

Assessing quality of life in specialist housing and residential care



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Assessing quality of life in specialist housing and residential care

A workbook for housing providers

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**JOSEPH ROWNTREE
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Introduction

Quality of life and quality of outcome are central to today's policy and practice. They are also highly relevant given that governmental policy aims to promote independent living in older age using housing-based models and domestic-scale living environments rather than institutional care for even the frailest older people. Concern about maintaining quality of life consequently has an increasing influence on decisions to commission new specialist provision of all kinds. Yet we have to acknowledge that it is difficult to pin down what we as individuals mean by quality of life and it is harder still to agree on ways to measure and compare it. The territory seems too vast and our priorities are not going to coincide. However, if we ask people to focus on *some* aspects of life and consider the core factors that make those aspects of life and living good or poor experiences, then quality of life becomes easier to pursue.

The focus on core aspects grouped under key headings, called 'domains', is well established in quality of life studies and the research that led to the workbook was based on the same approach. The research adapted research instruments initially devised in North America (Raphael *et al.*, 1998b) and the UK (see, for example, Riseborough *et al.*, 2000a; Jones, 2002) for measuring quality of life domains that were based on the views of large samples of diverse groups of older people. In addition, the research investigated and tested new ways to measure the contribution that the home and the living environment make to the experience of older age and retaining independence.

The research work that the workbook is based on is detailed in Appendix 3.

The research instruments that we initially devised were subsequently updated and tested for ease of use by a sample of front-line staff and older people in several types of specialist housing and care settings. The workbook is the practical outcome. It is intended to be used by specialist housing and care providers. It contains the tested research instruments along with instructions on how to use them and get the most out of them. The measures contained in the workbook will help specialist housing and care providers to systematically assess how far a particular housing or residential setting contributes to the quality of life of people living there and to go on to improve matters based on clear evidence that follows a 'joined-up' approach.

The workbook and its structure

The workbook is divided into chapters that should take people through the whole process. It begins with planning how the quality of life assessment might be done and ends with an action plan for future improvements. The workbook contains the following:

Assessing quality of life in specialist housing and residential care

- a short introduction aimed at senior managers on how to enable their officers to get the most out of the workbook
- the resources that are needed to run quality of life assessments
- instructions for staff and interviewers
- a front sheet, which contains some basic information about the person being interviewed
- a questionnaire, which can be completed by provider staff with up to ten older people (men and women if possible) with mixed dependency characteristics (some high, some medium and some low dependency)
- a checklist that captures the key physical ingredients of the building and facilities
- an analytical framework, which providers can adapt to analyse the responses
- a feedback note for staff to complete – the purpose is to assess how well the tools work in practice and give an indication of how the findings might complement other information gathered by the housing provider, e.g. customer surveys
- tips and suggestions on how to get the most out of the workbook and the quality of life method.

2 Getting the most out of the workbook

The workbook contains a set of research instruments to assess the quality of life people have in specialist housing and care settings and instructions on how to use them. There are five steps in the process, which are covered in the following chapters:

- Chapter 3: preparing and planning
- Chapter 4: applying the research instruments
- Chapter 5: the research instruments
- Chapter 6: analysing the responses
- Chapter 7: reflecting, reporting and preparing an action plan for improvement.

The methods shown in the workbook could be applied in one facility by a couple of members of staff who decide to take the lead. However, organisations would get a lot more from the workbook by setting up a programme of work to assess quality of life across a number of facilities and by working with their partners to plan how they could make best use of the findings that emerge.

A project team made up of people from each of the partner organisations is the most sensible way to deal with this. In turn, the project team needs to have encouragement and support further up their organisations, and partners should ideally give a commitment to learn from the experience and to use the findings.

The next chapter describes various aspects that need to be considered when preparing to use the quality of life research instruments. Most of the aspects described are a matter of common sense. Organisations can obviously make more detailed preparations and adjust these to fit their style and normal way of working. However, the aspects covered in the next chapter should be helpful for partners coming together to do some joint assessment, since they will give them a basis to establish some common ground to guide the work along.

3 Preparing to use the research instruments

The main preparations that need to be thought through are as follows.

- Deciding if quality of life should be assessed across a number of specialist housing or residential care facilities and, if so, how this should be approached. Should a sample of facilities be selected? Should a short-term programme be set up to establish some baseline readings on quality of life in a selection of facilities? Should partners work together to do this? How can the quality of life approach complement what goes on already?
- Who will be responsible for project management? How will this be managed?
- How will partners deal with the practicalities of working together? For example, what protocols might be needed?
- How will the quality of life interviews and other research instruments be applied? Who will do the interviews and use the checklists? Is it worth having a project team?
- The quality of life method described in the workbook takes a sample of people based on a mix of gender and dependency levels living in each facility. Any of the established techniques for assessing dependency can be used. However, it is important to be systematic – the same technique has to be used for sampling across all facilities.
- How will an organisation, or the partners together, deal with the challenges thrown up by the quality of life work? For example, would partners or an organisation want the findings to feed into other plans for change? What vision does the organisation or the partnership have in mind for the buildings and services provided?

The programme and how it complements the organisation

It is worthwhile thinking about what the organisation, or the partners, does now in terms of research, customer feedback reviews and quality work. To do this it is helpful to review existing internal research and quality work. It is also helpful to work with partners to understand what they do in terms of research and quality work. This will also cut down on duplication and help everyone figure out how the quality of life assessments complement what they do already.

When thinking about a programme of work it might be helpful to scope the size and shape of a programme by asking how many buildings and facilities can be realistically examined in a given time period. For example, does the organisation or a partnership want to look at all of its specialist housing and/or residential care homes occupied by older people or a sample of buildings and facilities over a couple of years?

Project management

If providers want to assess a number of their facilities at one time it is likely that a project team will be needed to lead the work. The whole programme could then be project managed. Some partnerships might also want to work together on the ground to project manage a quality of life assessment in a particular scheme. This is a useful thing to do when a mix of providers and partner organisations are working together to provide a building and services, for example, extra care or supported housing for older people.

Addressing practicalities

Practicalities touch on some key questions. They concern protocols for dealing with issues that arise, time and resources.

Establishing a project team

Ideally a small project team is required to manage a programme, guide the process, brief staff who will be applying the quality of life research instruments, and ensure that resources and so on are identified for the project.

A partnership may decide that it would be helpful to have a mix of staff involved from the organisations that make up the partnership. This could be beneficial not least because everyone would be more inclined to have an input and an interest in the outcome.

Protocols

- How the interviews should be done – as a routine piece of work, as a special exercise, as part of an improvement programme?
- How will occupiers and their relatives be asked to take part?
- How will the organisation handle the information, who will see it?

- How should sensitive matters be handled?
- Can anonymity be guaranteed?

There are various options for handling protocols. It is generally a good idea to ask occupiers if they want to participate rather than assuming that they will. However, since the quality of life assessments involve interviewing a sample of occupiers or their relatives or other proxies, rather than everyone, it is necessary to seek consent from particular people. In our experience it is worth letting all occupiers know that a project is taking place but make it clear that only a proportion of people will be asked to take part. All staff should also be made aware that the project is taking place because occupiers generally ask staff for information and more details. Everyone – staff and people who live in a facility – need to have the same information on the programme of work and what will be involved.

The project team and the interviewers need to know how they should treat difficult issues that are disclosed to them. It is good practice to take people's concerns seriously and ensure that someone who can help hears about them as soon as possible. How will the organisation, and the partners where appropriate, ensure that staff understand who to contact and how?

Confidentiality is a big issue for many people. In our experience honesty is always the best policy. It is worth thinking in advance what can realistically be done to ensure that people's privacy and dignity are not compromised. It is rarely a good idea to suggest that information collected can be kept entirely confidential because it is very hard to do this in practice. On the other hand organisations can restrict access to information. For example, they could restrict the number of people who would see information. They may also guarantee that an individual's personal details will not be repeated to others without the person's permission.

Sampling

The sampling approach aims to take a sample from a population occupying a particular facility. It isn't necessary to take a large sample because the key is to take a sample that represents the spread of dependency levels among the people living in the facility. In a facility of 40 households (extra care, sheltered or supported housing) or 40 rooms (in residential care) between six and eight interviews are sufficient. A typical sampling frame looks like this:

- gender: a mix of males and females (if possible)

- status: a mix of couples and singles (if appropriate)
- dependency: a mix of people who are objectively assessed as having low, or medium or high needs for care and/or support.

Organisations may decide that they want a larger sample. In larger facilities it may be appropriate to take a larger sample. There is no problem with this provided that there is a mix of dependency levels across the sample.

To assess dependency levels organisations may want to apply their customary approach. Alternatively, they could use Social Services' assessments for home care or levels of care and support services.

Resources

A number of resources are required. The main ones are:

- staffing
- time
- equipment
- skills
- information on protocols.

Staffing

Clearly there are staffing implications. The quality of life method uses face-to-face interviews and checklists. They are capable of being used by front-line members of staff.

Time

Overall, the time it takes providers to prepare for and apply the quality of life assessments and do the analysis depends on how many assessments are being done. As a guide it might help to know that each interview takes roughly three-quarters of an hour. The checklist (which only has to be completed once per building) takes about quarter of an hour.

The analysis time depends on the level of skill of the person doing the analysis. A simple Excel spreadsheet is all that is required but clearly time is needed to enter the data and do some basic analysis, produce graphs and tables. We estimate that the data entry and basic analysis of checklists concerning several facilities (buildings) and responses from 40 people might take a competent person a couple of workdays.

Equipment

The workbook supplies copies of letters to residents, fact sheets, checklists and questionnaires. These can be copied as many times as you wish. The framework for analysis contains a set of variables that can be used to organise the data on an Excel spreadsheet. The framework also gives suggestions on how to use the variables to analyse the data. Members of staff doing the analysis need to have access to Excel packages or other packages capable of doing the analyses, for example, Minitab or SPSS.

Skills

Members of staff doing the interviews do not need any special skills beyond being able to follow instructions and understand what the questions mean. On the other hand it is necessary to identify someone within the wider organisation or the partnership capable of following the analysis framework shown in the workbook.

Briefing staff

Most people can easily follow the process entailed if they have a clear understanding of what is involved and why. Staff members need to be briefed on the purposes of the quality of life work and to understand how to handle responses from people. In our experience, the person or project team leading the quality of life work can help by reading all the material thoroughly and by spending some time with the person who is going to do the analysis work. This all helps members of staff to understand what the process will be like for collecting the information.

In addition, members of staff doing the briefing, the interviewing and the analysis need to know:

- the timescale for doing the interviews and checklists
- how they fit into their normal work duties
- how occupiers and their relatives are going to be asked to take part

Preparing to use the research instruments

- what information will be available at the end for occupiers, relatives, advocates and staff when the analysis is done – the report, for example
- when the report will be available and how residents and staff will get to see this.

A sample letter to residents and a fact sheet that explains the process are shown in Appendices 1 and 2 of the workbook. This letter and fact sheet are written in plain language. They can be adapted as you wish.

4 Applying the quality of life research instruments

This chapter of the workbook contains the research instruments and a set of instructions on how to apply them. Staff doing the briefing should introduce other members of staff to the research instruments and explain how they fit together noting the following.

- Only one physical layout checklist needs to be completed per building.
- A cover sheet needs to be completed for each person interviewed.
- If an individual is not able to be interviewed, a proxy in the form of a relative or advocate can be approached instead.

Checking the physical layout of the building

Staff members intending to do the interviews with residents are asked to do a few things in preparation for the interview. They are as follows.

- Doing a physical check of the building. Members of staff are asked to do this before they interview anyone. The checklist goes through significant factors in a building that contribute to someone's ability to get around and their enjoyment. Interviewers need to keep in mind the factors identified as a result of the checklist when they are interviewing people. This is to save them asking the person being interviewed too many questions. The checklist also uses an objective approach – this is compared later to the responses that people supply when interviewed.
- Finding out a few details about the person before the interview. These are needed to complete the cover sheet. These details also save everyone from having to provide obvious information and ensure that a good range of people with different kinds of dependency levels are interviewed.
- Getting familiar with the questionnaire and how it is structured. It is a good idea to read the questionnaire through at least once and try out a few questions to get used to asking them.

The interview uses a structured questionnaire, which is accompanied by several items. These are as follows.

- *Showcards*: which should be shown to residents so they can tell you their answer using a scale or read a list more easily. There should be two sets – interviewers should give one set to the person being interviewed to look at.

- *A cover sheet*, mentioned above: which asks the interviewer to note the identity of the person interviewed. The cover sheet also asks if a proxy had to be used because the occupier was unable to be interviewed for some reason. Interviewers are asked to make sure that a cover sheet is attached to each completed questionnaire.
- *A feedback form*: you don't have to use this but it might be helpful from time to time as a mechanism to improve the interview schedules or the building checklist.

When carrying out the interviews

The questionnaire is designed to be administered rather than being completed by the interviewee. This is to enable the people doing the interviews to help the interviewee through the questionnaire and explain certain questions when necessary. Interviewers therefore need to read out each question to people being interviewed – be open with them and show them the questionnaire if they want to see it.

What will happen to the information?

The fact sheets and briefing notes should help interviewers explain this. Interviewers should repeat the explanation before the interview and be sure people understand.

What if someone interviewed is critical or is having problems of some kind?

These matters should be covered in a briefing session before the interviews start. If interviewers do not feel that their concerns are covered thoroughly they should ask for more information. It is good practice to take people's concerns seriously and ensure that someone who is in a position to help hears about them as soon as possible.

The next chapter of the workbook contains the research instruments. Many of the points covered already are shown again, for example, instructions on completing the questionnaire and the checklist. The questionnaires and the checklists can be copied as many times as you wish.

5 The research instruments for assessing quality of life

Occupier or resident questionnaire: cover sheet

Instructions to interviewers

Please complete at the end of the interview and attach to the front of the questionnaire.

A Name of building

B Name of person interviewed

C Date

Please tick one box

D Was the resident interviewed?

- Yes
- Yes with a proxy
- No – person is ill
- No – not available
- No – other reason (*please give details*)

E Does he or she live alone or with another person or people?

- Lives alone
- With partner/spouse
- With other/s

F How old is the person? Age

G And how old is/are the other person or people they live with?

Ages of others (1)

(2)

Please tick one box

H How long has he/she lived here?

- Less than a year
- A year or more but less than 5 years
- 5 years or more but less than 10 years
- More than 10 years

I What is the person's dependency level?

Please write in the result from the dependency assessment that has been done by either Social Services or your own organisation.

If possible assign the results to one of these categories:

- High
- Medium or
- Low

The building and facilities checklist

Note: the checklist should be completed once for each building or facility.

Does the building have	Yes	No
A member of staff on site during working hours?	<input type="checkbox"/>	<input type="checkbox"/>
Everything on one level?	<input type="checkbox"/>	<input type="checkbox"/>
If there is more than one storey – lift?	<input type="checkbox"/>	<input type="checkbox"/>
A security entryphone?	<input type="checkbox"/>	<input type="checkbox"/>
Other security features?	<input type="checkbox"/>	<input type="checkbox"/>
A specially designed bathroom for frail and disabled residents?	<input type="checkbox"/>	<input type="checkbox"/>
Grab rails in the toilets and the corridors?	<input type="checkbox"/>	<input type="checkbox"/>
Seats every now and then for people needing a rest?	<input type="checkbox"/>	<input type="checkbox"/>
Guest room?	<input type="checkbox"/>	<input type="checkbox"/>
A restaurant?	<input type="checkbox"/>	<input type="checkbox"/>
A meals-on-wheels service?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a care team on site?	<input type="checkbox"/>	<input type="checkbox"/>
Domiciliary care team?	<input type="checkbox"/>	<input type="checkbox"/>
Are there social activities at the site?	<input type="checkbox"/>	<input type="checkbox"/>
Are there keep-fit or other physical activities?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a hairdresser (includes a visiting one)?	<input type="checkbox"/>	<input type="checkbox"/>
Can people get help with transport easily?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an accessible main entrance?	<input type="checkbox"/>	<input type="checkbox"/>
Does the building have a good standard of decor?	<input type="checkbox"/>	<input type="checkbox"/>
A pleasant smell?	<input type="checkbox"/>	<input type="checkbox"/>

The research instruments for assessing quality of life

Is the building near shops and services?

Is it on a bus route?

Do residents' flats/homes have

Kitchens and bathrooms that are easy for them to use?

Enough cupboards to store their belongings?

Enough space generally for the person/people?

A pleasant feel to them?

Staff feedback form (optional)

(The purpose of this form is to gather information on how the interview schedule and other 'tools' can be improved.)

Name of member of staff:

Name and address of building:

How did the interview go generally?

Were there any particularly difficult questions? *(Please give question number and the reason it was difficult)*

Were there any questions that should have been asked but which were not included in the questionnaire?

How long did it take to complete the resident interview?

Did the resident questionnaire duplicate information already collected by your organisation, e.g. through customer surveys? *(Please state where duplication occurred)*

Is there any other information that might be of use in gauging the quality of life of residents?

Assessing quality of life: resident questionnaire

This questionnaire is about your quality of life, health and well-being. The questions ask you to rate your answer in some way using a scale.

BEING HERE

Ask all. Use showcard A

Your flat

1.0 *Please circle the relevant number for each row*

Looking first at your flat, how important is it to you to have the following features in your flat? Please rate each thing using showcard A.

	Very important				Not important at all
That everything is on one level	5	4	3	2	1
A flat/room of your own	5	4	3	2	1
An easy-to-use bathroom/shower	5	4	3	2	1
An easy-to-use kitchen	5	4	3	2	1
Natural light	5	4	3	2	1
Space to move around	5	4	3	2	1
Room for your own furniture	5	4	3	2	1
Good storage space	5	4	3	2	1
Grab rails in certain places, e.g. bathroom	5	4	3	2	1
Electrical sockets in the right places	5	4	3	2	1
Alarm pull cords	5	4	3	2	1

Ask all. Use showcard A

The building

1.1 *Please circle the relevant number for each row*

Thinking about the **rest of the building** how important for you are the following features? Please rate each thing using the showcard.

	Very important				Not important at all
Having everything on one level	5	4	3	2	1
A lift (if there is one)	5	4	3	2	1
A security entryphone	5	4	3	2	1
Other security features	5	4	3	2	1
A specially designed bathroom for frail and disabled residents	5	4	3	2	1
Grab rails in the toilets and the corridors	5	4	3	2	1
Seats every now and then for people needing a rest	5	4	3	2	1
Guest room	5	4	3	2	1

SERVICES HERE

The next few questions are about the services here.

Ask all. Use showcard A. Please circle the relevant number for each row.

Interviewers please strike out the services that are not provided.

1.2 How important is it to you to have the following services and kinds of help provided here?

	Very important				Not important at all
Alarm service/buzzer to call for help	5	4	3	2	1
A member of staff on site	5	4	3	2	1
Care provided by staff based here	5	4	3	2	1
Social activities/keep fit	5	4	3	2	1
Arrangements to have meals	5	4	3	2	1
Hairdresser	5	4	3	2	1
Help filling in forms and with official correspondence	5	4	3	2	1
Dial a ride or help to get places	5	4	3	2	1
Help to get or go shopping	5	4	3	2	1

1.3 Are there any services not provided here which you would like to have available? *Tick appropriate box*

Yes No

If YES, please give details

Write in details below

.....

CHOICES LIVING HERE

The next few questions are about the amount of choice you have.

Ask all. Use showcard A. Please circle the relevant number for each row

1.4 Thinking very generally about all kinds of accommodation aimed at older people how important do you think it is for people to have choice over the following things?

	Very important				Not important at all
Staff who come into and out of someone's home?	5	4	3	2	1
The temperature in the flat/their home?	5	4	3	2	1
The lighting in the flat/their home?	5	4	3	2	1
The decoration of someone's flat/their home?	5	4	3	2	1
The choice of curtains in the flat/their home?	5	4	3	2	1
Deciding when people can visit them?	5	4	3	2	1
Having people to stay (e.g. in a guest room)?	5	4	3	2	1
Doing social activities outside the building?	5	4	3	2	1
Going shopping?	5	4	3	2	1
The time when people go to bed?	5	4	3	2	1
The time when they get up?	5	4	3	2	1
Having a bath/shower when people want one?	5	4	3	2	1
Deciding when they want to go to the loo?	5	4	3	2	1
Having a pet?	5	4	3	2	1
Having a TV of their own?	5	4	3	2	1
Having a stereo or radio?	5	4	3	2	1
Having a telephone for use in their flat/home?	5	4	3	2	1

The research instruments for assessing quality of life

Ask all. Use showcard B. Please circle the relevant number for each row

1.5 And thinking about where you live, how much actual choice do you have over these things?

	Total choice				No choice at all
Staff who come into and out of your flat/room?	5	4	3	2	1
The temperature in your flat/home?	5	4	3	2	1
The lighting in your flat/home?	5	4	3	2	1
The decoration of your flat/home?	5	4	3	2	1
The choice of curtains in your flat/home?	5	4	3	2	1
Deciding when people can visit you?	5	4	3	2	1
Having people to stay (e.g. in a guest room you can book)?	5	4	3	2	1
Meeting friends socially outside?	5	4	3	2	1
Going shopping?	5	4	3	2	1
The time when you go to bed?	5	4	3	2	1
The time when you get up?	5	4	3	2	1
Having a bath/shower when you want one?	5	4	3	2	1
When you want to go to the loo?	5	4	3	2	1
Having a pet?	5	4	3	2	1
Having a TV of your own?	5	4	3	2	1
Having a stereo or radio in your flat/room?	5	4	3	2	1
Having a telephone for your use in your flat/room?	5	4	3	2	1

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Ask all. Please circle the relevant number for each row. Use Showcard C

1.6 Thinking about the amount of choice you have here, how does it compare with what you expected? Is it a lot more than, a bit more than, a bit less than, a lot less than or about the same amount of choice as you expected?

A lot more

A bit more

About the same

A bit less

A lot less

MY WELL-BEING

Ask all. Use showcard D

1.7 Since moving here would you say that you feel any of the following has improved, stayed the same or got worse?

	Improved a lot			A lot worse	
Feeling safe	5	4	3	2	1
Your general outlook on life	5	4	3	2	1
Concentration	5	4	3	2	1
Interest in things around you	5	4	3	2	1
Confidence	5	4	3	2	1
Physical health	5	4	3	2	1
Sense of independence	5	4	3	2	1
Sense of fun	5	4	3	2	1
Desire to mix with others	5	4	3	2	1
Desire to keep in touch with old friends	5	4	3	2	1
Willingness to try new things	5	4	3	2	1
Interest in maintaining hobbies and skills	5	4	3	2	1

ASPECTS OF WHERE I LIVE

Ask all. Use showcard E

1.8 Finally, how would you rate the following aspects of where you live? Please look at the showcard and rate each thing according to the categories shown.

	Very good			Very poor	
The flat/your home	5	4	3	2	1
The wider building/complex your home is part of	5	4	3	2	1
The neighbours	5	4	3	2	1
Soundproofing	5	4	3	2	1
Warmth in cold weather	5	4	3	2	1
Coolness in hot weather	5	4	3	2	1
The neighbourhood	5	4	3	2	1
The local shops/services	5	4	3	2	1
Courtesy of staff here	5	4	3	2	1
Courtesy of other staff who come in	5	4	3	2	1
Professionalism – staff here	5	4	3	2	1
Professionalism – other staff who come in	5	4	3	2	1
The usefulness of living here to help you stay independent – even in small ways	5	4	3	2	1

1.9 Any other comments you would like to make or suggestions that would help older people to be independent for as long as they want?

Write in below

.....

.....

.....

THANK YOU – END

Showcard A

5 Very important

4 Fairly important

3 Neither important nor unimportant

2 Fairly unimportant

1 Not important at all

Showcard B

5 Total choice

4 A high level of choice but with some restrictions

3 Some choice but with a lot of restrictions

2 Not much choice

1 No choice at all

Showcard C

5 A lot more

4 A bit more

3 About the same

2 A bit less

1 A lot less

Showcard D

5 Improved a lot

4 Improved a bit

3 About the same

2 A bit worse

1 A lot worse

Showcard E

5 Very good

4 Fairly good

3 Neither good nor poor

2 Fairly poor

1 Very poor

6 Analysing the responses

The end result of the analysis is to enable providers of specialist provision to have a 'quality of life baseline', against which the impact of measures taken to improve the quality of life enjoyed by residents can be measured.

Responses to the questionnaire may be used to:

- identify what really matters to occupiers in terms of both 'bricks and mortar' factors and services provided at any given location
- gauge what level of choice people want to have (and over what)
- assess the impact of provision on their well-being
- measure their views on a variety of aspects of where they live.

In our experience responses to the questionnaire are best analysed following the analysis approach shown below.

Provision: key factors

Your flat/the building (questions 1.0 and 1.1)

Responses from all residents participating in the survey should be aggregated, using the aggregated score sheets you will find later in this chapter, for each property factor identified (e.g. 'that everything is on one level'), with 'very important' scoring 5, down to 'not important at all' scoring 1. This should then be divided by the number of participating residents to give an average importance score for each property factor. Any factor gaining an importance average of 4 or 5 will clearly be important to residents, while average scores of 2 or 1 will identify less important factors.

Providers/managing agents should compare the information provided with their actual provision in a given development. For example, if 'seats every now and then for people' gains an average score of 4 or more, but such seats are not provided, then this is something on which providers/managing organisations may want to act.

Services here (question 1.2)

As with questions 1.0 and 1.1, responses from all residents surveyed should be aggregated, with the resulting total divided by the number of respondents for each service factor (e.g. 'hairdresser') to provide an importance average.

As per questions 1.0 and 1.1, providers/managing organisations should compare the services residents see as important (average score 4–5) or less important (1–2) with the services they actually provide at each given location to identify any gaps. Question 1.3 may additionally be used to identify gaps in services.

Choice: key factors

Choices living here (questions 1.4. and 1.5)

Responses from all residents participating in the survey should be aggregated for each choice factor that is identified (e.g. ‘going shopping’), with ‘very important’ scoring 5, down to ‘not important at all’, which scores 1. The total score should next be divided by the number of participating residents. This gives an average importance score for each choice factor.

For question 1.5, responses should be aggregated as per the above, with scores ranging from ‘total choice’ (5) to ‘no choice at all’ (1). The total score should then be divided by the number of respondents to provide an average ‘actual choice’ score for each choice factor.

The average importance score should be compared with the ‘actual choice’ score and located in the appropriate ‘cell’ using the best-fit matrix. An example matrix is shown in Table 1 and you will find a blank matrix for your own use later in this chapter. For example, if ‘going shopping’ gains an importance average of 1.3 but an ‘actual choice’ score of 4.8, it should be located on the matrix as shown in Table 1 (locating it in the box with the nearest whole number, e.g. $1.3 = 1$ and $4.8 = 5$). Similarly, if ‘having people to stay’ has an importance average of 5, but an ‘actual choice’ score of 1.5, it should appear on the matrix as illustrated.

The matrix should be used to identify what factors people feel are important to have choice over, compared to the factors over which they actually do have choice. *The shaded boxes on the matrix indicate the ‘line of best fit’, i.e. where the level of importance and what actually exists or is provided coincide.* The closer an item is located to the line of best fit, then the better the match between the level of importance residents give to it and the actual choice they have over it. The further from the line of best fit an item is located on the grid, then the worse the fit is between level of importance attributed and actual choice available. In the examples given, while people feel it is important to have choice over ‘having people to stay’, the reality is that they don’t have much choice over this. While they have a high level of choice over going shopping, this is not an activity people may necessarily feel is at all important to have choice over. Of course these are only examples and the reality is often very different.

Table 1 An example best-fit matrix

	Very important 5 (4.4–5.0)	Fairly important 4 (3.5–4.4)	Neither important nor unimportant 3 (2.5–3.4)	Fairly unimportant 2 (1.5–2.4)	Not important at all 1 (1.0–1.4)
Total choice 5 (4.4–5.0)					<i>Going shopping</i>
A high level of choice but with some restrictions 4 (3.5–4.4)					
Some choice but with a lot of restrictions 3 (2.5–3.4)					
Not much choice 2 (1.5–2.4)	<i>Having people to stay</i>				
No choice at all 1 (1.0–1.4)					

Question 1.6. can be used to identify how the level of choice people can actually exercise compares with their prior expectations. The following scores can be attributed:

- 5 a lot more
- 4 a bit more
- 3 about the same
- 2 a bit less
- 1 a lot less.

An average ‘choice comparison’ score can then be calculated by dividing aggregated scores by the total number of respondents. This will show how the level of choice people can exercise compares with their prior expectations in any given scheme.

My well-being: key factors

Components of well-being (question 1.7)

The questionnaire lists a number of components that prior studies have shown to be critical in defining an individual's 'well-being'. This question seeks to gauge the impact of living in a given environment on the well-being of residents.

Responses from participating residents should be aggregated for each well-being factor identified (e.g. 'interest in things around you'), with 'improved a lot' scoring 5, down to 'a lot worse' scoring 1. This should then be divided by the number of participating residents to give an average improvement score for each well-being component. Any factor gaining an importance average of 4 or 5 will clearly be important to residents, while average scores of 2 or 1 will identify less important factors.

Given that a person's level of dependency may well have an impact on responses to this question, it may be useful to sub-divide aggregated responses according to the dependency level of individual respondents (as set out on the questionnaire cover sheet). This may provide more meaningful information with regard to the well-being of residents. (It is up to providers and individual organisations to decide how they want to assess dependency but there are some fairly standard methods available nationally. Providers may also want to ask for care and support commissioners' views on the most appropriate ways to define and measure dependency.)

Aspects of where I live: ratings

Key aspects (question 1.8)

This question enables residents to rate various aspects of where they live on a scale of 1 ('very poor') to 5 ('very good'). Responses from participating residents in the survey should be aggregated for aspect identified (e.g. 'soundproofing'). This should then be divided by the number of respondents to provide an average rating for each aspect.

Providers and managing organisations should use the information to identify which aspects of the accommodation they provide (including the services within such accommodation and the environment around it) are seen as good by the residents and which are seen as poor. This may then be used for prioritising remedial actions. A repeat survey at a later date could then be used to gauge the impact on the ratings of such actions.

Aggregate score sheets

Sheet number 1

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
Dependency level													
Building (code)													
<i>Your flat – 1.0</i>													
Everything is on one level													
A flat/room of your own													
Easy-to-use bathroom/shower													
An easy-to-use kitchen													
Natural light													
Space to move around													
Room for your own furniture													
Good storage space													
Grab rails in certain places, e.g. bathroom													
Electrical sockets in the right places													
Alarm pull cords													

Sheet number 2

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
<i>The building – 1.1</i>													
Everything on one level													
A lift (if there is one)													
A security entryphone													
Other security features													
A specially designed bathroom for frail and disabled residents													
Grab rails in the toilets and the corridors													
Seats every now and then													
Guest room													
<i>Services here – 1.2</i>													
Alarm service/buzzer													
A member of staff on site													
Care provided by staff based here													
Social activities/keep fit													
Arrangements to have meals													

(Continued)

Sheet number 2 (Continued)

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
Hairdresser													
Help filling in forms, etc.													
Dial a ride or help to get places													

Sheet number 3

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
<i>Choices living here – 1.4</i>													
Staff who come into and out of someone's home?													
The temperature in the flat/their home?													
The lighting in the flat/their home?													
The decoration of someone's flat/their home?													
The choice of curtains in the flat/their home?													
Deciding when people can visit them?													
Having people to stay (e.g. in a guest room)?													
Doing social activities outside the building?													
Going shopping?													
The time when people go to bed?													
The time when they get up?													
Having a bath/shower when people want one?													

(Continued)

Sheet number 3 (Continued)

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
Deciding when they want to go to the loo													
Having a pet?													
Having a TV of their own?													
Having a stereo or radio?													
Having a telephone for use in their flat/home?													

Sheet number 4

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
<i>Choices living here – 1.5</i>													
Staff who come into and out of your flat/room?													
The temperature in your flat/home?													
The lighting in your flat/home?													
The decoration of your flat/home?													
The choice of curtains in your flat/home?													
Deciding when people can visit you?													
Having people to stay (e.g. in a guest room)?													
Meeting friends socially outside?													
Going shopping?													
The time when you go to bed?													
The time when you get up?													
Having a bath/shower when you want one?													

(Continued)

Sheet number 4 (Continued)

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
Deciding when you want to go to the loo													
Having a pet?													
Having a TV of your own?													
Having a stereo or radio in your flat/room?													
Having a telephone for your use in your flat/room?													

Sheet number 5

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
<i>Choices living here – 1.6</i>													
Choice expected/actual comparison?													
<i>My well-being – 1.7</i>													
Feeling safe													
Your general outlook on life													
Concentration													
Interest in things around you													
Confidence													
Physical health													
Sense of independence													
Sense of fun													
Desire to mix with others													
Desire to keep in touch with old friends													
Willingness to try new things													
Interest in maintaining hobbies and skills													

Sheet number 6

Category	Resident scores										Total score	Aggregate score (total score/ no. of respondents)	
	Resident 1	Resident 2	Resident 3	Resident 4	Resident 5	Resident 6	Resident 7	Resident 8	Resident 9	Resident 10			
<i>Aspects of where I live – 1.8</i>													
The flat/your home													
The wider building/complex your home is part of													
The neighbours													
Soundproofing													
Warmth in cold weather													
Coolness in hot weather													
The neighbourhood													
The local shops/services													
Courtesy of staff here													
Courtesy of other staff who come in													
Professionalism – staff here													
Professionalism – other staff who come in													
The usefulness of living here to help you stay independent – even in small ways													

Additional comments:

1.3 Are there any services not provided here that you would like to have available?
(List service requested and name of building)

1.9 Any other comments

The best-fit matrix

	Very important 5 (4.4–5.0)	Fairly important 4 (3.5–4.4)	Neither important nor unimportant 3 (2.5–3.4)	Fairly unimportant 2 (1.5–2.4)	Not important at all 1 (1.0–1.4)
Total choice 5 (4.4–5.0)					<i>Going shopping</i>
A high level of choice but with some restrictions 4 (3.5–4.4)					
Some choice but with a lot of restrictions 3 (2.5–3.4)					
Not much choice 2 (1.5–2.4)	<i>Having people to stay</i>				
No choice at all 1 (1.0–1.4)					

Comparisons

The final part of the analysis involves making comparisons between the physical layout of the building, the design features and facilities provided, and how people living and using the building are able to pursue the kind of lives they want to have as a result of the building.

Much of the analysis depends on having a set of questions to 'interrogate' the data with. The most important questions are as follows.

- Does the evidence suggest that the building contributes to people's ability to have control and choice over their lives?
- Are there some people who do not benefit at all or very much? What are the reasons and is it likely that they may affect other people living in the building?
- Are there barriers that get in the way of people being able to get around the building? What are the barriers and whom do they affect?
- What about in the flat or room? Are people able to move about easily and do the kitchen and bathroom positively enable people to care for themselves? Are there barriers? If yes what are they?
- The services that are provided by staff on the site and from outside have to be judged as well. Do all services seem to be helping people to have the kind of lives they could have? Are there problems? What are they?
- Are services all working together and 'singing from the same hymn sheet'? If no, what kinds of problems are occurring and who do they affect the most?
- What can be done to improve all the above?
- What have residents/owners or tenants to say on the subject?

Prioritise and rank

A long list of issues, good things and less good things is a place to start but it is unhelpful in the long run. Instead, it is much more useful for the members of staff doing the analyses to rank views in order of their importance or severity. Similarly with suggestions, views and other responses on how matters could be improved.

7 Reflecting, reporting and action plans for improvements

The last step of the process involves three main tasks of reflection, reporting and drafting action plans for improvements. While each organisation will have its own style or approach for doing these tasks, this chapter gives some suggestions for carrying them out in the context of an organisational or partnership learning approach.

Reflecting

To get the most out of the findings from the analysis covered in the previous chapter, further comparisons need to be made. It is helpful to regard these further comparisons as an opportunity to reflect on how the findings explain or relate to intelligence that an organisation or partnership already collects.

It may be helpful for the project team to set aside a few hours to meet together and reflect on the findings and what they indicate. It is likely that some issues will be more strongly evident than others but staff members should consider the possible reasons for this. The analysis will highlight aspects of the accommodation and services that seem to work very well, while other aspects will perhaps work less well. Some interpretations can be made on the potential reasons.

A framework can be placed around the discussion by the project team. The framework we suggest contains the following elements:

- key questions to lead the reflection and take the analysis further
- key issues, challenges and barriers
- implications, time and shaping actions.

Key questions help to lead the interpretation along. For example, what do the responses from individuals who were interviewed suggest about the way domiciliary care is delivered or its frequency? How does the quality of life information compare to the findings from routine satisfaction surveys or customer feedback exercises carried out by the organisation or partnership? What kinds of issues are raised by the responses to the checklist questions for the building and facilities?

It is helpful to work out key issues, challenges and barriers, remembering of course that the objective is to ensure that the building, the flat or the room, the facilities, the services and how they all work together can do better to enhance people's quality of life. It is worth reiterating this because discussions can get led astray and members

of staff understandably may find it interesting to focus on matters that have different benefits for the organisation or the partnership than for occupiers or customers.

The implications that are thrown up in the reflection need to be identified in various ways. Time is a useful category to use to structure the implications – for example, how long an issue has existed and how much time might be required to make changes. Considering the time implications can lead to identifying ‘quick wins’, matters that will take a few years to change and changes that will require a longer term. Culture, how things are done and by whom are also useful categories when considering implications. Any matters that fall under these categories need to be talked through with partners and other service providers coming into a facility. Partners may, for example, find it helpful to consider whether responses from interviewees suggest that different staff groups are working within separate cultures. For example, are there communication problems or different ways of doing tasks among staff that impinge on the quality of life occupiers have? What kind of problems does this lead to? What kind of actions might redress the problems and who among different groups of staff or partners needs to take action?

Reporting

In our experience there are different kinds of reports and different audiences for them. A good basic rule is to ensure that reports are written in plain language. This means that, from the start, the difficult points or technical language have to be explained and the focus is on communicating with everyone in the easiest way possible. However, a long, full report with all the technical analysis and tables might be appropriate for strategic partners and the project team members, while a shorter report covering the main findings and excerpts of tables or graphs might be more useful for occupiers, their relatives and advocates, and members of staff.

How the report is structured depends on style and content. The quality of life method provides a virtual structure. For example:

- suitability of the building to support and maintain quality of life based on the findings from the building and facilities checklist together with extracts from the responses to the questionnaire
- what the overall rating is on quality of life
- what customers said on each heading
- the good points and the points for improvement

- key priorities
- timescale for change
- how changes will be done and by whom
- what will happen next
- how everyone will be kept informed.

The report is intended to identify aspects that work well and aspects that need improvement. It is important to give everyone concerned the opportunity to consider possible actions and if they can be done. It is also necessary to take a reality check since issues, questions and priorities identified in the analysis and reflection work might have been blown out of proportion. A good way to do this is to prepare a short presentation on the report's findings and the main issues, and ask groups of occupiers and staff to consider them.

Action plans for improvement

All organisations have ample experience of preparing action plans and it is doubtful if we could add anything of value to knowledge on the subject. However, we can say something about action plans with partner organisations. Our experience suggests that some actions require complicated changes across different organisations at different levels in those organisations. For example, a planned change in service delivery impinges on contracting, commissioning procedures and charging arrangements, and these elements need to be planned into a cycle of changes. It is important for partners to consider how they can plan improvements together. This may entail some strategic thinking by commissioners and some work to join up delivery and cultures at a scheme level. Both ends of the spectrum need to be considered. It is worth identifying how actions need to be tackled, by whom and where in the partnership or organisations that compose the partnership.

Action plans can get too detailed and hard to achieve. It is better to have a few actions that are achievable or capable of being worked towards than lots of actions. This does not mean that the most difficult matters should be left out. They should be stated honestly and it is helpful to say why they are difficult matters.

Who will take responsibility for ensuring that the actions in the action plan are taken? Partners need to consider how they will do this and all partners need to accept responsibility.

It is necessary to work out who will keep everyone updated on progress and to identify mechanisms that can do this most effectively. In our experience it is in the follow through from research and improvement plans that most shortcomings occur. It is important for partners to make the most robust arrangements that they can to ensure that occupiers and staff, relatives and advocates, commissioners and partners working at a scheme or facility level are kept informed. For example, those partners who opted to establish a project team to lead the quality of life work may ask the project team to take responsibility for monitoring progress and reporting on it at regular intervals.

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Websites

Many of the University of Birmingham papers and publications are available from the University website – follow links to School of Public Policy publications or click on www.publicpolicy.bham.ac.uk/publications

See also the Centre for Health Promotion, University of Toronto www.utoronto.ca/quol/concepts

Appendix 1: An example letter to occupiers/tenants/owners

Dear Mr X

Research to ensure that services and accommodation in [insert name of building or scheme] contribute to [insert appropriate phrase, e.g. owners', tenants', residents'] quality of life

I am writing to ask if you would be interested and willing to take part in a small study that would help us as the managers of x [scheme or building] to make sure that the accommodation and services here make a good contribution to the quality of life that [insert phrase, e.g. residents, tenants or owners] enjoy. The study involves interviewing a small sample of people who live here. I am enclosing a fact sheet about the study that gives more details of what is involved but it might help to have a few details straightaway.

Firstly, if you decide that you will take part in the study, I can assure you that any personal information you may give will be treated with great care afterwards. Secondly, the study should help us to make improvements to the accommodation and services provided. The x [partnership or provider organisation] will write a report based on the study identifying the things that we need to improve on. Everyone living and working here will get a copy of the report and the improvements we intend to make. However, to make sure that we protect the confidences of people who have been interviewed, the report will not identify the people who were interviewed.

The interviews are expected to start in week beginning x [date]. If you are willing to be interviewed would you please let me know? There are several ways you can do this:

- return the slip attached to this letter in the envelope addressed to me, *or*
- telephone me on [insert number]; I am often away from my desk and you may have to leave a message, *or*
- ask a member of staff to inform me that you are willing to be interviewed.

As I say, the fact sheet about the study is enclosed and this should cover most people's questions but if you would prefer to talk to someone about the study please contact one of my colleagues or myself.

Yours sincerely

Name [project leader or manager]

Telephone number

Names and telephone numbers of other staff who can give information

Appendix 2: An example fact sheet for occupiers/tenants/owners

About the study on accommodation and services that contribute to people's quality of life

A fact sheet

Where we live, how we are able to use the space around us and how much control we have over how we live affects everyone's quality of life. Sometimes quite small changes can make a big difference for better or worse. As managers [or other appropriate phrase] of x [name of scheme or building] it is our job to provide the best service that we can. However, to do this we need your help to point out what works well and what does not. The study on accommodation and services that contribute to people's quality of life involves checking on how we are doing against a set of standards covering key things.

The standards are checked in several ways.

- Samples of people who live in a place are asked the same questions in individual interviews.
- Staff survey the building and its facilities for their suitability using a checklist that covers the building and the layout.
- Any shortcomings in the building or the services are noted in interviews and in the building survey.
- Any potential changes or improvements that would make a positive difference are noted.

Over the next few weeks you can expect to see a member of staff doing the survey of the building. It doesn't take long so don't be surprised if you miss them. You will be able to see the results when they are ready.

What the interview involves

The interview lasts on average 30 to 45 minutes. The person doing the interview will follow a questionnaire that covers a number of things about where people live and how they use the facilities and services. The questionnaire does not record personal details or anything that will identify people.

Why is a sample of people being interviewed rather than all?

It isn't necessary to interview everyone. A *cross-section* of people living in a place is all that is required. Up to ten people are being asked to give interviews. These ten make up a cross-section.

What will happen later?

Once the survey and the interviews are done the information will be collected together and compared. The results will identify the things that work well and those things that need to be improved. A report will be written, which will be distributed to everyone, staff and residents [insert owners or tenants]. The report will include an action plan showing what improvements can be made and dates when the improvements should happen.

What will happen long term?

Continue to get better – that is our intention. The study will be repeated every few years to make sure that we are doing as well as possible to contribute to people's quality of life.

More information about quality of life studies

The study we are doing uses research methods that were designed and tested by researchers in the UK and North America. These research methods were made available to organisations like ours by the Joseph Rowntree Foundation, which has a long track record in sponsoring innovative research. To read more about quality of life studies why not get in touch with one of the people named below? You can read the workbook that we are using and/or get details of publications that researchers have produced in the UK and elsewhere.

To read the workbook we are using or to get more information please contact:

[Insert names of staff here]

Appendix 3: Further details on the research leading to the workbook

The workbook is derived from research and modelling work undertaken for Anchor Trust in 2000 by Moyra Riseborough, Adrian Jones and Alex Marsh, and from more recent work to develop the methods used to assess quality of life and make them accessible and easy to follow. The research was new in several ways. First, the research questions included much more detail on the importance of the home and the environment. This was because we strongly believed that facilities or buildings with good design and helpful environments that enable people to self-care and be independent if they choose are different to facilities that are poorly designed. Second, we wanted to ensure that, if providers were considering investment decisions in care or support regimes that promoted customer choice and control, they would have methods available to them to assess how well the regimes performed. Did they in the end enable customers to have more choice and control? Third, we were aware that many specialist housing facilities involved a number of partners and, while it is common for each partner to assess their bit of the jigsaw from a customer point of view, it is far less common for partners to join together to assess the whole thing. There were gaps and we, the research team, felt it was important to fill them.

The work commissioned by Anchor Trust explored the feasibility of developing a model to assess quality of life in specialist housing and care environments. In order to build a model, the research team had to identify and adapt research tools capable of surveying aspects of the housing environment, the delivery of housing, care and support and other services, and make an assessment of their contribution to people's quality of life. The research tools were amended and piloted several times in the course of the study for Anchor Trust and the exercise was useful since it eventually enabled the team to conclude that it was possible to construct a model. In addition, the research team realised that there were possible spin-offs from the research that would benefit other providers of specialist housing and care facilities but further work was needed to make the research techniques easier to use. The Joseph Rowntree Foundation subsequently funded the additional work in 2003/04 to make this possible.

The 2003/04 study re-examined the research tools and lessons learnt in the work conducted for Anchor Trust as a starting point for producing a robust but user-friendly method to assess quality of life enjoyed by people living in extra care and specialist housing.

The approach developed in 2000 initially involved a long questionnaire for residents or service users plus diaries and other instruments. The research instruments collected information and experiences on benefits or quality of life and costs including service input information (later ascribed to unit costs where possible). The questionnaire was piloted several times and successfully used for the purposes of constructing a model. Since the feasibility of constructing a model to assess quality of life was the purpose of the research nothing further was done with the research instruments. However, the research team noted that the research instruments could probably be used for other purposes, particularly to get a picture of quality of life in a particular setting as part of a programme of improvement.

Subsequently, the research team reviewed the research instruments used to construct the model and began to consider how the instruments could be improved on for the purposes of assessing quality of life in specific establishments or housing and care environments on a regular basis. We noted that a modular approach would probably work and a draft set of modular instruments was produced. The modular approach involved a survey schedule for residents (or proxies and relatives), which asked them for their views on broad themes using a single but linked questionnaire that covered quality of life, costs and services coming into people's homes.

Funding from the Joseph Rowntree Foundation in 2003/04 enabled the research team to shorten and amend the research tools and test them for ease of use. The workbook contains the amended research tools and instructions that have proven to be helpful.