users (6.6%) in Day Care Centre 'D' who have this problem; of these 4.4% are occasionally and 2.2% of them are frequently doubly incontinent.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
never incontinent	92	96.8	70	76.9
occasionally incontinent	2	2.1	17	18.7
frequently incontinent	1	1.1	4	4.4

Table 59 - The numbers and percentages of users incontinence
characteristics in Social Day Centre 'B' and Day Care
Centre 'D'.
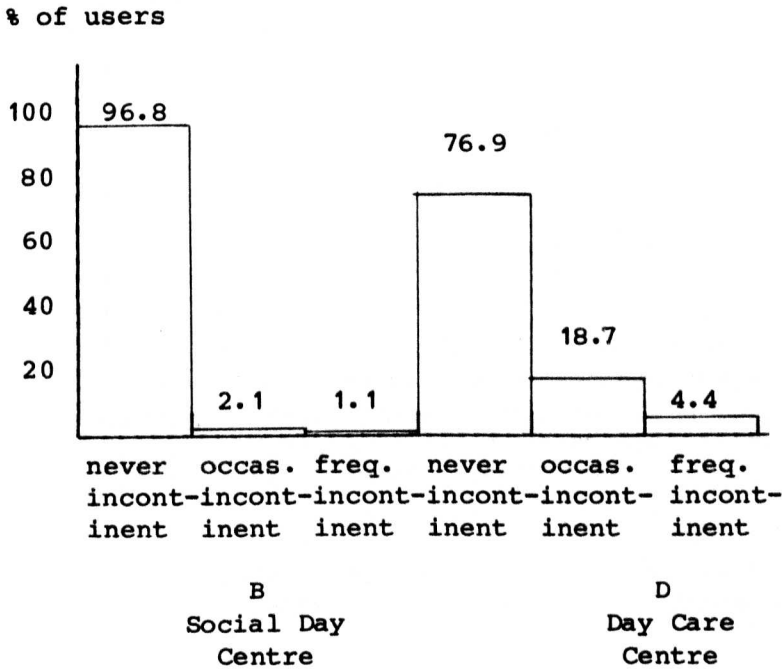
% of users

Diagram 54 - The pattern of incontinence characteristics of users
in Social Day Centre 'B' and Day Care Centre 'D'.

	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
never doubly incontinent	95	100	85	93.4
occasionally doubly incontinent	-	-	4	4.4
frequently doubly incontinent	-	-	2	2.2

Table 60 - The numbers and percentages of users doubly incontinence characteristics in Social Day Centre 'B' and Day Care Centre 'D'.
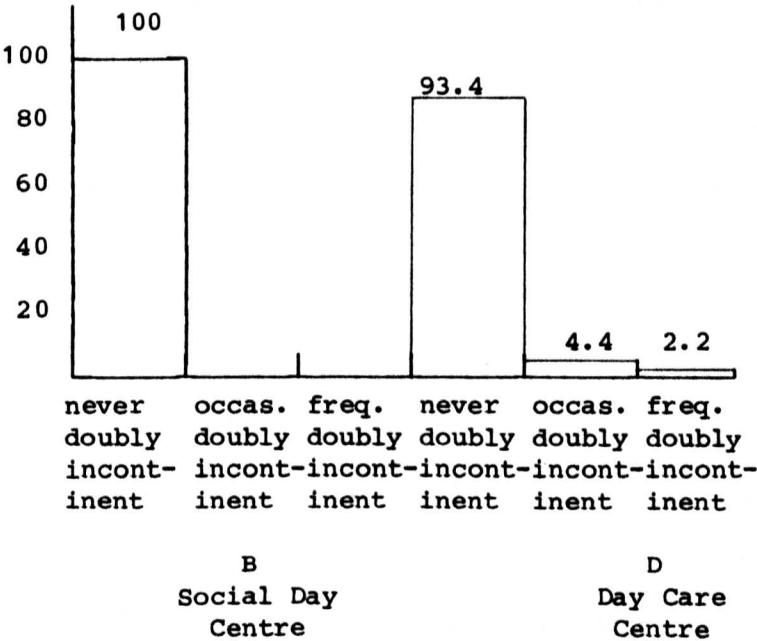
% of users

Diagram 55 - The pattern of users doubly incontinence characteristics in Social Day Centre 'B' and Day Care Centre 'D'

254

Thus, incontinence and double incontinence are not such a serious problem in Social Day Centre 'B' as in Day Care Centre 'D', but it is crucial that the evidence shows that these problems have begun to appear in Social Day Centre 'B'.

1.1.5 Mental characteristics

As Table 61 and Diagram 56 show, comparatively few elderly people (8.5%) suffer from confusion in Social Day Centre 'B', but again this is an important indication of future problems. However, this percentage is considerably higher (28.6%) in the old Day Care Centre 'D' than in the old Social Day Centre 'B'. Among these users of Day Care Centre 'D', 20.9% are classed as mildly confused and a further 7.7% of them as severely confused. In comparison, in Social Day Centre 'B', 5.3% of the users are mildly confused and only 3.2% of them are severely confused.

Thus, the evidence confirms that there are similarities between the users of the old social day centre and the users of the old day care centre in terms of mental characteristics.

1.1.6 Summary

So far in this chapter, the users' characteristics and capabilities in mobility, self-care, sight-hearing-speech, continence and mental state have been examined in old Social Day Centre 'B' and old Day Care Centre 'D'. The evidence has shown first, that, as expected, the users of Day Care Centre 'D' are more highly incapacitated in all these respects than the users of Social Day Centre 'B'. Second, and perhaps more crucial, is the fact that some of the users of the old Social Day Centre 'B' are now

	Social Day Centre 'B'		Social Day Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
mentally alert	87	91.6	65	71.4
mildly confused	5	5.3	19	20.9
severely confused	3	3.2	7	7.7

Table 61 - The number and percentages of users mental characteristics in Social Day Centre 'B' and Day Care Centre 'D'.
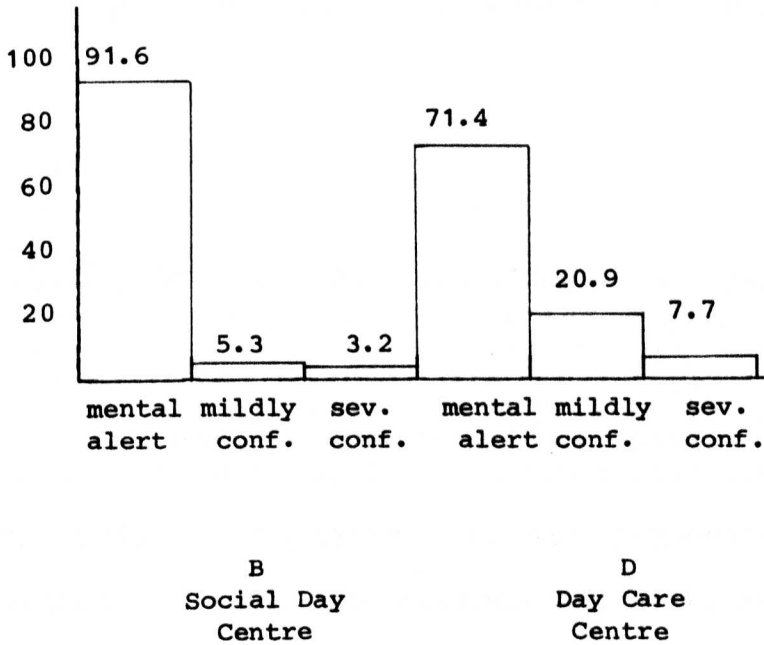
% of users

Diagram 56 - The pattern of mental characteristics of users in Social Day Centre 'B' and Day Care Centre 'D'

256

experiencing some disabilities which previously would only have been expected to be found in Day Care Centres. These disabilities are mental confusion, incontinence, mobility problems and difficulties in undertaking self-care. The presence of these are an indication that some users have developed some of the above disabilities over the time they have attended the day centre, because according to the admission criteria for social day centres as described in Chapter IV, elderly people with mental confusion or incontinence or problems with self-care would not be admitted. The evidence from the interviews with staff in this older Social Day Centre confirms that, over time, the capabilities of some users have deteriorated in these respects. Thus, in some respects, the pattern of dependence in old Social Day Centre is becoming similar to that of the Day Care Centre, yet there are neither staff facilities provided nor arrangements for transfer to a day care centre.

1.2 Activities

Sub-proposition - Old people's reasons for attendance at day care centres which were provided several years ago are mainly to obtain day care and also to obtain social contact; similarly the reasons for attending social day centres which were provided several years ago are, not only to obtain social contact, but also to receive some general care and stimulation.

The evidence supports this sub-proposition. Table 62 and Diagram 57 show the reasons for attendance at a day centre given by staff or some users or provided from records in Social Day Centre 'B' and Day Care Centre 'D'. Although in both day centres social contact is the main reason for attendance, this is higher in percentage terms in Social Day Centre 'B' (87.4%) in contrast with 48.8% in

In order to/for	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
Social contact	83	87.4	44	48.4
Relieve loneliness	3	3.2	17	18.7
Avoid isolation	1	1.1	19	20.9
Prevent depression	4	4.2	7	7.7
General day care	-	-	4	4.4
Stimulation & care	1	1.1	15	16.5
Rehabilitation	-	-	5	5.5
Supervision	-	-	3	3.3
Physical mobility	-	-	2	2.2
Diet	-	-	1	1.1
Home to risky	-	-	3	3.3
Occupation out of home	16	16.8	3	3.3
Part III assessment	-	-	2	2.2
Relieve relative	6	6.3	15	16.5
Food	29	30.5	-	-
Art and craft	1	1.1	-	-
Indoor games	1	1.1	-	-
Voluntary help	2	2.1	-	-
Be with wife	1	1.1	-	-
Overcome bereavement	1	1.1	-	-

Table 62 - The numbers and percentages of users who gave reasons for needing a day centre in Social Day Centres 'B' and Day Care Centre 'D'.

1. Social contact
2. Relief loneliness
3. Avoid isolation
4. Prevent depression
5. General day care
6. Stimulaton & care
7. Rehabilitation
8. Supervision
9. Physical mobility
10. Diet
11. Home too risky
12. Occupation out of home
13. Part III assessment
14. Relief relative
15. Food
16. Art & Craft
17. Indoor Games
18. Voluntary help
19. Be with wife
20. Overcome bereavement
    (see table 62)

D — Day Care Centre

48.4

20.9 18.7 16.5

7.7 4.4 5.5 3.3 2.2 3.3 3.3 1.1 3.3 2.2

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

B — Social Day Centre

87.4

30.5

16.8

6.3

3.2 1.1 4.2 1.1 1.1 1.1 2.1 1.1 1.1 1.1

100 80 60 40 20

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

259

Diagram 57 - The patterns of reasons of users for needing a day centre in Social Day Centre 'B' and Day Care Centre 'D'

Day Care Centre 'D'. In Social Day Centre 'B', the other reasons are centred mainly on having food provided (30.5%), occupation outside the home (16.8%) and relief of relatives (6.3%). In addition, some users attend for stimulation and care (1.1%) or to prevent depression (4.2%) and a few gave a specific reason such as, for art and craft (1.1%) or indoor games (1.1%) and one user attends to overcome bereavement.

In Day Care Centre 'D', some reasons are similar to those for the Social Day Centre's and they have higher percentages. These are to relieve relatives (16.5%) and to stimulation and care (16.5%) and a lower percentage is given for occupation outside the home (3.3%). Most of the other reasons are concentrated on care activities which are not available in the Social Day Centre. These are general day care (4.4%), rehabilitation (5.5%), need of supervision (3.3%), physical mobility (2.2%), for diet (1.1%). In addition, the other reasons are to avoid isolation (20.9%), relieve loneliness (18.7%) or to prevent depression (7.7%).

Thus, the evidence indicates that the main reasons of users for attendance at both day centres are to obtain social contact but the percentages of users who attend for this reason is higher in the old social day centre. In contrast, although there are some users in the old social day centre who attend for stimulation and care or to provide relief to their relatives, the percentages of users who attend for these reasons are very much higher in the old day care centre.

In this part, the second sub-proposition is:

Sub-proposition - Older social day centres provide day care activities as well as social contact activities as day care centres do.

260

This sub-proposition is partly supported by the evidence provided. Table 63 shows the different types of activities which take place in Social Day Centre 'B' and Day Care Centre 'D'. Although Social Day Centre 'B' provides one or two day care activities, these are not provided on a regular day to day basis and are not as comprehensive as the activities provided in Day Care Centre 'D'. In the former centre, the opportunity to have a bath and assistance with dressing are available but only one or two elderly users have a bath once a week. In contrast, Day Care Centre 'D' provides care assistance for all five types of self-care activities namely feeding, washing, bathing, toileting and dressing, but again only few users have a bath.

In addition to those self-care activities, both day centres provide hairdressing and chiropody treatment for their users. In Day Care Centre 'D', musical movement and mobility training are also available. Apart from these activities, some teaching and other training activities are provided for the users of Centre 'D' requiring assistance to relearn or improve skills associated with meal preparation, washing clothes and bed making. Special rooms are used for each of these and they are also used for assessing elderly people being considered for admission to the old people's home which is attached to Day Care Centre 'D'. No similar facilities are provided in Social Day Centre 'B'.

Day Care Centre 'D' provides more special entertainment than Social Day Centre 'B'. In the latter Centre, sing songs are held only once a week and concerts only about once or twice a year and the users complain

(I) Day care Activities	(B) Social Day Centre				(D) Day Care Centre			
A. Self-care activity	Yes	No. of users	% of users	Freq. of the activity	Yes	No. of users	% of users	Freq. of the activity
Feeding	-	-	-	-	✓	1		5/7
Washing	-	-	-	-	✓	4		5/7
Bathing	✓	1-2	2.1	1/7	✓	2-4		2/7
Toileting	-	-	-	-	✓	4		5/7
Dressing	✓	1-2	2.1	1/7	✓	2-4		2/7
B. Mobility training and Physical care activities								
Musical Movement	-	-	-		✓	20		1/7
Occupational Therapy	-	-	-		-			
Physiotherapy	-	-	-		-			
Hairdressings	✓	10-12		3/7	✓			
Chiropody treatment	✓	15		1/3 months	✓	2-3		1/15
Mobility training	-			-	✓	6-8		5/7
C. Teaching and other training activities								
Kitchen training	-	-	-	-	✓	3		1/7-3/7
Laundry training	-	-	-	-	✓	-		
Bathroom training	-	-	-	-	✓	1		1/7
Bedroom training	-	-	-	-	✓	3		1/7
(II) Social Activities								
1 A. Entertainment activities								
Dancing	-	-	-	-	-	-	-	-
Sing Songs	✓		90	1/7	✓	10-30		2-3/7
Film shows	-				✓			1/30 days
Concerts	✓		users who attend that day	1-2 times a year	✓	users who attend that day		8 a year
B. Indoor games								
Bingo	✓		30	1/7	✓	15		2/7
Card games	✓	various		5/7	✓	6-10		5/7
Chess and other board games	✓	various		5/7	-	-	-	-

Continued ....

	(B) Social Day Centre					(D) Day Care Centre			
	Yes	No. of users	% of users	Freq. of the activity		Yes	No. of users	% of users	Freq. of the activity
Darts	–	–				–			
Snooker	✓	various		5/7		–			
Word, number games, dominoes	✓	various		5/7		✓	10		1/7
C. Others									
Reading	✓	various		5/7		✓	various		5/7
Watching TV	✓		2–3	sometimes		✓	various		5/7

(III) Art and Craft Activities
A. Dry Craft Work

	Yes	No. of users	% of users	Freq. of the activity		Yes	No. of users	% of users	Freq. of the activity
Sewing	–	–				–	–	–	–
Knitting/Crochetting	✓			5/7		✓		60	5/7
Macrame	–	–	10			✓		1	2/7
Toy Making (soft)	✓			4/7		–	–	12	5/7
Basket making	✓			4/7		✓		3	5/7
Wood work	–	–				–	–	–	–
Carpet Making	–	–				✓	2		5/7–2/7

B. Wet Art and Craft

	Yes	No. of users	% of users	Freq. of the activity		Yes	No. of users	% of users	Freq. of the activity
Painting	✓	8	8.4	4/7		✓	6		5/7
Pottery	✓	7	7.3	1/7		–	–	–	

(IV)

	Yes	No. of users	% of users	Freq. of the activity		Yes	No. of users	% of users	Freq. of the activity
Meals	✓	54–86		5/7		✓	27–47		5/7
Snacks	✓	various		5/7		✓	various		5/7
Tea/Coffee	✓	60–100		5/7		✓	various		5/7

(V) Others

	Yes	No. of users	% of users	Freq. of the activity		Yes	No. of users	% of users	Freq. of the activity
Shopping	–	–	–	–		✓	8–10		2/7
Dental/optic care	–	–	–	–		✓	various		1/ a year

Table 63 – The type of activities which take place, the numbers and percentages of users who attend to these activities and the frequency of the activities in Social Day Centre 'B' and Day Care Centre 'D'.

about the lack of entertainment activities. In contrast, in Day Care Centre 'D', sing songs are held two-three times a week, concerts eight times a year and film shows once a month. Staff mentioned that the users really enjoy these activities.

Indoor games are played in these two centres with bingo, cards, word and number games available in both. In Social Day Centre 'B', additional games such as snooker, chess and other board games usually played everyday but these are not available in Day Care Centre 'D'. Care staff emphasised that most of the users of Centre 'D' are not able to take part in games such as darts, snooker, chess which require mental concentration and/or physical strength beyond their capabilities. Reading and watching TV are available in both day centres, but in Day Care Centre 'D' reading is mostly at an easy level, such as daily newspapers, however in Social Day Centre 'B', although there is not a proper library room, there are many books and most users lend and read these books.

From the evidence on art and craft activities, it is interesting to point out that the number and type of activities are higher in Day Care Centre 'D' than Social Day Centre 'B'. In both day centres, knitting, crochetting, toy making, basket making and painting are available. In addition to these activities, macramé and carpet making are available in Day Care Centre 'D' and pottery is available in Social Day Centre 'B'. The organiser of the former day centre emphasised that when she started to work there four years ago, very few users were doing any craft work and the craft rooms were not in use, but, by stimulating their interests, most users started to enjoy doing craft work. The care activities which take

place in the same day care centre are

namely eating, washing hands, using the WC, dressing and/or any mobility training or teaching activities. However these are provided comprehensively on a day to day basis in the old day care centre. In addition, both day centres provide social contact activities.

1.3 **Transport provision**

<u>Sub-proposition</u> - Special assistance with transport is required by a high proportion of users of old social day centres and day care centres.

The data supports this proposition as the great majority of the users of old Social Day centre 'B', and old Day Care Centre 'D' need special assistance with transport. In Social Day Centre 'B' the percentage of users who use special day centre transport is 78.9%. This percentage is much higher in Day Care Centre 'D' at 95.6% (Table 64, Diagram 58). However the percentage of users who attend day centre by private car is higher (8.4%) in Social Day Centre 'B' than in Day Care Centre 'D' (1.1%). In both day centres some users walk to their centre; this percentage is 5.3% for the users of Social Day Centre 'B' and 3.3% for the users of Day Care Centre 'D'. In addition, although few users use public transport in Social Day Centre 'B', none of the users of Day Care Centre 'D' attend the centre by this means. In the former day Centre, 7.4% of the users come to the day centre by bus, but none of the users of either day centre travel there by tube or motor-bike.

Thus the evidence confirms that, the most users of Social Day Centre 'B', like the users of Day Care Centre 'D' need special transport to get to and from their centre because of their poor mobility or mental confusion or

users come to day centre;	Social Day Centre 'B'		Day Care Centre 'D'	
	number of users	percentage of users	number of users	percentage of users
by day centre transport	75	78.9	87	95.6
by walking	5	5.3	3	3.3
by bus	7	7.4	-	-
by private car	8	8.4	1	1.1
by tube or motor-bike	-	-	-	-

Table 64 - The numbers and percentages of users of different types of **transport** utilized to attend Social Day Centre 'B' and Day Care Centre 'D'.

% of users
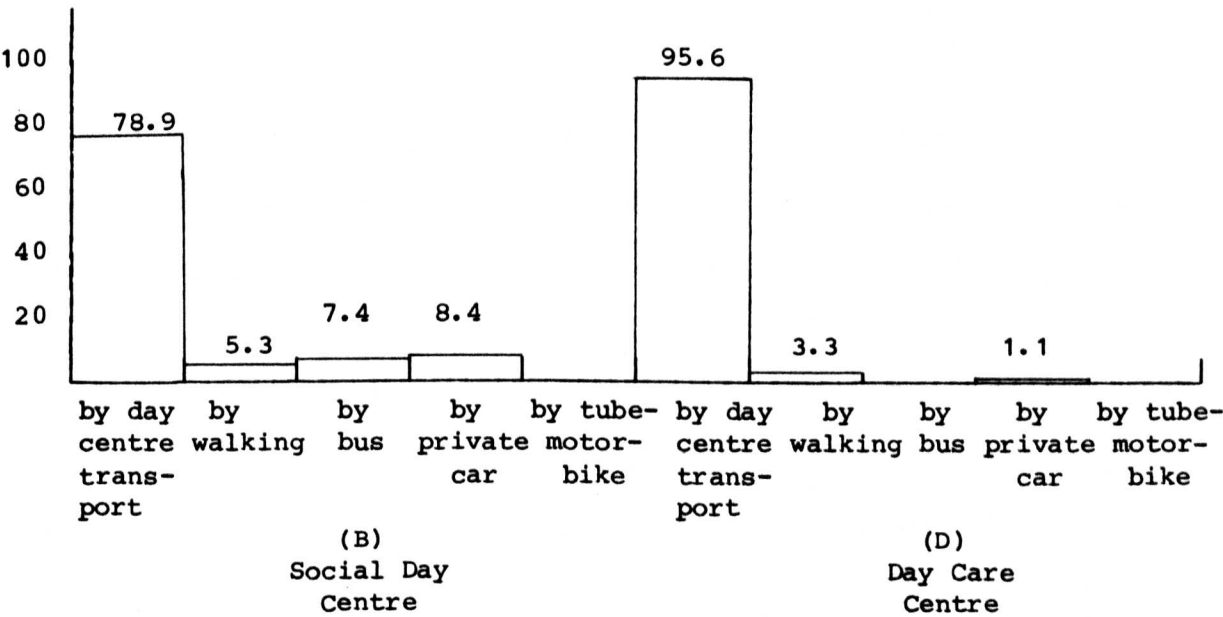
Diagram 58 - The pattern of usage of transport in Social Day Centre 'B' and Day Care Centre 'D'.

sight-hearing-speech defects or other infirmities.

1.4 <u>Staff provision</u>

<u>Sub-proposition</u> - Old social day centres and day care centres employ day care staff as well as other managerial, craft, domestic and kitchen staff.

Given the relatively high level of dependence, it was expected that the old social day centre would employ some care staff, but in fact no day care staff are employed to give general day care for the users with disabilities. However in Day Care Centre 'D', four care staff known as care attenders are employed to look after the 45 users who attend on average every day. These staff assist those users with mobility difficulties or those having problems with self-care activities (e.g. supervision in toileting or feeding) and help them to be occupied with craft activity or listen to their problems and talk with them. Thus, these care staff are undertaking various types of care to meet the users requirements.

Day Care Centre 'D' does not employ a craft instructor but the day care staff assist the users in these activities. However in Social Day Centre 'B', a craft instructor is employed for the art and craft activities. Both day centres have an organiser but Day Care Centre 'D' is combined with an Old People's Home in a complex building. Thus, there is an Officer in Charge for both the Home and the Day Care Centre as shown in the Fig. 15. In both day centres the organisers do not have an assistant, but both feel that they need one assistant to help with the office work and general administration of the centre. (Fig. 15 - Fig 15a.)

In addition, a number of kitchen and domestic staff

267
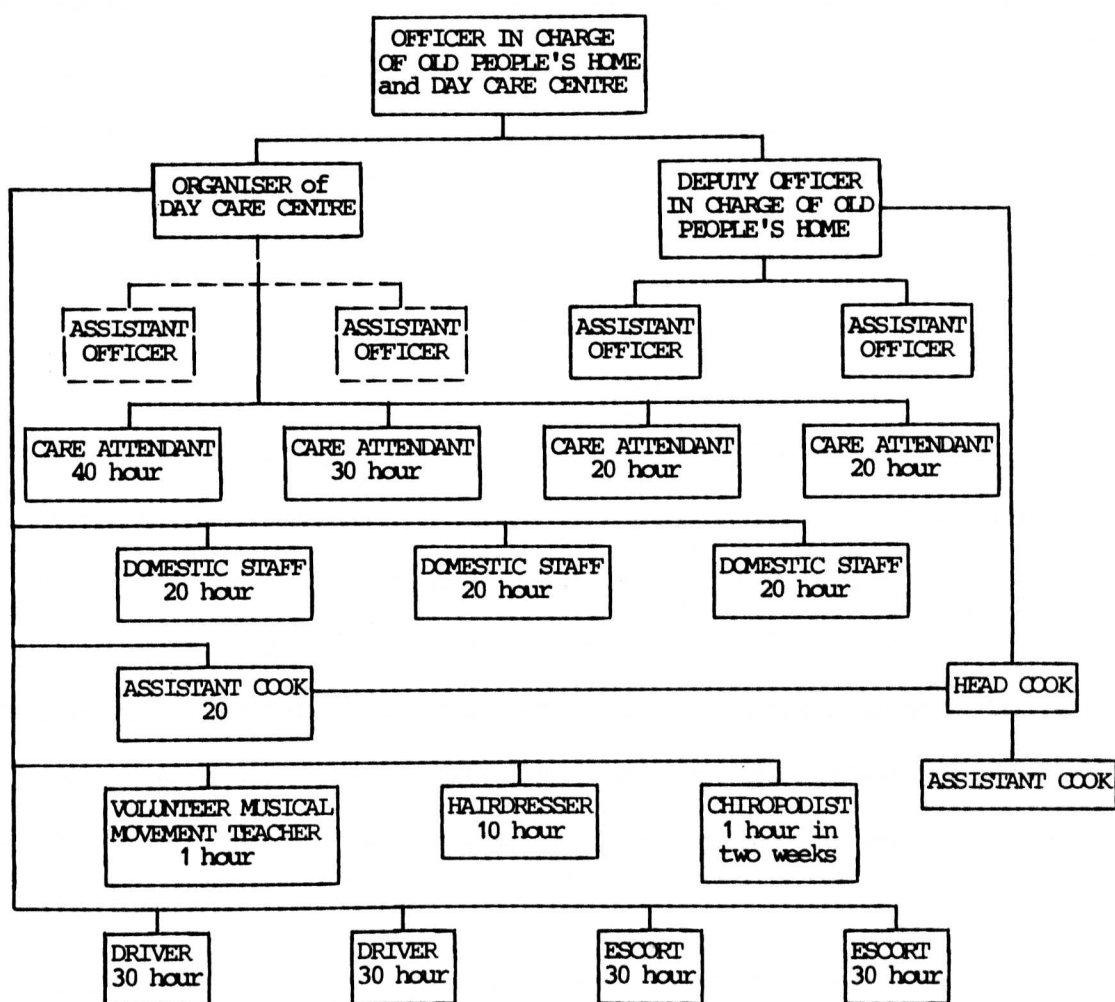
Fig. 15 - The pattern of staff provision in Day Care Centre 'D'.
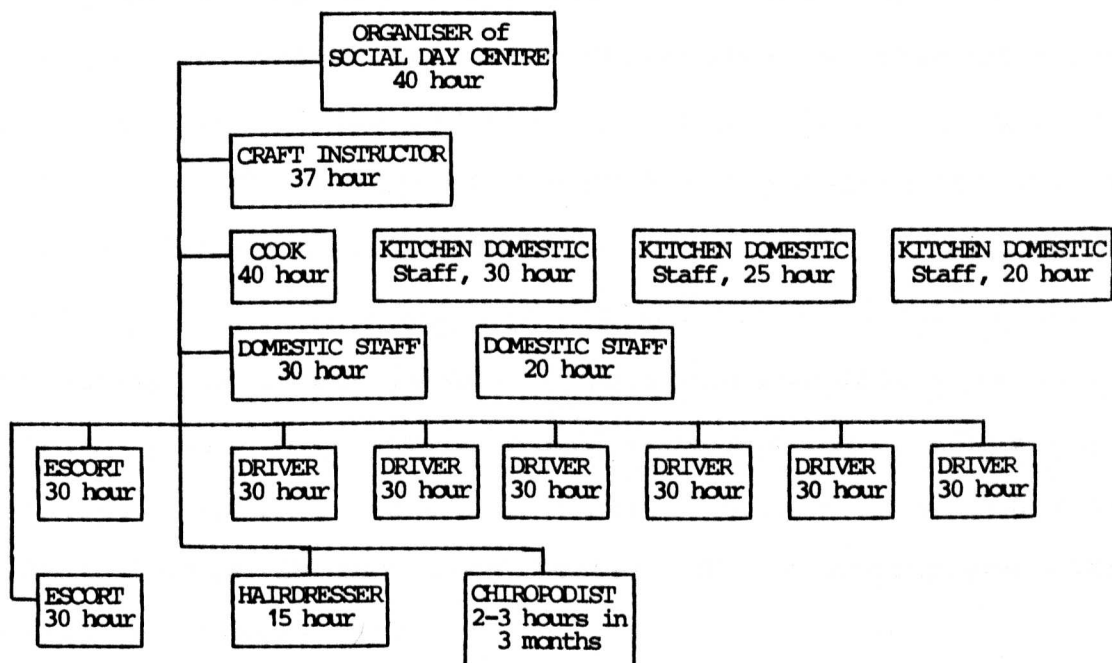
Fig. 15.a.- The pattern of staff provision in Social Day Centre 'B'.

are employed in both day centres. In Social Day Centre 'B', one cook, three kitchen domestic and two domestic staff are employed, the corresponding numbers in Day Care Centre 'D' are one assistant cook (the head cook is employed by the Old People's Home) and three domestic staff who help also in the kitchen when required. Both day centres employ part-time a hairdresser and a chiropodist. A volunteer musical movement teacher takes a one hour musical movement session with the users in Day Care Centre 'D' but this is not available in Social Day Centre 'B'.

The other type of staff who are employed by both day centres are drivers and escorts to transport users to and from the centre. In Social Day Centre 'B', there are five drivers and two escorts and in Day Care Centre 'D' two drivers and two escorts.

Sub-proposition - The overall staff-user ratio is similar in old social day centres and old day care centres.

In Day Care Centre 'D', there are 16 staff whose total weekly working hours are 362 hours. In this day centre 233 elderly users attend in a week which gives a ratio of staff hours to users of 362:233 that is 1.5 hour's staff work for each user. These numbers for Social Day Centre 'B' are as follows. The overall number of staff is 17, their total weekly working hours are 360 and the total number of users who attend in a week is 440. Thus the comparable ratio is 360:440 giving 0.8 hour's staff work per user. Thus, the comparable figures for staff working hours for each user is almost double in Day Care Centre 'D' in comparison with Social Day Centre 'B'.

However, there is an important organisation factor which must also be taken into account in making this

comparison. In Day Care Centre 'D', each of the four day care staff concentrate their care, assistance and concern on approximately 10-12 elderly people each day, but although some of the users of old Social Day Centre 'B' require assistance and care as much as the users of Day Care Centre 'D', there is not any care staff for these types of help.

2   Group II Sub proposition –

The relationship between the user's characteristics, their requirements and the architectural setting.

In the first part of this chapter, the sub-propositions which were concerned with the users' characteristics, activities, transport and staff provision were examined. The evidence showed that although there are some similarities in users' characteristics and transport provision between old Social Day Centre 'B' and the old Day Care Centre 'D', this is not the case for the activities and staff provision. There are some dissimilarities in the type of activities provided and the type of staff employed. In the second part of this chapter, the relationship between the findings of Group I and some aspects of architectural setting will be examined. Thus, Group II sub-proposition is:

> If there are some similarities in users' characteristics and capabilities, activities and transport provided in old social day centres and old day care centres, then there will be greater mismatch between the users capabilities, their requirements and the architectural setting in old social day centres which were designed for active elderly people than in old day care centres which were designed for frail elderly people.

The comparison between the two day centres will be made in terms of seven different areas in day centres which are:

- Multi purpose room
- Dining room
- Lounge
- Craft room
- Entrance hall - corridors
- Toilets - bathroom
- Staff areas

These areas (and their plans) and the activities which take place in them are shown in the following Fig.16.

2.1 Multi-purpose room and dining room

Although multi-purpose rooms of both day centres have some problems, these are worse in old Social Day Centre 'B', as expected. However the inadequacies in this day centre are due not only to the mismatch between the built environment and the requirements of frail elderly users which have arisen over time, but also to the initial faulty design decisions. These were shown when old Social Day Centre 'B' was compared with the new Social Day Centre in Chapter VII (2.1). The multi-purpose room of the older Social Day Centre is very large in area (216.2m^2); users suffer disturbance from high noise levels and faulty design means that various doors open onto this room obstructing any corner sitting arrangements, and it is draughty (Chapter VII, Plan 16). The multi-purpose room of the old Day Care Centre 'D' does not have any storage space and has insufficient natural light.

In Day Care Centre 'D', one side of the multi-purpose room in adjacent to the kitchen and the dining room of the Old People's Home and the other side is adjacent to corridor and female toilets whilst the other two sides are outside walls. The dining room of Day Care Centre 'D' is used for multi-purpose activities as well. Thus in this room, meals, bingo, card games, musical movement and all the other group activities take place (Plan 19). There is a need for more tables and chairs than are provided
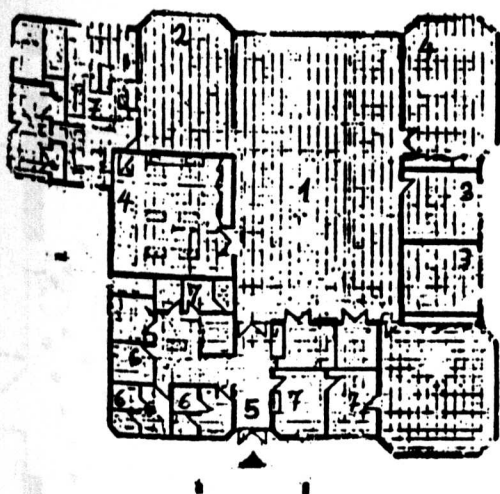
1. Multi-purpose room
2. Dining room
3. Lounge
4. Craft room
5. Entrance hall - corridors
6. Toilet - bathroom
7. Staff areas
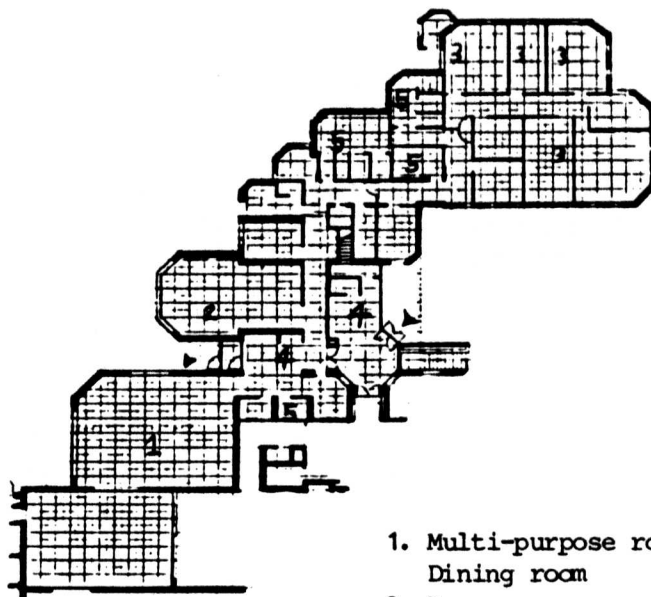
1. Multi-purpose room
   Dining room
2. Lounge
3. Craft room
4. Entrance Hall
5. Toilets - bathroom
6. Staff areas

Scale 1/500
SOCIAL DAY CENTRE B
(Purpose-built building)

Scale 1/500
DAY CARE CENTRE D
(Purpose-built building)

Areas	Activities
1. Multi-purpose rooms	) Sitting) Sing songs) Card board games) Snooker
2. Dining room	) Meals served & eaten
3. Lounges	) Watching TV) Sitting) Resting
4. Craft room	) Crochet) Knitting) Basket making) Soft toy making) Painting) Pottery
5. Entrance hall- corridors	) Access
6. Toilets - bathroom	
7. Staff areas	) Office work) Changing) Cooking meals) Cleaning

Areas	Activities
1. Multi-purpose rooms (Dining room)	) Meals) Bingo) Musical movement) Sing songs) Card-board games
2. Lounge	) Watching TV) Sitting) Resting
3. Craft room	) Crochet) Knitting) Basket making) Soft toy making
4. Entrance hall- corridors	) Sitting) Watching
5. Toilets - bathroom	
6. Staff areas	) Office work) Changing) Kitchen work) Cleaning

Fig 16. The plans, areas and activities in Social Day Centre 'B' and Day Care Centre 'D'.

Plan 19 : The pattern of dining activity and furniture arrangement in dining room (multi-purpose room) of Day Care Centre 'D'

- ⊡ Female user
- ◪ Male user
- ⊡ Female user with stick
- ◪ Male user with stick
- ⊡ Female user with walking frame
- ⊙ Female user with wheelchair

Care staff

Care staff

Multi-purpose room (Dining room)

Lounge

WC

WC

Entrance Hall

Residential Part

Entrance Hall (Residential Part)

273
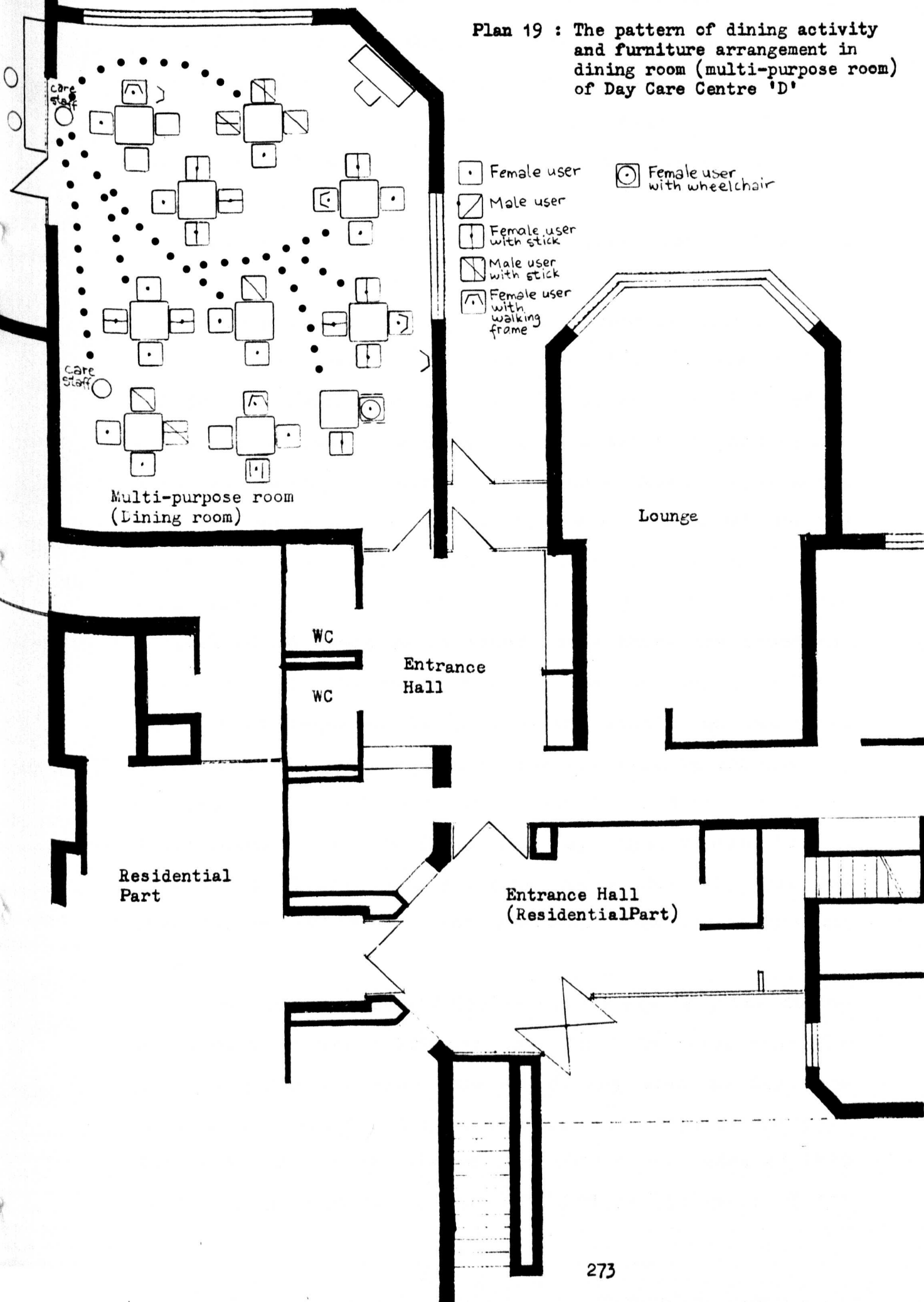
(11 tables and 40 chairs), so extra furniture which is required has to be brought in from distant parts of the centre, such as the staffroom (15m door to door) or craft rooms (the nearest craft room is 32m away). Staff find this a long distance to carry this extra equipment to and from the room.

The furniture of the multi-purpose room of Day Care Centre 'D' usually is kept in the lunch time arrangement but if necessary, it is arranged for other activities, such as musical movement, etc. The area of this room is $90m^2$ and during dinner time a minimum of 38 and a maximum of 51 users are present when there are 38 users this room allows $2.4m^2$ per user, but this decreases when there are 51 users to $1.8m^2$ per user. According to the organiser of the day centre the room allows sufficient space for 40 users; with this number the space allowed is $2.2m^2$ per user. If this optimum of 40 users is exceeded, then there are problems. Circulation in the room is restricted and access of the care staff required to help users starts to become a problem. This again suggests that the area recommended by Goldsmith of $2.0m^2$ for each user in a dining area is insufficient, as was found for Day Care Centre 'C' in Chapter VI (2.1). The evidence shows that for this Day Care Centre 'D' $2.2m^2$ area for each user is an optimum area.

In contrast, in old Social Day Centre 'B', the dining area which allows $1.2m^2$ per user is $1.0m^2$ less than the area provided for each user of dining area in Day Care Centre 'D'. However the pattern of dependence of users of Social Day Centre 'B' showed that whilst the users of this centre in general are not as disabled as the users of the

old Day Care Centre 'D', they are not as able as the users of new Social Day Centre 'A', where the area per user for dining is a minimum of $1.4m^2$ and a maximum of $1.8m^2$. Thus, in the old Social Day Centre, the space provision is inadequate given the level of disability of the users by comparison with both the Old Day Care Centre and the new Social Day Centre.

In Day Care Centre 'D', one aspect which is related to space available and the furniture arrangement is found to be satisfactory. As illustrated in Plan 19, only one person sits on each side of the table, so if the users need any assistance from one or two of the staff, for example, to be lifted from dining chair to transfer to their wheelchair, both sides are free and there is sufficient space for this. In addition, the users with walking frames can keep these beside them at the dining table.

The multi-purpose room is also in use for card and board games. Some afternoons 8-10 users play card games or dominoes after lunch whilst others sit in the main lounge. The furniture arrangement stays as it is shown in Plan 20. Bingo sessions run by one member of staff take place in this room twice a week and approximately 10-15 users of the centre and 5-6 residents from the residential home attend giving a total of 21 elderly people. Thus, the total area of $92m^2$ allows plenty of space for this activity and there is no problem for this (Plan 21).

One of the other activities which takes place in Day Care Centre 'D', but not in Social Day Centre 'B' is musical movement. In Day Care Centre 'D', the multi-purpose room which contains a piano is arranged for this activity as shown in Plan 22. A volunteer dance

**Plan 20 : Multi-purpose room and the activity pattern
after lunch time in Day Care Centre 'D'**

Female user with stick

Female user with walking frame

Female user with wheelchair

staff

Lounge

Multi-purpose room

WC

WC

WC

Reception

Residential Part

Entrance Hall

276
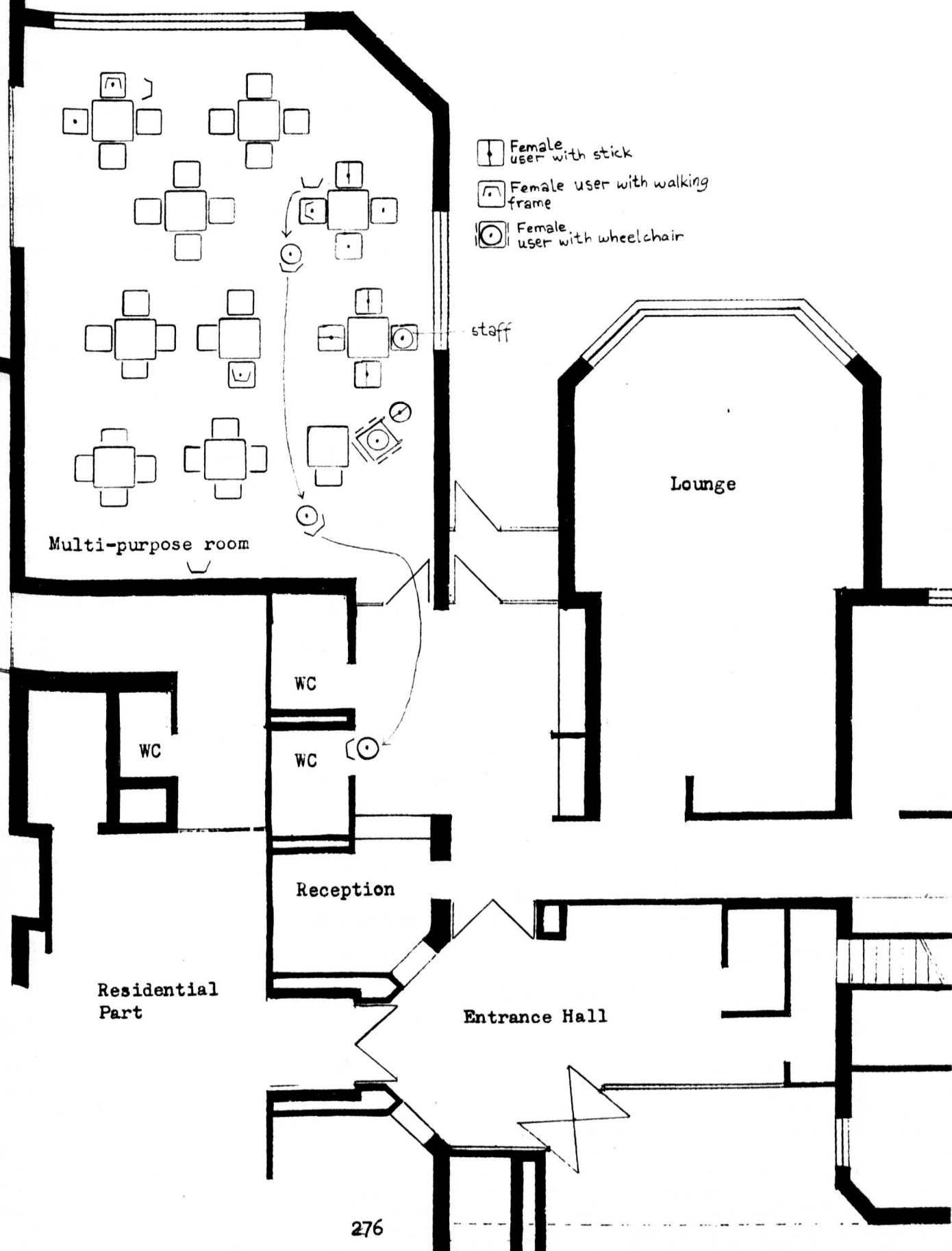
Plan 21 : The pattern of indoor games (such as bingo) in multi-purpose room of Day Care Centre 'D'

Multi-purpose room

staff

Staff

Lounge

W.C.

W.C.

Reception

Entrance hall
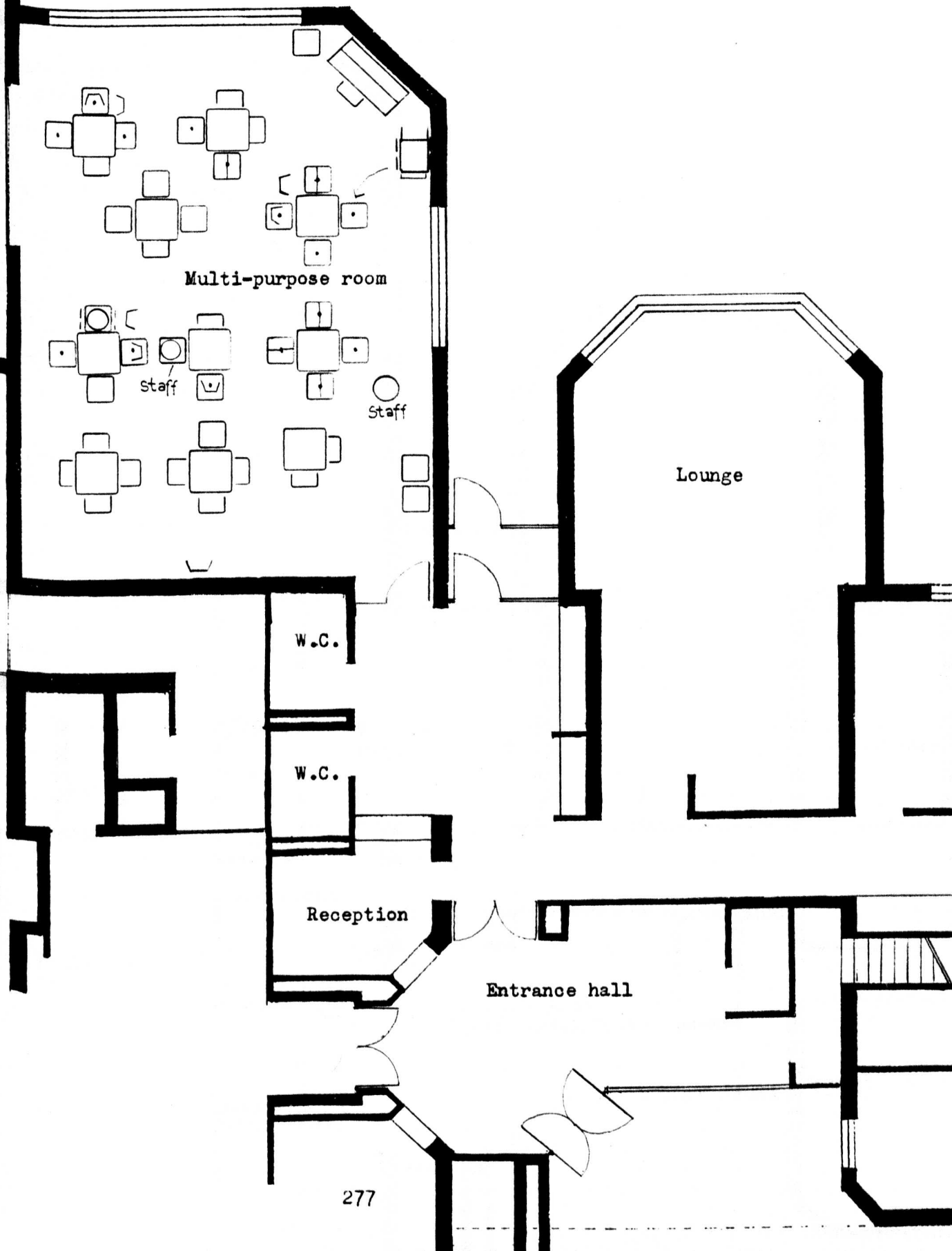
**Plan 22 : The pattern of musical movement activity and
furniture arrengement in multi-purpose room
of Day Care Centre 'D'.**

Multi-purpose
room

staff

staff

Lounge

WC

Entrance
Hall

Hairdresser

WC

Reception

Residential
Part

Entrance Hall
(Residential Part)
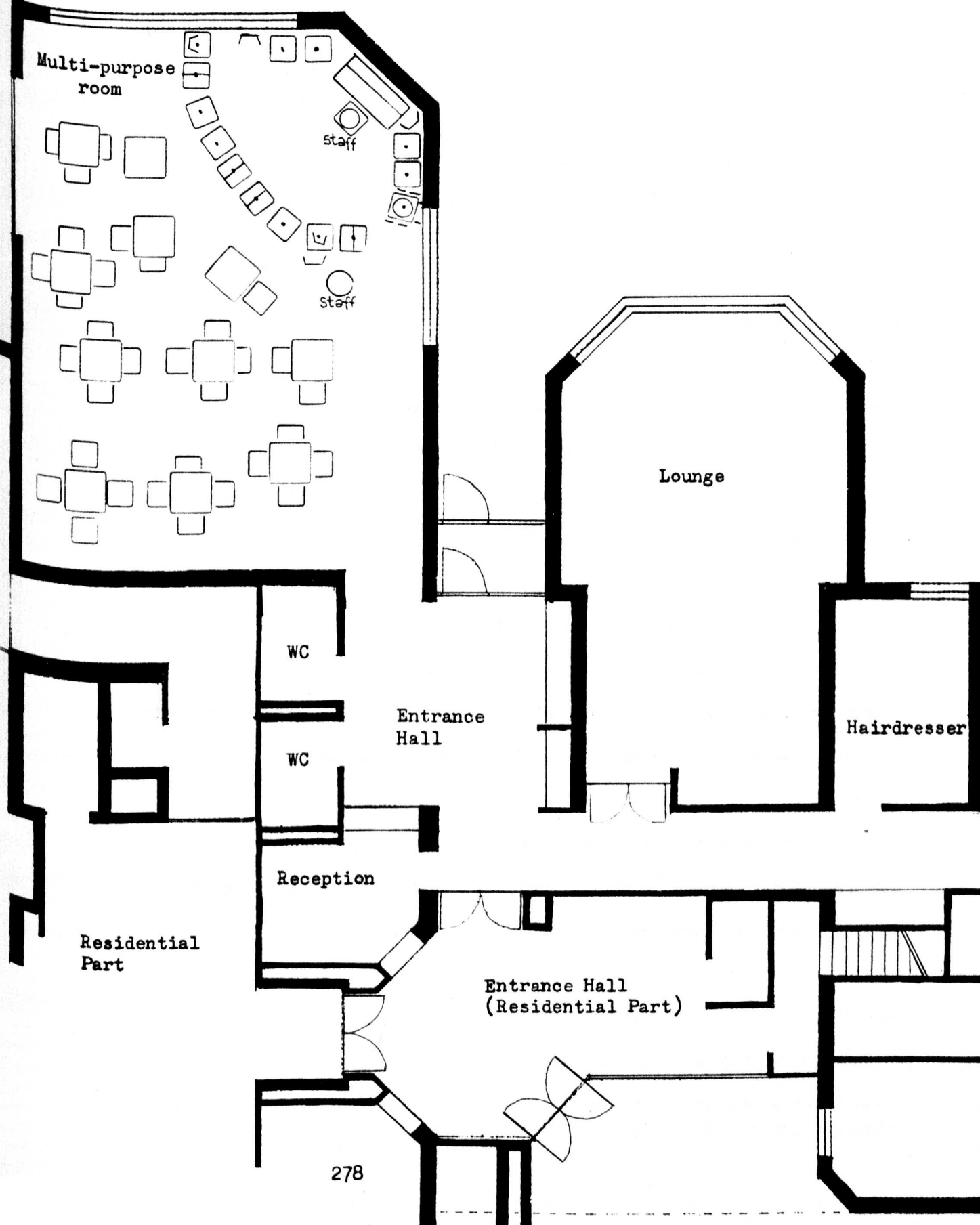
teacher organises this activity either using a tape recorder for music or else, she or one of the other users plays the piano. Here the pattern of musical movement activity is similar to that in Day Care Centre 'C' which was examined in Chaper VI (2.1); as the 20 users who usually attend sit on their chairs around the piano. The tables and other unnecessary furniture are moved to the other side of the room. Although this makes the appearance of the room unpleasant, there are no space constraints on this activity.

2.2 Lounge

Both Social Day Centre 'B' and Day Care Centre 'D' have lounges. In the former as was shown in the Chaper VII (2.2), the two lounges are rarely in use because they are cold, inadequately furnished and do not present a comfortable atmosphere. In contrast with these two lounges the main lounge of Day Care Centre 'D' is used far more effectively. Usually most of the users have a rest in this room after their lunch and during the rest of the day, if there is not any organised activity, some watch TV or chat to each other. In addition, there is a smaller lounge near the craft rooms which is not so effectively used but is available for the users who work in the craft area and need a rest. The distance between two lounges is 35m (Plan 23).

The area of the main lounge is 50m^2. It contains 27 armchairs, 2-3 stools, a coffee table and a TV. The number of users in this room at any time varies, but staff found it a sufficient area for a lounge. One strange aspect of this room is that the furniture is badly arranged with all the armchairs ranked around the walls with their backs against the wall which does not allow for small

The main lounge

The lounge
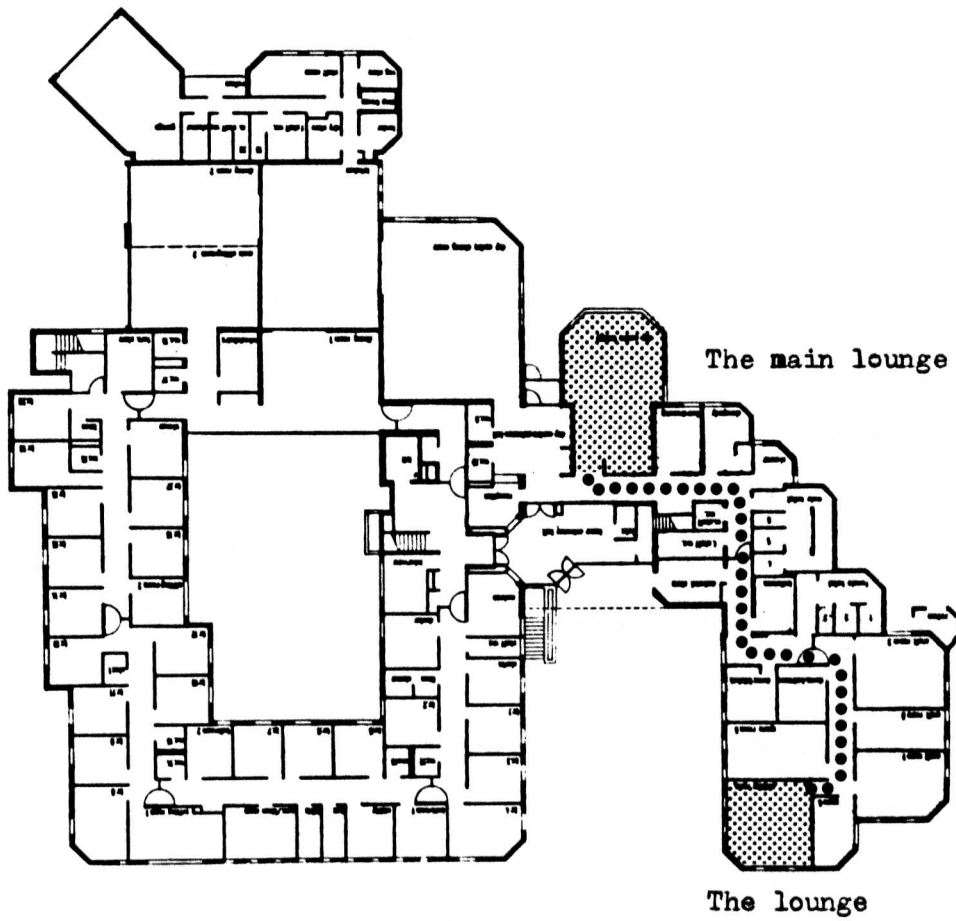
Plan 23 : The distances between two lounges in Day Care Centre 'D'

groupings (Plan 24). The organiser of the day centre emphasised that, although staff have attempted on several occasions to change the arrangement of the furniture to allow for small groups, the users have always pushed the armchairs back to their previous position and it remains arranged like that. The reason given by the organiser is that most users like to sit with their backs towards the wall so they can watch the activities of others and talk to those sitting on either side of them.

Separate from this main lounge, there is the other smaller lounge in the craft area which is adjacent to craft room '4' and a small spare room. The reason for the comparatively rare use of this room is its location in relation to the daily routine and activity patterns. When the users are busy in the craft rooms, very few use this room. This is not because the users do not want to use this room to take a rest when they do craft work in the mornings but because the staff who are responsible for each of the four craft rooms want the users to stay in their craft rooms rather than wander around the other rooms, as this makes staff work difficult when assisting with disabled or supervising the confused users. After lunch when most users require a rest, they prefer the main lounge which is only a few metres away from the dining area rather than the lounge in the craft area which is 40-45 metres walk.

2.3 Craft room

Both Social Day Centre 'B' and Day Care Centre 'D' have many problems with their craft rooms. The craft rooms of Social Day Centre 'B' have problems with insufficient storage space, poor ventilation, the wrong placement of the

Plan 24 : The main lounge and its furniture arrangement
in Day Care Centre 'D'

Multi-purpose room
(Dining room)

Male user
Female user

Lounge

TV

Hairdresser

W.C.

Entrance
Hall

W.C.

staff

Reception

Entrance Hall

kiln for pottery and the long distances between the craft rooms which hinder the craft instructor working in two craft rooms. In Day Care Centre 'D', there are 4 craft rooms. In the main, they are badly located and a long distance from the other rooms (multi-purpose room, main lounge) which are frequently in use. These craft rooms are very limited in area. One of them is not always used partly because of its size which is not only inadequate for craft activities but also because it has insufficient storage space (Craft room 2, see Plan 25).

Thus in Day Care Centre 'D' only three of the four craft rooms were in use at the time the fieldwork was carried out. This was because one of the four care staff recently started to work in craft room two and four users were transferred from the other craft rooms to this room, but these users were very upset and wanted to be in their previous rooms with the staff and friends that they used to work with. As a result, these users returned back to their previous craft room when the staff member who was working in that room was on her holiday and craft room '2' was not in use. This incident shows how it can be difficult and upsetting for elderly users to move or change their room or place or to be isolated from their friends and the staff that they are used to, even within the same day centre.

Although the day care centre was designed for frail elderly people, it seem the dependence levels of users, and the patterns of daily routine in the day centre were not very well considered in the design stage. One of the main problems which has arisen in Day Care Centre 'D' results from the location of its craft rooms, which are isolated from the main entrance, the dining room and the main

Plan 25 : Craft rooms and their furniture arrangements in Day Care Centre 'D'

Hairdresser

Staff room

Staff toilet

Toilets

Toilets

Bathroom

Demonstration kitchen

Demonstration bedroom

Craft room 1

staff

Craft room 2

Craft room 4

staff

Craft room 3

staff

Lounge

284

lounge. The usual daily routine is that users generally do craft work in the craft rooms during the mornings. Just before noon, the users start to move to the dining room for lunch. As the distance between the door of the farthest craft room '3' to the door of the dining room is 42 metres (Plan 26). It takes 20-25 minutes for all users to get to and settle down in the dining room because of their poor mobility. Some move with walking frames and some with sticks or in their wheelchairs and some others walk with staff assistance. The staff and the users found this movement quite exhausting and tiring. After lunch, many of the users would like to do craft work, but because of distance to the craft rooms most prefer to stay in the lounge.

The other problem with the craft rooms in Day Care Centre 'D' is that the rooms are not big enough to accommodate the number of people wanting to undertake activities. A maximum of 43 users are catered for in the three craft rooms as follows:

Craft room '1' - max. 16 users; the area =22m^2, 1.4m^2 per user
Craft room '2' - no users;   the area =13m^2,
Craft room '3' - max. 15 users; the area =21m^2, 1.6m^2 per user
Craft room '4' - max. 12 users; the area =20m^2; 1.7m^2 per user

These areas would possibly be sufficient if the users did not need wheelchairs and walking frames, but this is not the case in this day care centre. An average of 5 wheelchair users, 3-4 walking frame users and 20-25 stick users attend each day. Thus, every day in each craft room, there are approximately 1 or 2 wheelchair users, 1 or 2 walking frame users and 8-10 stick users. As elderly people use these different types of mobility aids, the users are equally distributed among these craft rooms in order to facilitate the staff work.

Multi-purpose room (Dining room)

Craft room 1

Craft room 2

Craft room 3
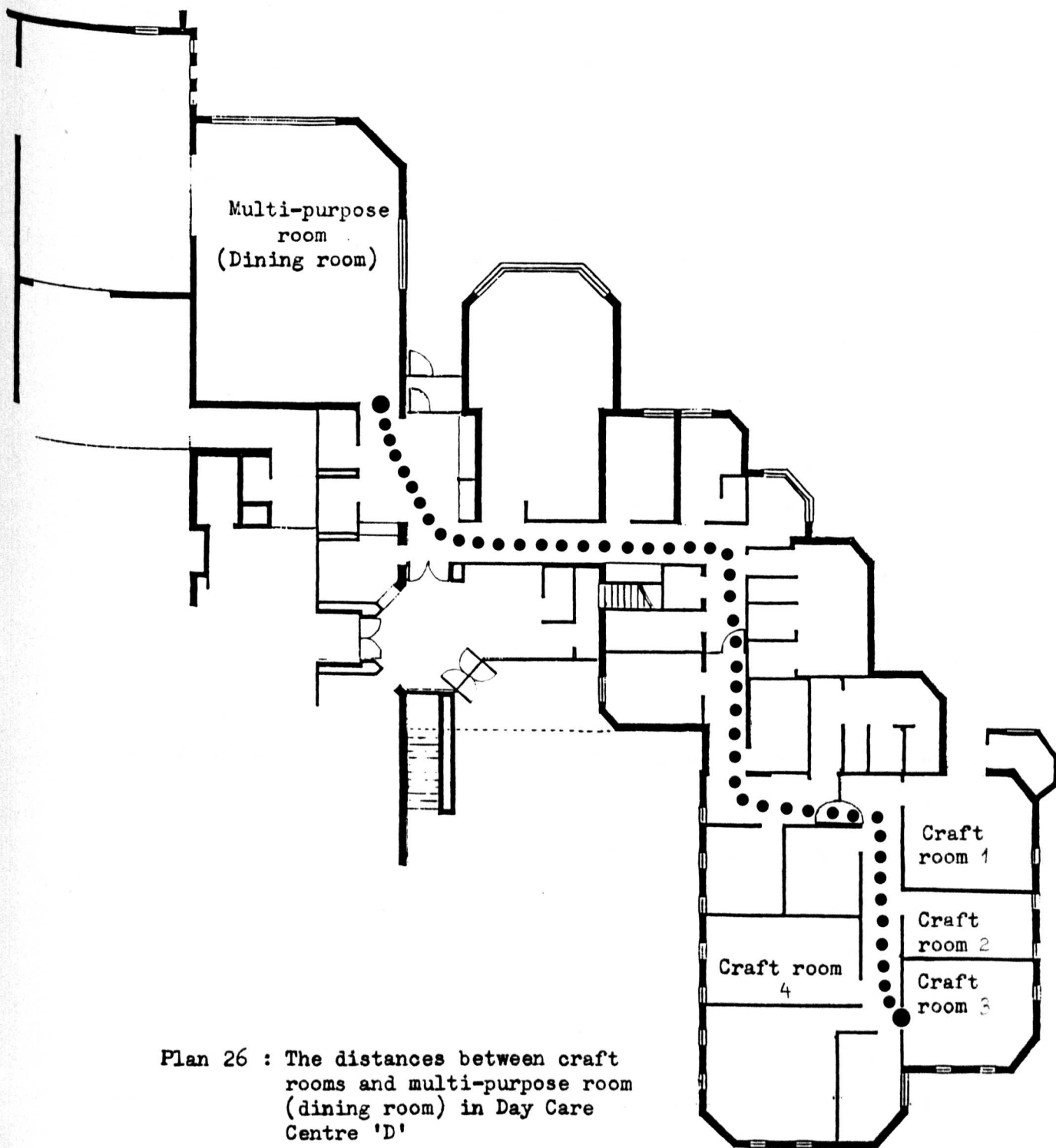
Craft room 4

Plan 26 : The distances between craft rooms and multi-purpose room (dining room) in Day Care Centre 'D'

In the craft rooms, in Day Care Centre 'D', a further problem has arisen because of the need to accommodate a high number of confused elderly people. When the full number of users attend, the daily minimum is 38 and the maximum is 53 users; of these the number of users who are mentally confused are a minimum of 14 (15%) and a maximum of 19 (20%) users, although at the time of data collection, the average number of confused users who were attending daily was only 10-12 as some were absent for various reasons (e.g. illness). Although the users who use wheelchairs, walking frames or sticks are almost equally distributed in each of the three craft rooms, the most of the confused users (9-10) are accommodated in craft room '3' (Plan 25). Originally these confused users were distributed more or less equally in each craft room but care staff emphasised that after a while these users came together in craft room '3' preferring to be together rather than with the mentally alert users. The staff mentioned that the confused users are rejected by the mentally alert users to some extent, so the confused users want to be together and socialise with users sharing the same problem.

However, these users need considerable supervision by staff and dealing with 9-10 confused users is a highly demanding and tiring work for the one care staff member responsible for the craft room '3'. In addition, various problems have arisen; for instance when the care attendant goes to assist one user requiring supervision or assistance in toileting, the other confused users leave the craft room and wander around. On an occasion about 10-15 confused users escaped through the fire exit on to the busy road without being seen by anybody.

One of the care staff emphasised that the existing arrangement whereby a small number of elderly users are accommodated in separate craft rooms is preferable for several reasons. First, the staff prefer separate areas for which they are responsible, second, the users want to be and work with the same staff all the time, third, the large numbers in large areas creates a high noise level which disturbs the elderly. *

A staff suggestion to deal with this problem was that if a part of the partition wall between the craft rooms were of glass, then in the absence of one of the staff in one of the craft rooms, the other staff in the adjacent craft room could see and supervise the users in that room.

In addition, the craft rooms lack natural light and all day long there is a need for artificial light which is disliked by both the care staff and the users.

2.4   Entrance halls – corridors

Both Social Day Centre 'B' and Day Care Centre 'D' have problems with their main access doors on entrance halls. In Social Day Centre 'B', the size of the entrance hall is insufficient; it is a passage way used only for access to and from the building without any sitting corners or areas (See Chapter VII, 2.4). In the case of Day Care Centre 'D', the main access door is not used by the users. The entrance hall is dark, the ventilation is poor, the toilets for users open directly to this hall and a few

---

*   When Day Care Centre 'D' first opened, the craft activities took place in the multi-purpose room and were attended by all the users, but the high noise level disturbed the attention of users and so these activities were transferred to the separate craft rooms which were originally designed for craft activities.

The two coaches used by the day care centre can hardly park and manoeuvre in the Old People's Home's car park. As in Social Day Centre 'B', the users of Day Care Centre 'D' are not able to get on the coaches without getting wet or cold in rainy and cold weather, because the coaches are not able to park close enough to the porch. The officers in charge of the Old People's Home and day care centre emphasised that one problem which arises from the use of the Home's entrance by the Day Care Centre's coaches is that no other private car, either staffs' or visitors' car park between the hours of 8.30 a.m. - 11.00 a.m. and 3.45 p.m. - 6.00 p.m. (Plan 27).

One of the other problems is that the entrance yard opens directly onto the busy road with no gate or fence for keeping the entrance yard secure from outside. This means that users can go directly out on to the busy road through the unlocked fire exits as in the case of the confused users who wandered away. In addition, the staff emphasised that it is dangerous to have the main entrance direct from a busy road to a day centre. Thus, although in the design of this building two separate entrances and their halls were planned, in practice the entrance hall of the old people's home is in use by both the users of the day care centre and the residents of the Home. The organiser of the day care centre mentioned that the users of the day centre want to move to the entrance hall of the Home to sit and watch if the coaches are ready, but the area of the entrance hall and its sitting places are insufficient for this activity. Only 4-5 users are able to sit there.

One of the greatest disadvantages of this day care centre is the lengthy corridors. Although the dining room

Plan 27 : Day Care Centre 'D'

of this building two separate entrances and their halls were planned, in practice the entrance hall of the old people's home is in use by both the users of the day care centre and the residents of the Home. The organiser of the day care centre mentioned that the users of the day centre want to move to the entrance hall of the Home to sit and watch if the coaches are ready, but the area of the entrance hall and its sitting places are insufficient for this activity. Only 4-5 users are able to sit there.

One of the greatest disadvantages of this day care centre is the lengthy corridors. Although the dining room and the main lounge are centralised and they have access to the entrance hall of the day centre, the other facility rooms such as hairdresser, toilets, bathroom and craft rooms are placed around a labyrinth of corridors which make it difficult to get through to these rooms, especially for confused users. There is no signs on the walls of the corridors which might make it easier for these users to decide which direction they should follow (Plan26).

2.5   Toilets - bathroom

These areas were badly planned in Social Day Centre 'B' where there are insufficient numbers of toilets and a badly located bathroom in a cold, draughty part of the centre (Chapter VII, 2.5). In the case of Day Care Centre 'D', although the users' toilets and bathroom are in the centre of the building, they are still a long distance from all facility rooms because of long complex corridors (Plan 28). In general, these toilets (3 toilets for each sex) seemed not to have problems as far as the numbers and dimensions were concerned. In addition, there are toilets (one each for female and male users) opening off the day

Multi-purpose room
(Dining room)

Main lounge

VC

VC

Toilets
male

Toilets
female

Bathroom
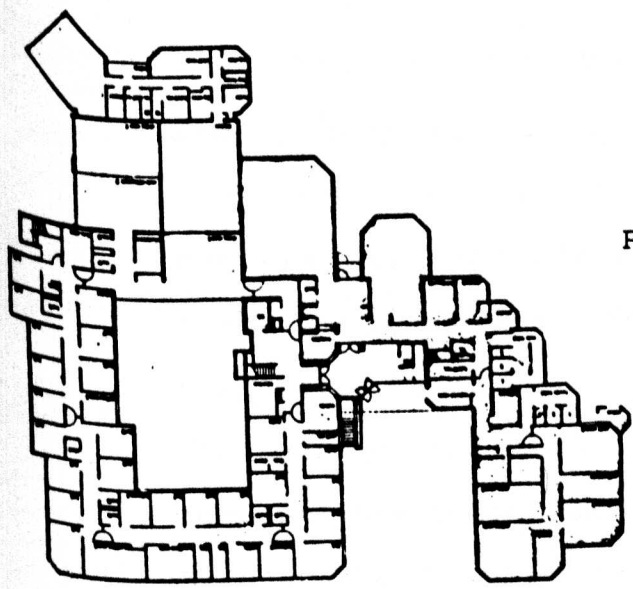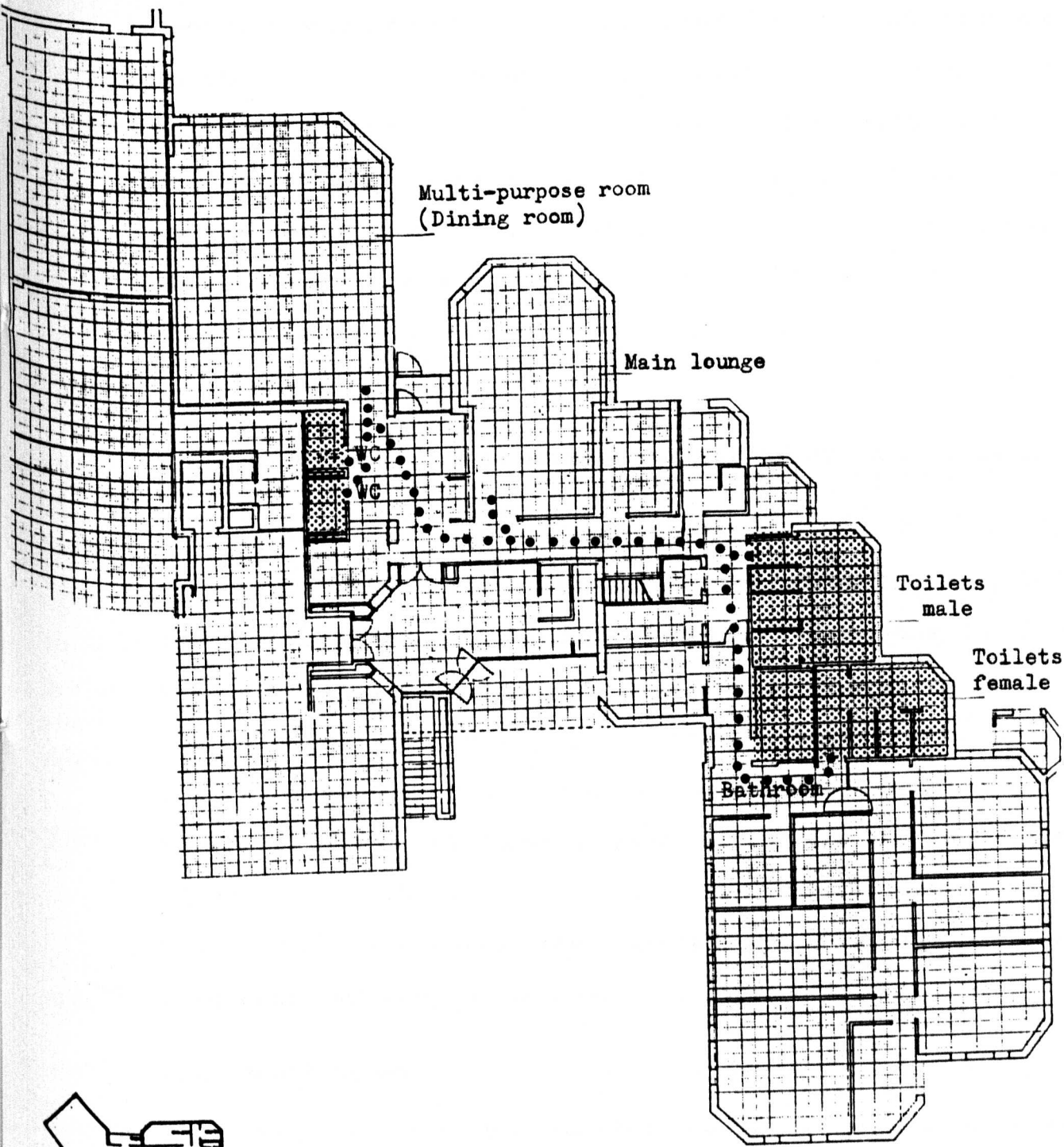
Plan 28 : The distances between the main
lounge and the toilets in
Day Care Centre 'D'

292

centre's entrance hall, they are used during lunch time and in the afternoon when users concentrate in the dining and main lounge area. However, at these times, these toilets are insufficient because most of the users (approximately 30-35) use these toilets rather than walk to the others which are farther away (Plan 28). The distances are -

The dining room to the nearest toilets, 1-3 m
The lounge to the nearest toilets, 5-6 m

However other distances are:

The dining room to the farther toilets, from 17 m to 34 m
The lounge and the farther toilets, from 9 m to 23 m

Although a bathroom is provided in Day Care Centre 'D', many users have difficulty with taking baths and only 2-4 users have a bath in the day centre. The reasons in this case are similar to those given for the infrequent use of the bathroom in Social Day Centre 'B' (Chapter VII, 2.5). The staff emphasised that most users who need assistance in bathing, prefer to have a bath at home, if they have adequate facilities there, rather than in the day centre. Thus, 18.7% of users are visited at home by a bath attendant who gives them a bath in their home.

2.6 Staff areas

Although both day centres employ a high number of staff, they do not provide adequate facilities to meet their requirements. Social Day Centre 'B' employs 17 staff but has only one small staff room and one toilet with a small changing room for all of them (Chaper VII, 2.6, Plan 16). In the case of Day Care Centre 'D', 16 staff are employed as in Social Day Centre 'B' only a small staff room and one toilet are provided for all of them (Plan 29). Even in the Day Care Centre, there is no adequate room for the organiser. Thus the organiser of the day centre has to
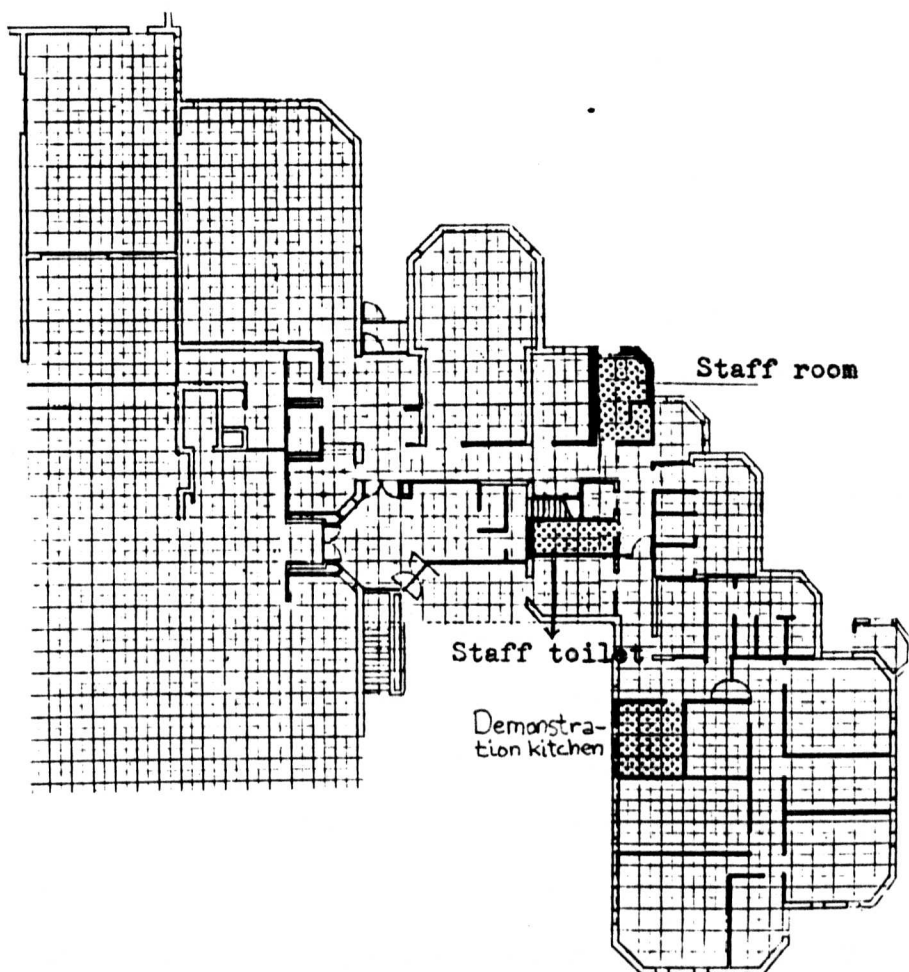
Plan 29 : Staff areas in Day Care Centre 'D'

use one of the rooms in the Old People's Home which is also shared by other staff of the residential home.

Although there is a receptionist's room which was placed in the entrance hall of the day care centre, it is partly separated by a receptionist desk and a door from the entrance hall. The telephone, official files and papers are kept in here and no staff member specifically works here. Thus, the organiser of the day centre works partly here and partly in the other room in the residential section and she finds this condition very unsatisfactory and exhausting.

In addition, there are also problems with the staff room in Day Care Centre 'D'. Although in the interviews with care staff, they mentioned that they use the staff room in their free time, observations showed that they use this room infrequently because it is located far away from their main working areas (Plan 30). Instead of this staff room, the care staff use the demonstration kitchen which is supposed to be a teaching kitchen for users who have difficulties in using their kitchen at home. However only a few users (from time to time) require teaching in this kitchen. Thus this kitchen is used by care staff because it is close to the craft rooms. As there is no regular time for staff to rest or have a cup of tea, they can have their break in this kitchen and pop into the craft rooms and check to see if the users need anything. This means covering a distance of 5 to 12 metres compared with 18 to 27 metres between the staff room and the craft room, which the staff find too far to go for their tea breaks.

In this chapter, the main proposition 3 is largely supported by the evidence. It was found that, although the

Staff
room

Plan 30 : The distances between craft
rooms and staff rooms in
Day Care Centre 'D'.

Craft room 1

Demonstration
kitchen

Craft room 2

Craft room 4

Craft room 3

users of the old day care centre have a higher level of dependence than the users of the old social day centre, the users of the latter centre also have some disabilities. However, the differences between the characteristics and requirements of users of these two day centres are not as distinct as those between the users of the new social day centre and the new day care centre. The findings show that the changing requirements of the users of the old social day centre are not met by the static characteristics of the architectural setting and the facilities provided. Thus the fit between the users' requirements and architectural setting is better in the old day care centre designed for the disabled and frail elderly than in the old social day centre which was designed for active elderly users.

The next chapter will summarize the findings of Chapters VI, VII and VIII and present some design considerations which have emerged from the empirical part of this research.

CHAPTER IX

SUMMARY OF FINDINGS AND DESIGN CONSIDERATIONS

1   Summary of findings

In general the evidence from this research supported three main propositions 1, 2 and 3 but the level of support was greater for some parts of the propositions than for others. The evidence from the study of four day centres, i.e. one new social day centre and one old social day centre, one new day care centre and one old day care centre revealed that the fit between the requirements of users and the architectural setting was less close in the old social day centre than in the new social day centre, the new day care centre and the old day care centre, but in all four day centres some problems were experienced by users and staff because of initial design defects and/or organisational inadequacies, so the fit was not as close as it could have been. In order to explain these, it is necessary to examine the detailed arguments which are derived from the three main propositions 1, 2, 3 which were considered in the previous three chapters.

1.1 Comparison of a new social day centre and a new day care centre

Main proposition 1

If social day centres and day care centres have been provided recently, then there will be a clear distinction between these two types of day centres which can be demonstrated in terms of first, users' characteristics, activities, transport and staff provision and second, the relationship between these factors and certain features of the architectural setting. As both are new day centres, a high level of fit would be expected between the users' requirements and the architectural setting in each day centre. (Chapter VI).

298

In general this proposition was supported but in some respects the evidence was contrary to expectations. Although, as anticipated, there was a clear distinction between the users of the new social day centre and those of the new day care centre in terms of their characteristics and requirements, the contrast between the types of architectural settings was not as clear as expected. There was a high level of fit between users' requirements and the architectural setting in the new social day centre, despite some over-provision for the current requirements of the users, such as outside ramps, automatic doors and a WC for the disabled, but these were not obstructing any activities of the users and it is likely that these features will be useful in the future to meet the needs of the users as they become more frail (Chapter VI, 2). In the new day care centre the fit between the requirements of users and the architectural setting was not as close in the new social day centre. This was due not so much to a failure to design the centre to meet the needs of the frail elderly, but rather because this day care centre was established in an existing building, resulting in some inadequaces in the setting which would not be expected in a purpose-built day care centre.

1.1.1 Users' characteristics

As these two centres were new and each was planned for distinct groups, namely the dependent and the independent elderly, a clear distinction in user characteristics and requirements was expected and this proved to be the case. The users of the new social day centre were able to undertake more activities than the users of the new day

care centre who were much more frail and dependent on other people. There was a clear contrast in the patterns of dependence in these two new day centres. In the new social day centre, almost 90% of users walked without any walking aids, but in the new day care centre a high percentage of users (83.3%) used either a wheelchair, a walking frame or a stick. All users of the social day centre were capable of undertaking some self-care activities without assistance, namely eating, washing hands and using the WC, but there were a few people who needed help in taking a bath and dressing. In contrast, most of the users of the day care centre required some assistance from one person to carry out each of these activities, with a high percentage of users (83.3%) requiring this level of assistance to take a bath, over half (55.6%) to dress, almost half (44.4%) to use the WC, nearly a quarter (22.2%) to wash their hands and small percentage (5.6%) to eat.

Other user characteristics which were compared were continence, mental state and capacity in sight, hearing and speech. In the new social day centre almost all users were continent (98.7%) and mentally alert (98.7%). However in the new day care centre just over a quarter of users (27.8%) were incontinent and over a quarter (27.8%) were mildly confused. Very high percentages of users in the new social day centre had complete capacity in sight (96.1%), hearing (89.6%) and speech (97.4%), but in the new day care centre the percentage of users with complete capacity in each was much lower, namely 66.7% in sight, 72.2% in hearing and 72.2% in speech. (Chapter VI, 1.1, 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.6)

1.1.2 Users requirements

a) Activities

There were distinct differences between the requirements of users of the new social day centre and those of the new day care centre, in terms of the activities which took place in each day centre, and provision of transport and staff. Users' reasons for attending a day centre gave some indications of their requirements for each of these. Obtaining social contact was given as a reason for attending a day centre by a higher percentage of users in the new social day centre (89.6%) than in the new day care centre (66.6%). Whilst two thirds of the new day care centre users' (66.7%) attended the centre 'to provide relief' to their relatives this reason was not given by any of the users of the new social day centre. Additional reasons given for attending the new social day centre concentrated on obtaining entertainment, craft and leisure activities. In contrast, in the new day care centre additional reasons for users attending were to obtain day care, stimulation, rehabilitation, to prevent depresssion and to encourage physical mobility.

Thus the pattern of activities in both new day centres was similar in some respects but different in others. Social and art-craft activities and meals and snacks were provided in both, but the levels of instruction and competence achieved in art-craft activities varied. (Chapter VI, 1.2, 1.2.1, 1.2.2)

b) Transport provision c) Staff provision

All users of the new day care centre required

assistance with transport as they were unable to use any other means of transport, but none of the users of the new social day centre required special transport as they were able to attend their day centre on their own. The evidence on transport provision showed a clear distinction betwen two day centres. (Chapter VI, 1.·3)

Staff assistance for care activities, namely feeding, washing, bathing, toileting and dressing was available in the new day care centre but not in the new social day centre. (Chapter VI, 1.4)

1.1.3 The relationship between the users' characteristics, their requirements and the architectural setting

Although this distinct contrast in users' characteristics and requirements was not reflected in the architectural settings to the extent expected, detailed examination according to the criteria defined in Chapter V showed that, there were crucial differences in the two settings, and that, the fit was higher in the new social day centre than in the new day care centre.

a) Area requirement

The evidence showed that the area requirements of users were greater in the new day care centre than in the new social day centre. For example, in the new social day centre dining space from $1.4m^2$ to $1.8m^2$ per user was allowed and proved sufficient. However, in the new day care centre a minimum of $2.1m^2$ or a maximum of $2.5m^2$ per user were insufficient despite the fact that the latter figures are higher than Goldsmith's recommendations for disabled people in the dining room of residential homes(1).*

---

* See Chapter VII, p. 218

Although, in general, the day care centre's users required more space to undertake activities, in some instances this was not always the case, for example where the same activities took a different form in each type of day centre, such as the musical movement activity where the users of day care centres sat on their chairs whilst the user of social day centres moved freely around the room and so require more space (i.e. $2.4m^2$ in social day centre, $2.0m^2$ in day care centre). (Chapter VI, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6)

b) **Circulation**

The users of the new day care required a greater area for circulation than the users of the new social day centre because of the higher percentages of wheelchair and walking frame users who required more space for movement around the day care centre. (Chapter VI, 2.1, 2.3)

c) **Location and design of rooms and facilities and distances**

The location of rooms which were most in use and the distances between then and other facilities resulted in problems in the day care centre rather than in the social day centre. For example, the users of the day care centre used the visitors' toilets nearby rather than those designed for them, which were 25 metres from this room. In addition, the location of the visitors' toilets in this centre was such that the confused users were unable to find them without staff help. On the other hand, the staff facilities in both centres presented problems. These rooms were badly located in the new social day centre, and insufficient in the new day care centre. In the first

case, kitchen and domestic staff found that it was a long distance from their usual working areas to the staff room (30m from kitchen to staff room). In the second case, there was only one toilet for all care, kitchen and domestic staff of the day care centre and the adjacent residential home. This provision was insufficient and badly located and adjacent to the kitchen. (Chapter VI, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6)

1.1.4 Summary (Main proposition 1)

Thus although there were clear distinctions in terms of users' characteristics and requirements between the new social day centre and the new day care centre, the difference between the two settings was not as clear as expected. In general, the fit in both types of day centres was reasonably good as both are new centres planned to accommodate clearly defined groups of elderly people, however the fit was better in the new social day centre. The main reason for this is that, this is a well-designed purpose-built building whereas the day care centre is converted, but not specifically adapted.

1.2 Comparison of a new social day centre and an old social day centre

Main proposition 2

If over time the ageing process results in a deterioration of some of the capabilities of some users of social day centre, then there will be differences between the characteristics and requirements of users in new social day centres which have been recently provided and those in old social day centres which were provided several years ago with a better fit between the users' requirements and the architectural setting in new rather than old social day centres. (Chapter VII)

In broad terms, the proposition was supported by the

evidence. It was found that first, there were noticeable differences in the characteristics and the requirements of the users of the two centres with the users of the old social day centre having more incapacities and requiring more assistance in many activities than the users of the new social day centre. Second, the match between the architectural setting and the requirements of users was closer in the new social day centre than in the old social day centre.

1.2.1 Users' characteristics

The overall dependence patterns of users derived from five groups of activities (mobility, self-care, sight-hearing-speech, continence, mental state) showed that the users of the old social day centre were less active than those of the new social day centre. Although the differences between the relevant percentages were not high, they indicate that after some years' attendance some of the users of the old social day centre were starting to experience some of the problems associated with the ageing process which was not the case in the new social day centre.

In the latter, the use of mobility aids was minimal, with only 11.7% of the users requiring sticks and no wheelchair or walking frame users. However in the old social day centre some users had problems with mobility and just over a third (36.9%) used either a wheelchair (3.2%), a walking frame (13.7%) or a stick (20%) in their day centre. In self-care activitives none of the users in the new social day centre had difficulties in eating, washing hands and using the WC but between 2-4% of users in the old

social day centre were experiencing such difficulties and required assistance by one person to undertake each of these activities. In both day centres some of the users were experiencing some difficulties in taking a bath and dressing and required assistance from one person but the relevant percentages were higher in the old social day centre, 28.4% for taking a bath and 3.2% for dressing compared with 5.2% for taking a bath and 1.3% for dressing in the new social day centre.

The patterns of continence and mental state showed that very few elderly users were experiencing these problems in either the new or the old social day centres, but the percentages were higher in the old social day centre. In the new social day centre, only 1.3% of the users were incontinent, whereas in the old social day centre, 3.3% were incontinent.

The evidence showed that with one exception all users of the new social day centre were mentally alert, but in the old social day centre 8.5% of users were confused. Staff in the old social day centre pointed out that the users who were confused. Staff in the old social day centre pointed out that the users who were confused had been mentally alert, when they first came to the centre several years ago.(Chapter VII, 1.1, 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.6)

1.2.2 Users' requirements

There was a better fit between users' requirements in terms of activities, transport and staff provision and the architectural setting in the new, rather than the old day centre.

a) Activities

In terms of reasons for attendance at a day centre, there were a few dissimilarities between these two day centres, but these were not as distinct as those between social and day care centres. In both centres the main reason given was to obtain social contact. In the new social day centre other reasons for attendance at a centre concentrated on art and craft (20.8%), indoor games (11.7%), and dancing and music (18.2%), the comparable percentages given by the users of the old social day centre were very small; only up to a maximum of 1.1%. In contrast, in the latter, the other reasons given for attendance concentrated on, availability of food (30.5%), occupation outside the home (16.8%) and 'to provide relief' to the users relatives (6.3%). In addition, the need for stimulation and care was given by 1.1% of users.

Although, there were differences in the reasons for attendance among users, both day centres provided more or less similar social, art and craft activities and served meals, snacks and coffee or tea. In addition in the old social day centre, bathing, hairdressing, and chiropody treatment were available but none of these were available in the new social day centre. (Chapter VII, 1.2, 1.2.1, 1.2.2.)

b) Transport provision c) Staff provision

Although there was no special transport provision in the new social day centre, this was available for the users of the old social day centre. This difference stemmed mainly from the different policies and resources available in two different local authorities. The new social day

centre was planned as a local day centre, so that most users could walk to the centre, however, the old social day centre had a large catchment area and so transport had to be provided for its users. (Chapter VII, 1.3) Neither of these social day centres provided day care staff. In the new social day centre they were not required, but in the old social day centre there were users who were incontinent, confused, required assistance in eating or had problems in mobility who did need assistance, but there were no staff employed to help them. (Chapter VII, 1.4)

1.2.3 The relationship between the users' characteristics, their requirements and the architectural setting

As was expected there was a better fit between the requirements of the users and the architectural setting in the new social day centre but there were two factors which affected both social day centres negatively to some extent. There were first, apparent lack of understanding at the initial planning and design stage of the usage patterns of users and staff in each type of building. Second, there were some organisational inadequacies which resulted in an effective use of the buildings. (Chapter VII, 2)

When both day centres were examined according to area requirement, circulation, location of rooms and facilities and distances many problems were found in the old social day centre.

a)   Area requirement

Available space was badly planned in the old social day centre but this was not the case in the new social day centre. In the old social day centre, the multi-purpose room was large enough (216.2m^2) to provide plenty

of space for the activities undertaken, allowing between $2.1m^2 - 3.6m^2$ per user, but the design of the room did not allow for small groupings of users. Thus, when 70-75 elderly people had to sit in one big group, and problems arose with circulation and high noise levels. (Chapter VII, 2.1)

Although a very large area was allowed for the multi-purpose room in the old social day centre, the opposite was the case for dining room ($57m^2$ area for 48 users). There many problems arose as only $1.2m^2$ per user was allowed compared with $1.4m^2$ per user in the new social day centre, where the users were very active. This small space allowance for the dining room of the old social day centre lead to many problems, particularly with circulation. (Chapter VII, 2.1)

Some areas in the old social day centre were under used, but this was not the case for the same areas in the new social day centre. In the former ($118m^2$), there were two craft rooms but with an average daily attendance of 10 users, this allowed for $11.8m^2$ for each person, compared with $2.2m^2$ per user in the new social day centre. Despite this comparatively small space allowance, this craft room of the new social day centre had the advantage of being well designed as it was adjacent to the multi-purpose room, with a glass partition wall and a door between the two rooms. Thus, there was an opportunity to spread craft activities into part of the multi-purpose room. (Chapter VI, 2.3, Chapter VII, 2.3)

b) Circulation

Circulation inside the rooms and between the rooms were examined and this proved a problem in the old social day centre rather than in the new social day centre.

Circulation areas in the multi-purpose room, dining room and the entrance hall of the former centre were inadequate. In the large multi-purpose room 70-75 elderly users sat in a group in the middle of the room with the surrounding area left for circulation and access to other rooms (craft rooms, lounges, dining room, entrance hall). Thus tables and chairs in the middle of the group were casually pulled and pushed by users trying to get out when they wanted to move elsewhere (Chapter VII, 2.1). Although the able-bodied ones managed to get out easily, this action was very difficult for users with walking frames, some of them struggled to open up a way for themselves but others required help to do this.

A circulation problem occurred in the dining room in the old social day centre where only a very narrow (0.80m) circulation and access area had been allowed for users and staff. In addition, the entrance hall was not wide enough to allow users with wheelchairs or wanting to walk side by side. When all the users were leaving the centre to get onto their transport for home, this lack of circulation space resulted in slow movement, a blocked entrance hall and lessened the efficiency of staff. In contrast, the entrance hall of the new day centre was well designed to meet the requirements of its users, being large enough not only to allow for access and circulation to and from the centre, but also for sitting places over-looking the garden. (Chapter VII, 2.4)

c)   **Location and design of rooms and facilities and distances**

In terms of location and design of rooms and

310

facilities, the old social day centre had more problems than the new one. First, the location of bathroom in the former centre was adjacent to a cold and draughty entrance area, so users who had a bath had to return to the multi-purpose room passing through cold passages. Second the design and numbers of toilets were also very inadequate. Initially, the staff office and the staff room were badly located and too small. The door of the staff office had to be always open and as it was close to the main entrance door, it was always cold in winter. This problem was made worse as access to the staff room was through the office door and the organiser found this very disturbing when she was working.

In both day centres staff had to walk quite a long distance in order to get to their facilities from their work areas. In the old social day centre, the distance from the kitchen door to the door of the staff toilet was 32 metres. In the new social day centre, the distance between the kitchen door and staff room was 30 metres and just under 30 metres to the toilet doors. Thus in both day centres inadequate attention had been given to the design of staff facilities.

In terms of distances, the users of the new social day centre did not have any problems, because they were active and in addition the plan of this centre was very compact with few corridors in the users' areas. In the old social day centre, the distances inside the centre were not a problem for able-bodied users but users with walking frames had difficutly reaching some facilities, for example for a group sitting in the furthest corner of the multi-purpose room, the distance was 25-26 metres to the toilets.

(Chapter Vll, 2.3, 2.4, 2.5, 2.6)

1.2.4 <u>Summary</u> (Main proposition 2)

As a general conclusion, the users of the old social
day centre had a higher level of dependence than those in
the new social day centre and the fit between the users'
characteristics, their requirements and the architectural
setting was closer in the new rather than in the old social
day centre.

**1.3 <u>Comparison of an old social day centre and an old day
care centre</u>**

<u>Main proposition 3</u>

If social day centres' users continue to attend
the same day centres as they become more frail,
then their characteristics and requirements will
become more like those of day care centres' users
and there is likely to be a mismatch between
their requirements and the architectural
setting. The facilities provided in older social
day centres designed for active users will become
less appropriate over time than those in older
day care centres which were designed to cater for
the disabled and the frail. (Chapter VIII)

In general the data supported main proposition 3. The
evidence revealed that the users of the old day care centre
had a higher level of dependence than the users of the old
social day centre. However, it was also clear that the
characteristics and the requirements of users of the old
social day centre, were very close to those of users of the
old day care centre and these differences were not as
distinct as those between users of the new social day
centre and the new day care centre. However the static
characteristics of the building and facilities provided in
the old social day centre have not met the changing
requirements of the users over time, whereas the changing
requirements of frail were more successfully met in many

respects in the old day care centre which was designed for the frail elderly.

1.3.1 Users' characteristics

The evidence showed many similarities in the patterns of dependence of users of both centres in terms of mobility, self-care, sight-hearing-speech, continence and mental state. Mobility patterns of users of both day centres showed that although the users of the old day care centre had greater problems, many users in the old social day centre also had difficulties. In the old day care centre just over two thirds (68.1%) of users used a mobility aid, either a wheelchair, walking frame or stick, but this percentage was just over a third (36.9%) in the old social day centre. Although the percentages of wheelchair and stick usage were higher in the old day care centre, the percentages of walking frame usage were higher in the old social day centre.

The level of assistance required by users when eating, washing hands and using the WC was similar in both these centres but in bathing and dressing there were some differences. The percentages of users that required assistance from one person when eating was very low (1.1%) for the old day care centre, but slightly higher in the old social day centre (3.2%) and for washing hands approximately 2% in both these centres. When using the WC only a few users (2.1%) required assistance from one person in the old social day centre but the corresponding percentage was slightly higher (7.7%) in the old day care centre and an additional 1.1% of users required help from two people. When taking a bath, just over a quarter of

users (28.4) in the old social day centre required assistance from one person compared with over half the users (51.6%) in the old day care centre, where an additional 4.4% of the users required help from two people. There was a further contrast in the percentage of users requiring assistance from one person when dressing; although in the old social day centre this was low (3.2%) it was much higher (24.2%) in the old day care centre.

The evidence on incontinence showed that this was a greater problem for the users of the old day care centre than for those of the old social day centre, where only approximately 3% were incontinent compared with almost 23% of the old day care centre users. In addition, in the latter centre between 6-7% of users were doubly incontinent, but nobody had this problem in the old social day centre. The percentage of users, who were confused was higher in the old day care centre (28.6%) but this was also starting to be a problem in the old social day centre where the comparable percentage was 8.5%.

A comparison of the evidence on sight, hearing and speech characteristics of users of the two centres showed that the users of the old day care centre were experiencing more difficulties with these senses. Approximately 43% of users had less than full capacity in hearing in the old day care centre compared with between 10-11% of users in the old social day centre. Speech problems were experienced by approximately 30% of users in the old day care centre compared with 9-10% of users in the old social day centre. Similarly, the sight incapacities were high in the users of the old day care centre but, some users in the old social day centre were experiencing this problem as well. In the

old day care centre over a quarter of users (28.6%) had difficulty with their sight compared with 11.6% of users in the old social day centre. (Chapter VIII, 1.1, 1.1.1, 1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.6)

1.3.2 Users requirements

The requirements of users in terms of activities, transport and staff provision were examined in both day centres and showed some similarities in the two centres. Special transport was provided for both centres. Although there were similarities in terms of some activities in the two day centres, some users in both day centres required assistance in those activities from trained staff. This provision was not available in the old social day centre because it was not supposed to be accommodating the type of dependent users who required care, but it was available in the old day care centre which was intended for dependent users. Thus the requirements of some frail users in the old social day centre were not being met by the type and level of staffing provided. (Chapter Vlll, 1.2, 1.3, 1.4)

1.3.3 The relationship between the users' characteristics, their requirements and the architectural setting

The evidence revealed that although there were similarities in users' characteristics and transport provision between the old social day centre and old day care centre, this was reversed in terms of the activities and staff provision in these centres which were quite dissimilar. Thus there was a better fit between the characteristics of users, their requirements and the architectural setting in the old day care centre than the

old social day centre. Yet, it was observed that both day centres had some design defects. According to the evidence relevant to area requirements, circulation, location of facilities and rooms and distances showed that the old social day centre presented more problems than the old day care centre.

a) **Area requirement**

In terms of area requirement, in the old social day centre, although some areas were large enough to provide sufficient space for its users, such as a multi-purpose room with $2.1m^2$ - $3.6m^2$ per user, some other areas revealed inadequacies in space provision such as the dining room with $1.2m^2$ per user. Although a large space was allowed in the multi-purpose room for its users in the old social day centre, a high number of users (max. 100 users) created a high level of noise and the design of the room which was not adequate for small groupings of users, presented circulation problems for the elderly, specifically for walking frame users. In the old day care centre, there was sufficient space in the multi-purpose room and at the same time the dining room, i.e. $90m^2$ for its users whose numbers varied from 38 to 51 and providing $1.8m^2$ and $2.4m^2$ per user for the dining activity. According to the organiser of the centre 40 users with $2.2m^2$ for each user was optimum and sufficient usage of this room. If the number of users exceeded 40, the circulation was restricted for frail users and the staff helping them. However the number of users attending daily was around 40 on most days of the week. Therefore, this room did not present a problem in terms of the area requirement but the lack of storage space for

equipment and furniture in use was a problem in the multi-purpose room of the old day care centre. (Chapter VIII, 2.1)

b)   **Circulation**

Although in both day centres users with wheelchairs and walking frames experienced some difficulties to move around in their centres, the users of the old social day centre encountered more problems than those in the old day care centre.

c)   **Location and design of rooms and facilities and distances**

The location of rooms and facilities and the distances between them created many difficulties for the users not only in the old social day centre, but also in the old day care centre.   In the latter centre, the rooms and facilities were placed around a lengthy labyrinth of corridors. According to the daily routine and the activity patterns of the centre, the users did craft work in the mornings in the three craft rooms and at lunch time, the users moved to the dining room for lunch. However the distance from the furthest craft room to the dining area was 42 metres thus, it took 20-25 minutes for all users to move and settle down in the dining room, because most of the users who were immobile and confused and were highly dependent on staff in mobility and needed supervision. Both users and staff found this movement quite exhaustive and tiring.

In the old social day centre, the toilets were located well away from the multi-purpose room and as it was a long walk of 30 metres for users of walking frames from the

furthest sitting corners, this was particularly important in cases of poor mobility and incontinence. In addition, two craft rooms were located separately in the old social day centre and this hindered the users and staff in using both craft rooms effectively.

Entrance halls in both day centres had a number of inadequate features in terms of design. In the old day care centre, the entrance hall of the old people's home was in use for access rather than the entrance hall of the day centre was primarily due to the lack of sufficient parking space for the transport in the entrance yard of the centre. In the old social day centre, the entrance hall was very narrow for side by side walking specifically for wheelchairs, i.e. 2.30 metres width was inadequate for a high number of users which caused queues during the transfer of users from the centre to special transport. In the old day care centre the users wanted to move to the entrance hall in order to wait there and watch for the transport. However, the hall of this centre was not designed to accommodate these requirements of the users.

In both day centres the staff rooms and facilities were inadequate in terms of the size, the equipment in use and the rooms themselves being badly located. In the case of the day care centre, a demonstration kitchen, which was rarely in use for actual activity, was used as a staff room by the care staff in their limited tea/coffee breaks. The reason was that this room was closer to their actual working rooms (5-12m) than the original staff room (18-27m). Similarly, in the old social day centre, the kitchen staff and craft instructor did not use the staff room because of the distance from their working areas

(i.e. the distance between the kitchen and staff room was 32 metres).

1.3.4 Summary (Main proposition 3)

Although, both the old day care centre and the old social day centre had many inadequacies relevant to various aspects of architectural setting and did not meet the requirements of some users, in the old day care centre these inadequate aspects were felt by the users and staff from the commencement of the usage of the building. However, in the old social day centre, these inappropriate aspects gradually emerged and were felt when some users became frail and dependent over the years.

This part of the chapter has concentrated on the conclusions which emerged from the examination of main propositions 1, 2 and 3. The next section will present some design considerations which are based on the concrete evidence from the research.

2   Design considerations

Local authorities have a range of choices in providing alternative types of provision of day centres for the elderly. Each local authority has an elderly population with different characteristics; different resources and constraints (i.e. finance, building site, staff, time). Thus policies on, and approaches to day centres for the elderly should take into account all these factors. There are three possible combinations of types of day centres which may be provided by local authorities, for example, some local authorities provided both social day centres and day care centres in their areas. Some provided only social

day centres while in some areas there was only the provision of day care centres.

The research examined characteristics of users of both types of day centres and their resulting requirements in respect of the activities, transport and architectural settings. The evidence indicated that one of the most important issues or factors which should be considered by local authorities providing day centres is the dynamism of ageing and change in the requirements of the elderly over time. In these circumstances, although it is difficult to make hard and absolute design recommendations, nevertheless, the research discovered a number of points which are vital to the provision of day centres (of both kinds) which could better meet their users requirements.

The evidence showed that when users of social day centres became frail and dependent, a number of problems, including problems with the settings, staffing, transport, arose as those users were very determined to continue to attend that same day centre. Therefore, if social day centres will be expected to accommodate frail elderly users in the future, then some additional attention should be paid in designing these centres at the beginning for the future changes in the requirements of the elderly users. This is particularly important, because most components of the setting are static and would be too difficult or sometimes practically impossible or much more costly to convert or adapt the existing buildings to meet the changing requirements of the users.

In addition to the above considerations the evidence clearly showed that, in both day care centres and social centres there were a number of inadequate aspects in terms

of design which were felt since those buildings were first built. Those features were mainly due to the lack of understanding about various characteristics of the users of these centres and their requirements.

Therefore, it is suggested that the following design considerations which include and combine the above aspects relevant to both centres and emerged from the empirical evidence should be taken into account.

2.1 Multi-purpose room, dining room, lounge, craft room

a) Area requirement

In both types of day centres the area requirements of users in these areas change not only according to the number of people using these rooms but also the usage of wheelchairs and walking frames by them. For example, in the case of a day care centre, the optimum area requirement of users in a multi-purpose room for dining activity is $2.2m^2$ per user in an area of $90m^2$ and 40 users (4-5 wheelchair users, 3-4 walking frame users, 15-20 stick users) (Chapter VIII, 2.1). In a social day centre, the area requirement of users in multi-purpose room for dining activity is a minimum of $1.4m^2$ and a maximum of $1.8m^2$ per user in an area of $82m^2$ with a maximum of 58 and a minimum of 45 users (3-4 stick users but no wheelchair or walking frame users) (see Chapter VII, 2.1)

Thus, if a social day centre is planned and expected to accommodate wheelchair and walking frame users over time, then their requirements for additional space in the areas concerned should be taken into account.

b) Size of rooms and circulation

Although the size of the rooms is generally determined

by the number and characteristics of prospective users to be accommodated, there are certain points which are crucial in this consideration. The rooms should not be large as this is likely to create a high level of noise, difficulties in furniture and equipment arrangements and circulation and institutional atmosphere. For example, the day centre (for both types; social day centre, day care centre) with 80-90m^2 area of multi-purpose space used by around 40 to 60 users was found a good sized room (Chapter VI, (2.1) - VIII, (2.1)). However in the other case a large multi-purpose room of 200m^2 in size being used by around 100 people created a number of problems, such as high noise level, difficulties in furniture arrangement and circulation and so on. Thus, if it is necessary to use such large rooms, then it is necessary to pay particular attention to acoustics of the room, and the provision of some form of separations to allow smaller groupings of the people, as well as arrangement of the furniture and equipment so that possible difficulties in circulation of a large number of users are prevented, and the minimisation of an institutional appearance.

c)   **Location of the rooms and distances**

The location of multi-purpose room, dining room, and lounge should be centralised. This is particularly important for day care centre users with limited mobility (Chapter VIII, 2.1, 2.2). In addition, craft rooms should be located a short distance from the dining room and lounge in order to facilitate the daily movement between these rooms (See Chapter VIII, 2.3). If the number of craft rooms are more than one in any of those day centres, then

it is appropriate to design these rooms adjacent to each other in order to increase staff efficiency and minimise the possibility of under use of craft rooms (See Chapter VII, 2.3 and Chapter VIII, 2.3). If a day care centre is also to accommodate confused elderly users, then it would be useful to provide visually accessible partitions between craft rooms so that in the case of the absence of one of the staff in one of these rooms, then the other staff can supervise the users in both rooms (See Chapter VIII, 2.3).

2.2 Entrance halls, corridors and entrance yards

The entrance halls of social and day care centres should be designed not only to allow for access and circulation for users with varying disabilities i.e. wheelchair users, but also to permit sitting places allowing visual access to car parking area for users who want to sit and wait for their transport. In the centres with transport facilities, the narrow entrance corridors create problems in circulation when transferring frail users to and from the centres.

Long, labyrinth corridors should be avoided. This is particularly inappropriate for confused users as well as an unwanted feature for most users of these centres and likely to create a number of difficulties.

The entrance yards of both types of day centres should not open directly onto roads with busy traffic. This is particularly important for day care centres if they accommodate confused elderly users in terms of safety of these users. In the entrance yard sufficient space should be provided for two-three coaches to manoeuvre and park there and the vehicles should be able to approach the

porch and facilitate the elderly users access into the car easily or without getting cold or wet due to weather conditions.

2.3 Toilets-bathrooms

The toilets of day centres should be centralised and located a short distance from the main rooms, such as multi-purpose room, lounge, craft rooms and designed with frail elderly in mind (See Chapter VI, 2.4, Chapter VII, 2.5, Chapter VIII, 2.5).

Special attention should be paid to the location of bathroom in day centres. It would be appropriate to provide them in undraughty areas and also it is important to pay attention to the privacy of the elderly users (Chapter VII, 2.5 and Chapter VIII, 2.5).

2.4 Staff rooms and facilities

The staff room, staff changing and toilets should not be isolated and located an undue distance from the actual staff working areas (Chapter VI, 2.6, Chapter VII, 2.6, Chapter VIII, 2.6).

The location of the staff office is important. It should be located in an area which could enable the organiser to control not only the inside of the centre but also the outside, particularly the main entrance.

In this chapter, the summary of findings and design considerations emerged from the research related to both social day centres and day care centres were presented.

In broad terms, this study attempted to bring some understanding on day centres for the elderly in relation to the requirements of the elderly users and architectural

setting.   It is hoped that this research will provide a foundation for future studies which may concentrate on the other unexplored aspects of day centres and be of use to those who are planning or designing these day centres.

APPENDIX I

- General information format about day centres

- User questionnaire format

- Formats related to activities (1,2,3)

- Staff questionnaire format

GENERAL INFORMATION ABOUT DAY CENTRE

1- Name of Day Centre

   Address

   Tel

   Name of head of Day Centre

   Number of places (daily)

   Opening date

2- Number of staff on duty during day,

	Senior	Care	Office	Kitchen	Domestic
Mornings					
Afternoons					
Staff come on duty a.m. at approx.					
Staff go off duty p.m. at approx.					

3- Location of the Centre;   In; Residential area ☐

                                   Shopping centre ☐

                                   Residential area
                                   and close to shop. ☐
                                   centre

4- Is there any transport supply for the users ?

                    Yes ☐

                    No ☐   For how many users

5- Routine of Day Centre

   Time users start to come in

   Tea-coffee time

   Lunch time

   Lunch finishes

   Tea time

   Users start to go back

   Users all go back

User Questionnaire (to be filled from the records)
Basic information about users of DAY CENTRE

	under 60	60-64	65-69	70-74	75-79	80-84	85-89	90-over

General Background

Age [ ][ ][ ][ ][ ][ ][ ][ ]

	Day	Month	Year

1. Date of Birth

2. Date of registration to this Centre

3. Number of days for weekly attendance

	1	2	3	4	5

4. Name of days for weekly attendance

	M	T	W	TH	F

5. Sex of user;   M   F

6. Term of placement;   short
                         long

7. Is this user;   single
                    married
                    widowed
                    separated
                    divorced

8. Does this user also attend;   Other day centres
                                  day hospital
                                  hospital
                                  Others . . . .

9. Does this user live in;   house/flat
                              sheltered housing
                              old people's Home
                              hospital
                              others   . . . .

10. Occupation of user or husband of user before retirement;
                              user . . . .
                              husband . . . .

11. Does this user have any of following services at her/his own house;
                              Meals on Wheels
                              Home Help
                              District Nurse
                              Bath Attendant
                              Health Visitor
                              Aids and Adaptations
                              Others . . . .

12. Frequency of above services;
                              Everyday
                              Once a week
                              Once a forthnight
                              Once a month

13. If user get help from somebody in the same house;
                              No
                              Yes   by whom . . . .

14. **Mobility**

Can user;	unaided	aided by 1 person	aided by 2 person	never
Walk inside				
Walk outside				
Climb stairs				

15. Does user use;

	never	occasionally	always
Wheelchair in Day Centre			
Wheelchair outside			
Walking Frame			
Stick			

16. If user uses a wheelchair does she/he usually;

Propel it on own	
Need to be pushed	

17. Self Care

Does this user	unaided	aided by 1 person	aided by 2 person
Eat			
Wash hands			
Bathe			
Use WC			
Dress			

18. Sight-Hearing-Speech

User has;

	complete capacity	partial capacity	little capacity	no capacity
Sight				
Hearing				
Speech				

19. Continence

Is this user;

	never	occasionally	frequently
Incontinent			
Doubly incontinent			

20. Mental state

Is this user;

mentally alert	mildly confused	severely confused

21. Does this user;

Use transport service of Day Centre

Come to Centre on her/his own;
                by walking
                by bus
                by private car
                or coach
                other..........

22. Why this user needs the Centre?

23. What activities would be most benefit to the user (Social Worker's opinion)

24. Other information

Activities	Number of staff involved	Number of users involved	Frequency	Place for Activities
Large group activities				
Meals /served/eaten				
Bingo				
Musical movement				
Dancing				
Sing songs				
Small group activities				
Sewing				
Knitting, crochetting				
Macrame				
Toy making (soft)				
Basket making				
Snooker				
Dart				
Chess and other board games				
Card games				
Painting, mosaic				
Watching TV				
Hairdressing				

Activities Individual activities	Number of staff involved	Number of users involved	Frequency	Place for activities
Reading				
Chiropody Treatment				
Feeding				
Bathing				
Helping toileting				
Bathroom training				
Laundy training				
Kitchen training				
Bedroom training				
Individual activities	Number of staff involved	Number of users involved	Frequency	Place for activities

Activities of the elderly in day centre, numbers or percentages of the elderly involved and frequency of the activities.

Day Care Activities

A. Self Care Activities	Yes	No		Numbers	%	Frequency
Eating			.			
Bathing						
Washing						
Toileting						
Dressing						
Hairdressing						
Chiropody treatment						
B. Mobility Training and Physical Care Activities						
Musical Movement						
Occupational Therapy						
Physiotherapy						
C. Teaching, other training activities						
Kitchen Training						
Laundry Training						
Bathroom Training						
Bedroom Training						

Social Activities A.Entertaintment Activities	Yes	No	Numbers	%/o	Frequency
Dancing					
Sing songs					
Film shows					
Concerts					
B.Indoor Games					
Bingo					
Card Games					
Chess and other board ga.					
Dart					
Snooker					
C.Small Group Activities					
Reading (library fac.)					
Watching TV					
D.Small Gatherence Act. Meetings,ohattings in;					
Halls					
Entrances					

Art and Craft Activities A.Dry Craft Work	Yes	No	Numbers	%	Frequency
Sewing					
Knitting/crochetting					
Macrame					
Toy making (soft)					
Basket making					
Wood work					
B.Wet Art and Craft Work					
Painting/mosaic					
Pottery					

A c t i v i t i e s

	Start to come in	Chatt., sitt.	Tea-time	Knitt., croch.	Sewing, Dress making	Macrame	Paint., mosaic	Pottery	Basket making	Toy making	Reading	Musical move.	Lunch time	Hairdre. treat.	Chirop. treat.
9.00-9.15															
9.15-9.30															
9.30-9.45															
9.45-10.00															
10.00-10.15															
10.15-10.30															
10.30-10.45															
10.45-11.00															
11.00-11.15															
11.15-11.30															
11.30-11.45															
11.45-12.00															
12.00-12.15															
12.15-12.30															
12.30-12.45															
12.45-1.00															
1.00-1.15															
1.15-1.30															
1.30-1.45															
1.45-2.00															
2.00-2.15															
2.15-2.30															
2.30-2.45															
2.45-3.00															
3.00-3.15															
3.15-3.30															
3.30-3.45															
3.45-4.00															
4.00-4.15															
4.15-4.30															
4.30-4.45															
4.45-5.00															

A c t i v i t i e s

	Dancing	Sing songs	Snooker	Dart	Chess	Card games	Other indoor board g.	Bingo	Watch. TV.	Concert. Film shows	Coffee time	Resting asleep	Start to off
9.00–9.15													
9.15–9.30													
9.30–9.45													
9.45–10.00													
10.00–10.15													
10.15–10.30													
10.30–10.45													
10.45–11.00													
11.00–11.15													
11.15–11.30													
11.30–11.45													
11.45–12.00													
12.00–12.15													
12.15–12.30													
12.30–12.45													
12.45–1.00													
1.00–1.15													
1.15–1.30													
1.30–1.45													
1.45–2.00													
2.00–2.15													
2.15–2.30													
2.30–2.45													
2.45–3.00													
3.00–3.15													
3.15–3.30													
3.30–3.45													
3.45–4.00													
4.00–4.15													
4.15–4.30													
4.30–4.45													
4.45–5.00													

STAFF QUESTIONNAIRE (To be filled by every member of staff)
(Please put ✓ in appropriate box in answer to each question)

		under 20	20- 29	30- 39	40- 49	50- 59	60- 69	over 65

1- Sex   Male   Female   Age

□   □

2- What is your job description,   Is it full   □   Hours weekly

....   time

part □   time

3- Are you,   Senior Staff   [___]
Care Staff   _____
Office Staff   ___
Kitchen Staff   _____
Domestic Staff   _____
Other.............

4- How many years have you worked at this Day Centre?

Under 1   _____
year
1-2 yrs   ___
2-5 yrs   ___
5-10 yrs   ___
over 10   ___
years

Staff working areas

5- In which rooms do you usually work ?

All the building
Office room(s)
Reception
Launch
Dining room
Craft rooms
Hairdressing room
Chiropody room
Kitchen
Others...............

6- a- Do you find, you have to walk long distances between the places you
usually work in the building?

Yes   No   Not Applicable
□   □   □

If yes, please specify between which rooms you have to walk long distances ;

....

b- Do you find, the size of the rooms you work sufficient or not ;

Sufficient   Not sufficient

When working on your own   □   □

When working with the elderly   □   □

Staff room(s)

7- a- Is there a staff room in this Centre ? Yes ☐ No ☐

   If no please pass Question 8.

b- Do you ever use staff room ? Yes ☐ No ☐

c- When do you use staff room, Coffee break ☐
   Tea break ☐
   Lunch break ☐
   Other times.............

d- Is it easy to get to staff room from where you usually work ?

   Yes ☐ No ☐

e- Are you satisfied with accommodation provided as a staff room ?

   Yes ☐ No ☐

   If no please explain why ? ....

Staff toilets

8- a- Do you find staff toilets satisfactory or not ?

   Yes ☐   No ☐   Do not use ☐

   If no ,please explain why?.............................
   If do not use ,please explain why?.....................

Staff changing

9- a- Do you usually use staff changing ? Yes ☐ No ☐

   If no please explain why ? ....

b- Are you satisfied with facilities provided ? Yes ☐ No ☐

   If no please explain why ? ....

BIBLIOGRAPHY

- Age Concern, 'Occupation and leisure of the retired and the elderly', Manifesto Series No.5, December 1973.

- Age Concern, 'Day Centres for Old People, Report of a day conference for those concerned with the provision of day care for old people', Age Concern, November 1974.

- Age Concern, 'Ageing in the 1980's, conference report, New Age, Spring 1980.

- Amann, A., 'Open Care for the elderly in seven European Countries', Pergamon Press, 1980.

- Aylward, M.G., 'Towards a theory for describing and designing adaptability in the built environment', Transactions of the Bartlett Society, Vol. 7, pp. 127-148.

- Avon County Council Social Services Department, 'Dependency Census - Residents in Homes for the Elderly and Mentally Infirm', November 1978.

- Bagnall, M., 'Setting up a day centre', Social Work today, Vol.9, No.41, pp.11-12, 27.6.1978.

- Banaka, W.H., 'Training in depth interviewing', Harper & Row Publishers, 1971.

- Bassili, A.F. 'Architectural appraisal: Building design for the mentally handicapped, M. Arch. Thesis, University of Strathclyde, May 1974.

- Bedfordshire County Council, Social Services Department, 'Goldington Centre', report No. 14.1, February 1975.

- Bedfordshire County Council, Social Services Department, 'Conduit Road Centre', report No. 14.2, August 1975.

- Bednar, M.J., 'Barrier-Free Environments', Dowden, Hutchinson & Ross, 1977.

- Blackie, N.J., 'Environmental change and the aged: A study of morale', Architectural Doctoral Thesis, The University of Michigan, 1980.

- Boldy, D., 'Domicilary care study' - Day care for the elderly exonians provided by the Area Health Authority and the Social Services Department, University of Exeter, January 1975.

- Boldy, D., Howell, N., 'Survey of elderly persons attending Paignton Day Centre and comparisons with those attending two day centres in Exeter', University of Exeter, November 1978.

- Bosanquet, N., 'A future for old age' Temple Smith/New Society, 1978, 166 pp.
- Bowl, R., 'Day danger of reflecting that old block mentality', in Health and Social Service Journal, October 7, 1977, pp.1410-1411.
- Bracey, H.E., 'In retirement', Routledge & Kegan Paul, 1966.
- Brearley, P.C., 'Social Work, Ageing and Society', Routledge & Kegan Paul, London, 1975.
- British Standards Institution (BS5810), 'Code of practice for; Access for the disabled to buildings', 1979.
- Brockington, F., Lempert, S.M., 'The social needs of the over-80's', Manchester University Press, 1966.
- Brocklehurst, J.C., 'The geriatric day hospital', King Edward's Hospital Fund for London, 1970.
- Brocklehurst, J.C., 'Role of day hospital care', British Medical Journal, 27 October 1973, pp. 223-225.
- Brocklehurst, J.C., Tucker, J.S., 'Progress in Geriatric Day Care', King Edward's Hospital Fund for London, 1980.
- Broadbent, G., 'Design in Architecture', John Wiley & Sons, 1973.
- Butler, A., Oldman, C., Wright, R., 'Sheltered Housing for the elderly', A critical review, The University of Leeds, 1979.
- Buttimer, A., Seamon, D., 'The human experience of space and place', Croom Helm, London, 1980.
- Cammock, R., 'Primary Health Care Buildings', The Architectural Press, London, 1981.
- Canter, D., Canter, S., 'Buildings for Therapy', in Designing for Therapeutic Environments, John Wiley & Sons, 1979.
- Carp, F.M., 'A Future for the aged', The Hogg Foundation for mental health by the University of Texas Press, Austin and London, 1966.
- Carter, J., 'Day Services for Adults: Somewhere to go', Allen & Unwin, London, 1981.
- Central Statistical Office, Social Trends, HMSO, 1980.
- Chapman, P., 'Unmet needs and the delivery of care', Occasional papers on social administration No. 61, The Social Administration Trust, 1979.
- Chellis, R.D., et al., Congregate Housing for Older

People', Lexington Brooks, Lexington, USA, 1982.

- Cheshire Social Services Department, 'Architects' Brief –
Day Centre for Physically Handicapped Adults', Cheshire
County Council, December 1974.

- Chown, S.M., 'Physchological and Emotional Aspects', in
easing the restrictions of ageing, Age Concern, 1972.

- Clegg, P.E., 'Day care for the elderly in the Metropolitan
Borough of Kirklees', University of Bradford, Social Work
Research Unit, Department of Applied Social Studies, June
1978.

- Cooper, I., 'Pattern of space use in Primary Schools: An
Observational Study', doctor of philosophy thesis,
University of Wales, Welsh School of Architecture, March
1978.

- Cowan, P., 'Studies in the growth, change and ageing of
buildings', Transactions of the Bartlett Society, Vol. 1,
1962-1963, pp. 53-84.

- Cumming, E., Henry, W.E., 'Growing old', Basic Books, New
York, 1961.

- Curtis, J., Edwards, C., 'The environment of the adult
training centre: A critical review', M.A.R.U., The
Polytechnic of London, 1977.

- Department of Education and Science, Design Note 18,
'Access for the physically disabled to educational
buildings', 1979.

- Department of Environment, Housing Development Diroctorate,
Occasional Paper 2/74, Mobility Housing, DOE, HDD, 1974.

- Department of Environment, Housing Development Directorate,
Occasional Paper 2/75, 'Wheelchair Housing', DOE, HDD,
1975.

- Department of Environment, Housing Development Directorate,
Occasional Paper 1/76, Housing the Elderly: How successful
are Granny Annexes?, DOE, HDD, 1976.

- Department of Health and Social Security, Local Authority
Building Note 1: Costings and building procedures, HMSO,
London, Welsh Office, 1970.

- Department of Health and Social Security, 'A life style for
the elderly', HMSO, 18-20 July 1974.

- Department of Health and Social Security, Welsh Office,
'The Census of Residential Accommodation', DHSS, 1970.

- Department of Health and Social Security, 'A Happier Old Age, HMSO, 1978.
- Department of Health and Social Security, 'Growing old in Brighton', HMSO, 1980.
- Department of Health and Social Security, 'Care in action', a hand book of policies and priorities for the health and personal social services in England, HMSO, London, 1981.
- Department of Health and Social Security, 'Adult training centres for the mentally handicapped and day centres for mentally ill, the elderly and the younger physically handicapped', at 31 March 1982, Personal Social Services, Local Authority Statistics, England, February 1983.
- Edwards, C., Carter, J., 'The data of day care', National Institute for Social Work, London, Vol.1, Vol.2, Vol.3, 1980.
- Edwards, C., Sinclair, I., 'Debate: Segregation versus integration', Social Work Today, 1980, Vol.11, No.40, pp.19-21.
- Evans, K., 'Spatial Relations in an Infant School', doctor of philosophy thesis, University of London, 1975.
- Farndale, J., 'The day hospital movement in Great Britain', Pergamon Press, 1961.
- Fennell, G., et al., 'Day centres for the elderly in East Anglia', Centre for East Anglian Studies, University of East Anglia, 1981.
- Fennell, G., Sidell, M., 'Good Practice Guide, Day Centres for the elderly', Centre for East Anglian Studies, University of East Anglian, 1982.
- Fletcher, P., Robinson, J., 'Desborough Hall', Study of a day centre, Buckinghamshire County Council, June 1974.
- Flew, A., 'Looking after Granny: the reality of community care', in New Society, 9 October 1980.
- Fraser, D., 'The evolution of British Welfare State', The MacMillan Press Ltd., London, 1973.
- Garden, J., 'Mobility and the Elderly', Age Concern, June 1974.
- Goldberg, E.M., Connelly, N., 'The effectiveness of social care for the elderly', Heinemann Educational Books, London, 1982.
- Goldenberg, L., 'Housing for the Elderly New Trends in Europe', Garland STPM Press, New York, London, 1981.

- Goldsmith, S., 'Designing for the Disabled', RIBA, London, third edition, 1976.
- Gray, M., Wilcock, G., 'Our Elders', Oxford University Press, 1981.
- Green, I., et al., 'Housing for the Elderly', The development and design process, Van Nostrand Reinhold, New York, 1975.
- Gutman, R., (Ed.), 'People in Buildings', Basic Books, New York, 1972.
- Hadley, R., Webb, A., 'Loneliness, social isolation and old people', Age Concern, June 1974.
- Hall, M., 'Physical health', p.27, In Age Concern easing the restrictions of ageing, 1972.
- Ham, C., Smith, R., 'Policies for the elderly', Report on a seminar held on 10-12 July 1978, School for Advanced Urban Studies, University of Bristol, 1979.
- Hammersmith London Borough, 'Client views of Day Centres for the Elderly and Physically Handicapped in Hammersmith', HLB, 1978.
- Harris, A.I., 'Meals on Wheels for Old People', HMSO, 1960.
- Harvey, D., 'Explanation in Georgraphy', Edward Arnold, USA, 1973.
- Havighurst, R.J., 'Successful Aging' in Process of Aging by Williams R.H. et al., (eds), Atherton Press, New York, USA, 1963.
- Hazel, K., 'Social and medical problems of the elderly', Hutchinson of London, 1976 (fourth edition).
- Hearnden, R., Fujishin, B., 'Members of Old People's Club - Needs and Services: A survey in West Bromwich', University of Birmingham, Centre for Urban and Regional Studies, Research Memorandum, No.35, September 1974.
- Heumann, L., Boldy, D., 'Housing for the elderly', planning and policy, formulation in Western Europe and North America, 1982.
- Hill, M., 'Understanding Social Policy', Basil Blackwell, Oxford, 1980.
- Hillingdon London Borough, 'Report on a project to estimate the needs for Day Centres for the Physically Handicapped, Blind and Elderly', HLB, May 1973.
- Hobman, D., (Ed.), 'The Social Challenge of Ageing', Croom
- Helm, London, 1978.

- Holahan, C.J., 'Environment and behaviour', A dynamic perspective, Plenun Press, 1978.
- Hooker, S., 'Caring for elderly people: understanding and practical help', Routledge and Kegan Paul, London, 1976.
- Hoskisson, J., Bradley, 'Loneliness - an explanation a cure', Thorsons Publishers Ltd., May 1963.
- Howell, S.C., 'Designing for Aging', Patterns of use, The Massachusetts Institute of Technology, MIT Press, USA, 1980.
- Hunt, A., 'The Elderly at Home', HMSO, 1978.
- Jenks, M., 'A Case study of two Old People's Homes, in Architects' Journal, 24 May 1978, pp.1001-1018.
- Kane, R.A., Kane, R.L., 'Assessing the Elderly', Lexington Books, Massachusetts, USA, 1981.
- Kinnaird, J. et al., 'The provision of care for the elderly', Churchill Livingstone, Edinburgh, 1981.
- Krasner, L., (Ed.), 'Environmental Design and Human Behaviour', Pergamon Press, New York, Oxford, 1980.
- Lawton, M.P., 'Planning and Managing Housing for the Elderly', John Wiley & Sons, New York, 1975.
- Lawton, M.P., et al., 'Community Planning for an Ageing Society', Dowden Hutchinson and Ross, USA, 1976.
- Leedy, P.D., 'Practical Research, Planning and Design', Coller McMillan, London, New York, 1980.
- Lipman, A., 'Building Design and Social Interaction', The Architects' Journal, 3 January 1968, pp.23-30.
- Lipman, A., 'Social Centre for old and handicapped', The Architects' Journal, 25 February 1970, pp.485-495.
- Lipman, A., 'Professional ideology: Community and Total Architecture', Architectural research and teaching, RIBA, London, April 1971, Vol.1, No.3.
- Lipman, A., 'Professional ideology: The architectural notion of 'user requirements', Journal of Architectural Research, RIBA, August 1976, Vol.5, No.2.
- Lipman, A., Harris, H., 'Architecture and Knowledge: Control of Understandings', Architecture & Comportement, Architecture & Behaviour, 1980/1981, pp.135-147.
- Markus, T.A., 'The Role of Building Performance Measurment and Appraisal in Design Method', in Design Methods in Architecture by Broadbent et al., Lund Humpries, London, 1969.

- Ministry of Housing and Local Government, 'Old people's flatlets at Stevenage', Design Bulletin 11, HMSO, London, 1966.
- Ministry of Housing and Local Government, 'Grouped flatlets for old people, a sociological study', Design Bulletin 2, HMSO, London, 1968.
- Ministry of Housing and Local Government, 'Housing Standards and Costs: Accommodation specially designed for old people', Circular 82/69, HMSO, London, 1969.
- Ministry of Housing and Local Government, 'Some aspects of designing for old people', Design Bulletin 1, HMSO, London, 1974.
- Moore, J., Melotte, C., 'How day services can care for the elderly and handicapped', 'Health and Social Service Journal', 24 November 1978, p.1346.
- Moran, R., 'Environmental Psychological input to the Design of a Day Centre: Development of a place Brief, Master of Science Dissertation, University of Surrey, Department of Psychology, 1978.
- Morley, D., 'Day Care and Leisure provision for the Elderly', Age Concern, National Old People's Welfare Council, 1974.
- Mortimer, E., 'Working with the elderly', Heinemann Educational Books, 1982.
- Newman, R.J., 'The basis of Architectural Design - Intuition or Research', (OARP), Oxford Polytechnic, 1974.
- Newman, R., 'Study and Research', (OARP), Oxford Polytechnic, 1975.
- Rabbit, P., 'Development of Methods to Measure Changes in Activities of Daily Living in the Elderly', in Alzheimer's Disease: A Report of Progress in Research', by Corkin S. et al. (Eds), Raven Press, New York, USA, 1982.
- Reynolds, P.D., 'A primer in theory construction', The Bobbs-Merril, New York, 1971.
- Rimmer, G., 'Aylesbury Day Centre for disabled', Surveyor, 9 May 1975, pp.10-11.
- Rose, E.A., 'Housing for the Aged', Saxon House, 1978.
- Rose, E.A., Bozeat, N.R., 'Communal facilities in Sheltered Housing', Saxon House, 1980.
- Rose, E.A., 'Housing needs for the elderly', Gower, 1982.

345

- Rossiter, C., Wicks, M., 'Crisis or challenge?' Study Commission on the Family, London, June 1982.
- Rowntree, B., 'Old People, Report of a Survey Committee on the Problems of Ageing and the Care of Old People', The Nuffield Foundation, Oxford University Press, 1947, p.1.
- Scottish Home and Health Department, Scottish Education Department, 'Changing Patterns of Care', Report on Services for the Elderly in Scotland, HMSO, Edinburgh, 1980.
- Shanas, E., et al., 'Old People in Three In Industrial Societies', Routledge and Kegan Paul, 1968.
- Shenfield, B.E., 'Social Policies for Old Age', Routledge and Kegan Paul, London, 1957.
- Simpson, A., 'The Success of Home Close', Cambridge County Council, 1971.
- Sleeman, J.F., 'The Welfare State', George Allen and Unwin, 1973.
- Smith, N.J., 'A Brief Guide to Social Legislation', Metheun, London, 1972.
- Social Services Buildings Research Team (SSBRT), 'Care of the elderly', Oxford Polytechnic, September 1974.
- Social Services Buildings Research Team (SSBRT), 'The appraisal of buildings' - An analysis and review of existing architectural and sociological approaches, Oxford Polytechnic, June 1976.
- Social Services Buildings Research Team (SSBRT), 'The appraisal of buildings', Social Services Buildings; a proposed method of approach, July 1976.
- Social Services Building Research Team (SSBRT), Oxford Polytechnic, 'Sheltered Housing design problems - An overview', in a report on a seminar held at the University of Nottingham, 13-15 April, 1977, some unresolved aspects of Sheltered Housing for the elderly and the disabled, Institute of Social Welfare, 1977.
- Social Services Building Research Team (SSBRT), 'Local Authority Housing for elderly people', Oxford Polytechnic, 1977.
- Social Services Buildings Research Team (SSRBT), 'Briefing and Design for Old People's Home, Oxford Polytechnic, June 1978.
- Social Services Committee of Bedfordshire, working party on

services for the elderly, 'domicilary services: social centres', 2 September 1980, Agenda item No. 5(2).

- Social Services Committee of Bedfordshire, working party on services for the elderly, 'Domicilary services: 2. Day Care for the very frail elderly', 17 March 1981 A.

- Social Services Committee of Bedfordshire, working party on services for the elderly, 'Domicilary services: 1. Social centres for the elderly and handicapped', 17 March 1981 B, Agenda item No. 6(a).

- Social Services Committee of Bedfordshire, working party on services for the elderly, 'Manual of policy and practice, social centres', undated.

- Stanton, B.R. Meals for the elderly, King Edward's Hospital Fund for London, 1971.

- Steinfeld, E., et al., 'Towards a Responsive Environment The Psychological Effects of Inaccessibility', in Barrier Free Environments by Bednar M.J. (Ed), Dowden Hutchinson and Ross, Pennsylvania, USA, 1977.

- Studer, R.G., 'The Dynamism of Behaviour - Contingent Physical Systems', in Design Methods in Architecture by Broadbent G., Ward A. (Eds), Lund Humphries, London, 1969.

- Sumner, G., Smith, R., 'Planning Local Authority Services for the elderly', George Allen and Unwin, London, 1969.

- Surrey County Council Social Services Department, 'Community Support Scheme for the Elderly', SCC, 1981.

- Sutherland, J.W., 'Systems, Analysis, Administration and Architecture', Van Nostrand Reinhold, 1975.

- Symonds, P.C., 'Social Services and Day Care', in Gerontologia Clinica, Vol.16, No.5-6, 1974, pp.270-273.

- Symons, J., 'Day Care Centres', Centre on Environment for the Handicapped, 1981.

- Tibbitt, J.E., Tombs, J., 'Day Services for the elderly and elderly with mental disability in Scotland', Scottish Office, Central Research Unit papers, October 1981.

- Tinker, A., 'The elderly in modern society', Longman, 1981, pp.18-20.

- Topliss, E., 'Provision for the Disabled', Blackwell, Oxford, 1975.

- Townsend, P., 'The family life of old people', an inquiry in East London, Routledge & Kegan Paul, London, 1957.

- Townsend, P., 'The last refuge', Routledge & Kegan Paul, 1962, pp.32-33.
- Townsend, P., Wedderburn, D., 'The aged in the Welfare State', G. Bell & Sons, 1965, p.10.
- Tuffnell, G., Warburton, R.W., 'Elderly users of day care' in Clearing House for Local Authority Social Services Research, Cambridgeshire County Council, 6/1981
- Tunstall, J., 'Old and alone', Routledge & Kegan Paul, 1966.
- Van Dalen, D.B., 'Understanding Educational Research', McGrow-Hill, USA, 1979.
- Wager, R., 'Care of the Elderly', Eyre and Spottiswoode, 1972.
- Ward, A., 'Notes on a therapeutic Environment', in Emerging Methods in Environmental Design and Planning by Moore, G.T., (Ed), Massachusette Institute of Technology, USA, 1970.
- Weiler, P.G., Rathbone - M.C., 'Adult Day Care', Community Work with the Elderly, Springer, New York, 1978.
- Wicks, M., Old and Cold, Heinemann, London, 1978.
- Woodruff, D.S., et al., (Eds) Aging, D. Van Nostrand, New York, USA, 1975.
- Zeisel, J., Inquiry by Design, Brooks/Cole, California, USA, 1981.