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Understanding Independent Living Customers at Trafford Housing Trust: an Evaluation

Final Report

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Sustainable Housing and Urban Studies Unit (SHUSU)

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About the authors

The Sustainable Housing & Urban Studies Unit (SHUSU) is a dedicated multi-disciplinary research and consultancy unit providing a range of services relating to housing and urban management to public and private sector clients. The Unit brings together researchers drawn from a range of disciplines including; social policy; housing management; urban geography; environment management; psychology; social care and social work.

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1 Introduction

It is well-reported that the size of the ageing population is constantly increasing (UN, 2002). Within the UK, it is estimated that by 2030 there will be 51 per cent more people aged 65 or over compared to 2010 figures, and 101 per cent more people aged 85 or over (HM Government, 2013). A person's life expectancy at age 65 is set to continue rising by more than one year each decade (Age Concern, 2008). However, despite this increased longevity not all older people experience 'healthy' or positive ageing. For the older population as a whole, the third and fourth ages are usually thought to be chronological, and to represent different life stages (Higgs & Gilleard, 2015). Positive ageing tends to be associated with the third age: that is people who are aged 60-75; while the 'fourth age' - or 'deep old age' (Hockey & James (2003: 57), encompassing people over the age of 75 - is associated with a decline in health and autonomy (Ahmed and Hall, 2016). This trend will have considerable social, political and economic implications (HM Government, 2013), presenting current and future challenges which will require co-ordinated prioritisation, planning and, importantly, funding. In relation to housing, there are several implications of an ageing population as older people occupy nearly a third of all homes, with a projected increase in line with the demographic growth noted above (DCLG, 2016). As such, there is a clear need for housing with support and also for services which enable people to live autonomously. Therefore, independent living services will play an increasingly pivotal role in the lives of older and vulnerable people.

1.1 Trafford in Context

The Office for National Statistics (ONS) data estimates that there are 234,000 people living in Trafford in 2016 (ONS, 2017). Furthermore, ONS population projections for the period 2016 - 2026 suggest that there will be an additional 15,700 people living in Trafford at the end of this period. In relation to older age groups, it is anticipated that this will mean:

- 7,340 more people aged 67 and over (pensionable age)
- 5,400 more people aged 75 and over.

In terms of life expectancy, although rates in Trafford are good and higher than the national average, healthy ageing rates do not reflect this (Trafford Innovation and Intelligence Lab, 2016a). In fact, recent data collected for the Index of Multiple Deprivation (IMD) suggests that Trafford is particularly poor in relation to health and disability and is ranked in the bottom third of English local authorities on this measure (DCLG, 2015). Moreover, Trafford is a borough marked by difference in terms of the constitution, social and economic characteristics of its wards and wide variations across the borough mean that certain wards are amongst the bottom 10% nationally for health deprivation and disability

(DCLG, 2015). Healthy life expectancy is a measure of how many years people may live in a healthy state and in Trafford residents living in the more deprived areas start experiencing poorer health at least 10 years before pensionable age and can live in poor health for 20 years or more (Trafford Innovation and Intelligence Lab, 2016a). This is significant as poor health has many impacts such as poor functioning overall, reduced employment and economic independence as well as an increase in the reliance on welfare benefits and the use of public services. Thus, poor health in older age has considerable outcomes relative to independence, wellbeing and quality of life. Consequently, there are clear implications for the borough in terms of responding to the needs of Trafford residents and the demographic trends and projections noted above. The accompanying implications for Trafford service providers means that there is an ever-increasing demand for services that address the intersecting needs of an growing older population and rates of poor healthy life expectancy coupled with the human desire for well-being and independence.

1.2 TrustCare

In 2005, Trafford Housing Trust (THT) established a separate entity to deliver independent living services - TrustCare (now a registered charity) - to its residents. TrustCare states:

“We always put people first and treat everyone fairly, with compassion and respect, listening to and supporting their choices. We're uncompromising about the work we do and care passionately, believing that everyone deserves to get the most out of life regardless of their age, health or disability.” (TrustCare, 2016, online)

This indicates that the values of equality, care and respect underpin the TrustCare philosophy and service delivery. There are four services incorporated under TrustCare which are designed to enable people to live independently in their own homes. These services are:

- **Alert and Response:** a 24/7 personal alarm service with home response and support. There are **5327 customers** of Alert and Response¹.
- **Homecare:** Homecare services are diverse, offering help with: household tasks; washing and dressing; specialist care and medications; support for people to get out and about; and help with shopping. The service incorporates funding information and advice in terms of eligibility for benefits such as Personal Care Budgets or Carer's Allowance. **97 customers**² are currently in receipt of Homecare.
- **Housing with support:** 19 sheltered housing and two extra care schemes situated across Trafford offer housing with support enabling customers to live independently in their own flat or bungalow with the addition of care and support should it be needed. Each property is connected

¹ Based on figures provided by THT 30.8.17

² Based on figures provided by THT 30.8.17

to the Alert and Response service, with Homecare as optional. There are scheme managers on hand to provide additional support and various social opportunities on offer with access to communal lounges, kitchens, dining areas and maintained gardens. There are **1029 residents living in sheltered housing and 134 residents living in extra care schemes**.³

- **Be Social:** offers a range of social opportunities, including a membership scheme for people over 50, 'Be Social', support for people to get out and about with care-givers, and activities in sheltered and extra care schemes. There are **71 members**⁴ of Be Social

TrustCare is regulated by the Homes and Communities Agency, the Care Quality Commission and it is TSA Platinum accredited.

1.3 TrustCare evaluation: Aims and objectives

In June 2017, Trafford Housing Trust commissioned SHUSU, at the University of Salford, to independently evaluate TrustCare services. This involved conducting consultation activities with current and potential future TrustCare customers. The aim of the evaluation was to enable TrustCare to review and plan its service delivery, ultimately in order to support customers to: improve their general well-being; benefit from personalised services; and to live independently.

The evaluation will assist TrustCare to identify areas of good practice and also service improvements that are informed by current and future TrustCare customers. Research participants included two groups: current TrustCare customers; and Trafford Housing Trust (THT) residents who currently do not use TrustCare services. More specifically, the following questions helped to guide the evaluation:

1. What are the needs of THT residents in relation to independent living and to what extent does TrustCare meet these needs?
2. How effective is the current model in terms of what works well and what could be delivered differently (from the perspectives of current customers)?
3. Do customers receive a person-centred approach?
4. Why do some THT choose not to utilise the services offered by TrustCare?
5. What impact has the four service areas of TrustCare had for THT residents?

³ Based on figures provided by THT 30.8.17

⁴ Based on figures provided by THT 30.8.17

1.4 Structure of the report

This report provides the findings of the evaluation reporting on each stage of the process and draws on both quantitative (descriptive statistics) and qualitative data (semi-structured interviews) collected during July and August 2017. The report is structured as follows:

- Section 2 outlines the methodology and research methods that shaped the evaluation.
- Section 3 presents the findings of survey data collected from THT residents (who are not currently customers of TrustCare).
- Section 4 presents an analysis of the findings from one-to-one interviews held with non-TrustCare customers.
- Section 5 presents an analysis of the findings from one-to-one interviews held with TrustCare customers.
- Section 6 offers a conclusion and recommendations.

2 Methodology

2.1 Methods

This evaluation used a mixed-methods approach involving four workstreams:

- Consultation workshop;
- THT resident survey;
- One-to-one interviews with non-Trustcare customers;
- One-to-one interviews with Trustcare customers.

Each workstream is discussed below. Before data collection took place, a consultation was held in the format of a workshop with *TrustCare Champions* (customers of TrustCare). This consultation helped to shape the design of and questions for the data collection instruments (survey, interview and focus group questions). Four TrustCare Champions took part in the consultation workshop and each represented one of the four services that constitute TrustCare.

2.2 Consultation workshop

All four TrustCare Champions held the view that other TrustCare customers would prefer to participate in a group environment (a focus group) rather than in a one-to-one interview. Therefore, four focus groups were arranged to consult with TrustCare customers including participants who commissioned any one or more of the four services of TrustCare. Interested parties were purposively sampled and identified through TrustCare schemes and service managers. They were subsequently sent a letter of invitation and Participant Information Sheet to enable informed consent to participate in a focus group session. However, once contact was established, customers indicated a preference for one-to-one interviews therefore, these were conducted instead. Some of these were conducted face-to-face and some over the telephone.

2.3 THT resident survey (non TrustCare customers)

A letter of invitation and a short survey was distributed to 200 households who are THT customers. People of the relevant age group who do not commission TrustCare services were targeted. The purpose of the survey was to capture residents' awareness of TrustCare services but, more importantly, to understand their self-identified current needs in addition to their views about any future use of TrustCare services. Twenty-two surveys were returned; all usable, and surveys that were only partially completed have been included as these still contained important data. The return rate for the

surveys was 11%. Survey respondents were entered into a prize draw to win £50 shopping vouchers (see Appendix 1 for a copy of the survey).

2.4 THT resident interviews (non-customers of TrustCare)

Survey respondents were asked if they would be willing to participate in a follow up interview. Six people indicated that they were willing to participate. They were then contacted by a member of the research team and interviews with five⁵ of these took place thereafter. A letter of invitation and Participant Information Sheet were provided to interview participants, with informed consent taken on the day. Interviews covered a number of areas, including factors related to future need for independent living services, including: awareness/marketing of TrustCare; affordability; use of technology; communication; level of independence. Each participant was given a £10 shopping voucher as a thank you for their participation in the consultation process. All interviews were audio recorded, with field notes taken. All recordings and field notes were analysed using thematic analysis. Verbatim quotes from participants have been included to support the key themes presented below and to add rigour and integrity to the discussion and conclusions made. (See Appendix 2 for a copy of the interview schedule).

2.5 TrustCare customer interviews

A total of 120 customers were initially contacted by letter and invited to attend one of four focus groups. The target attendance for each focus group was 5-10 people. However, as noted above, when the research team followed up the postal contact, people indicated that they preferred one-to-one interviews rather than focus groups, either by phone or face-to-face. In total 23 interviews took place. Customers were asked to provide their views on a range of issues including: experiences of receiving services: what works and what could be improved; barriers and enablers to accessing services; and impact of the service for service users. An incentive was given (a £10 shopping voucher) to recognise the time and commitment offered by customers who participated. All interviews were audio recorded, with field notes taken. Again, all recordings and field notes were analysed using thematic analysis. Verbatim quotes from participants have been included to support the key themes presented below and to add rigour and integrity to the discussion and conclusions made. (See Appendix 3 for a copy of the interview schedule).

⁵ One person changed their mind about wanting to participate

2.6 Ethics

The project team has extensive experience of research and consultation on ethically sensitive topics, with seldom-heard communities and older and vulnerable people. SHUSU researchers work within the ethical guidelines laid down by the British Sociological Association, the British Psychological Society, and the Social Research Association. In addition, the research team includes qualified social workers and housing specialists who are experienced in both practice and research. As such the project team are adept at negotiating issues of sensitivity, anonymity, confidentiality and informed consent. Outputs were proof read and quality checked to ensure their robustness. All data were anonymised and stored securely in line with the Data Protection Act 1998 and the University of Salford Data Management strategy.

3 Findings: THT residents survey

This section presents the findings from the resident survey distributed to households who are THT residents but not customers of TrustCare services. A total of 200 surveys were distributed with 22 usable returns. A number of surveys contained missing answers but all responses have been analysed as far as possible, despite some missing data. This accounts for the inconsistency in the total number of answers for each individual question. Overall, the surveys produced descriptive statistics and some qualitative data which is included in the analysis.

3.1 Demographic characteristics of survey participants

Table 1 Demographic characteristics of survey participants (n=22)

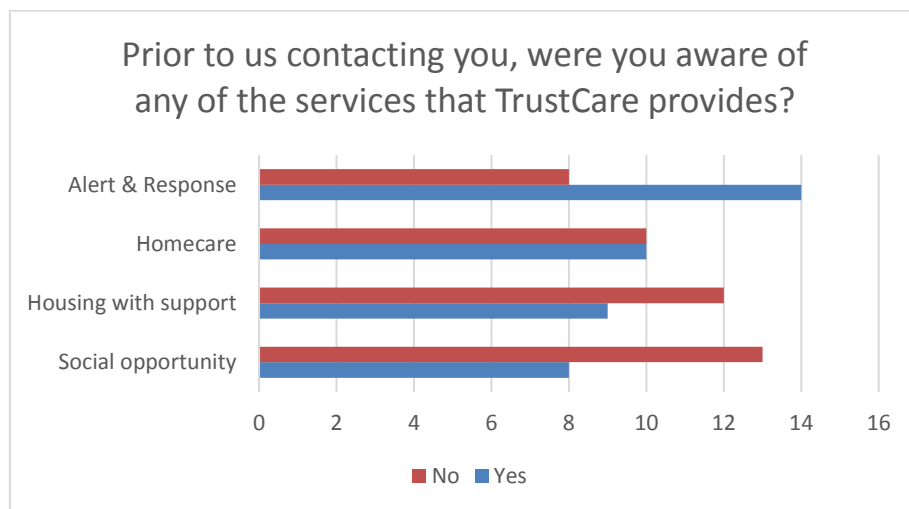
		Total	%
Age range	60-69	6	27
	70-79	8	36
	80-89	6	27
	90+	2	10
Gender	Female	12	55
	Male	10	45
Ethnicity	White British	16	73
	Black British	2	10
	No answer	4	17
Property type	House	11	50
	Flat	11	50
Do you consider yourself to have a disability?	Yes	10	45
	No	10	45
	No answer	2	10
Do you consider yourself to have a health condition?	Yes	9	41.5
	No	9	41.5
	No answer	4	17
Disability/health conditions	Diabetes	5	
	Hypertension	5	
	Osteoarthritis	5	
	Mobility	4	
	Other	3	
	Neurological condition	3	
	Cancer	2	
	Sight/hearing problems	2	
	Dementia	1	

All survey respondents indicated their gender and age with a fairly even split between female and male, and across the age ranges (although, unsurprisingly, only two respondents noted their age to be over 90 year). In terms of ethnicity, however, of those who provided this information, the majority identified as White British with only two respondents identifying as Black British (four respondents did not provide a response). This may reflect the surveyed sample, but does not reflect the demographic of Trafford which is fairly diverse with census data indicating that around one fifth of Trafford residents reporting their ethnicity to be non-white British (Innovation and Intelligence Labs, 2016b). The responses to other questions, again were split evenly: respondents lived in houses (n=11) or flats (n=11); equal numbers reported as having a disability (yes n=10, no n=10) and/or health condition (yes n=9, no n=9). A number of health-related conditions were cited (Diabetes, Hypertension, Osteoarthritis, Mobility, Neurological condition, Cancer, Sight/hearing problems, Dementia); most

of which are age related and reflect conditions associated with healthy life expectancy (Age UK England, 2017).

3.2 Awareness of TrustCare

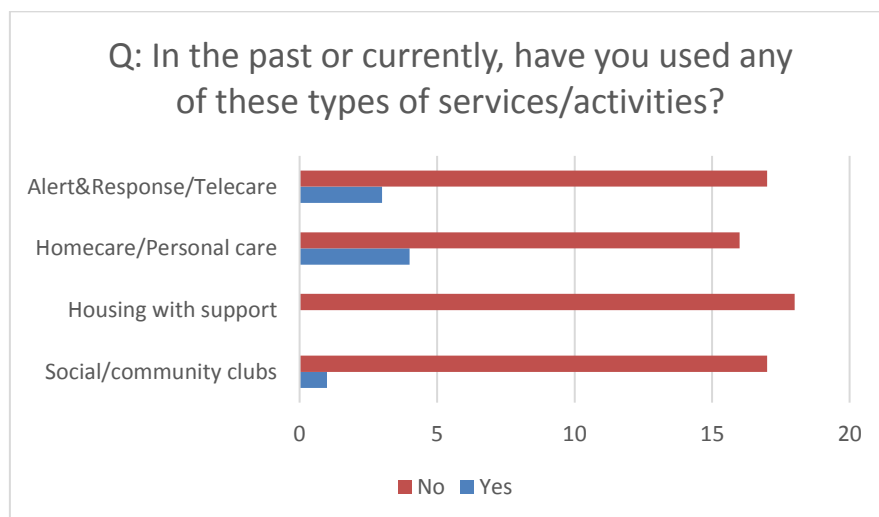
Chart 1: Awareness of TrustCare Services



Responses to this question indicated some considerable differences in terms of THT residents' awareness of TrustCare services with overall, slightly fewer residents having any awareness of what TrustCare offered. Moreover, responses indicate that two-thirds of THT residents (n=14) are aware of the Alert & Response service, illustrating more awareness than of any of the other TrustCare services. The respondents' knowledge of Be Social offered a similar divergence with only around one-third of respondents (n=8) having an awareness, and a bigger proportion (n=13) having no awareness of this service. Clearly, there are implications for TrustCare in terms of awareness-raising, through marketing or other activities. It may also be worth considering that 'Alert & Response' might be a phrase is more familiar to the sample, with 'Housing with Support' and 'Social Opportunity' being less easily understood.

3.3 Past and current need for services

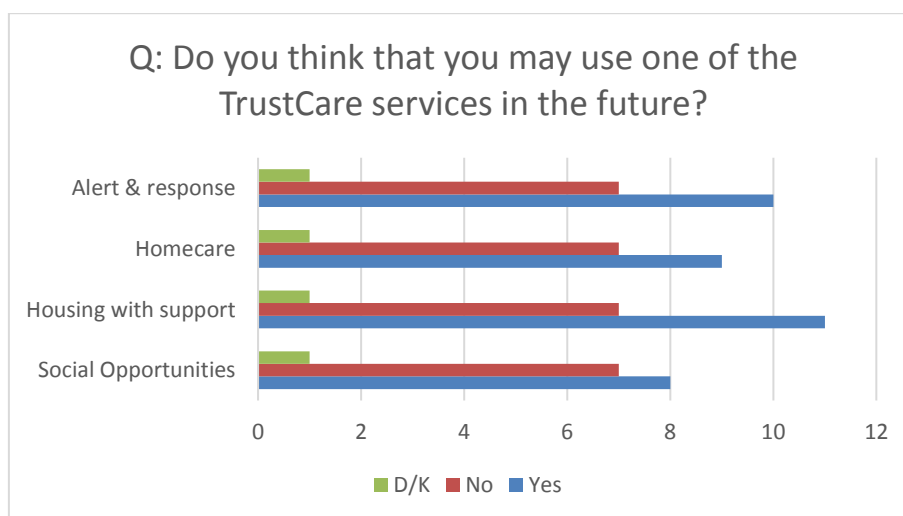
Chart 2: Use of services



The majority of respondents clearly indicated that they have not previously or do not currently benefit from any of the services offered by TrustCare. However, a small proportion of the sample currently, or in the past, had used similar services: three respondents commission a telecare service; four benefit from home-based care and support; and one respondent participates in local social or community clubs/outings. These residents commission services delivered by a range of other service providers (each respondent named a different provider, pointing to the existence of a number of service providers operating in across Trafford).

3.4 Future commissioning of TrustCare

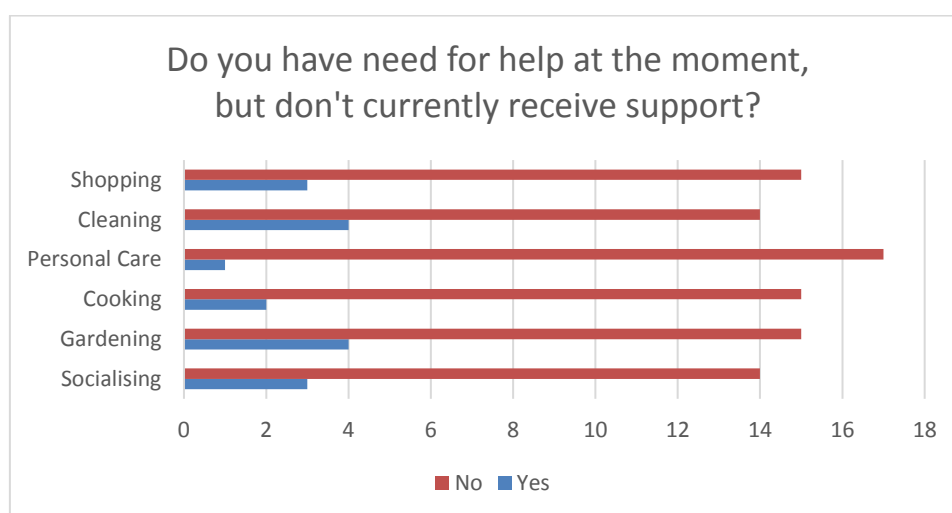
Chart 3: Use of TrustCare services in the future



Responses indicate that most of the respondents would commission TrustCare services in the future if they needed extra support to maintain their independence. A significant proportion answered 'no' but a number of these respondents offered qualitative answers indicating that they could not predict their future needs or wishes, therefore could not say definitively at this point. Some respondents indicated that they were 'happy in their own home' and felt no need for additional support, whilst other respondents noted that affordability was an issue, had local family to help them, or in relation to 'social opportunities', that there were 'too old'. As such, overall, the data presented a positive picture whereby a slight majority indicated that they would commission TrustCare in the future, but the responses also suggest that more work is needed with the residents who did not see themselves as future customers of TrustCare.

3.5 Current need

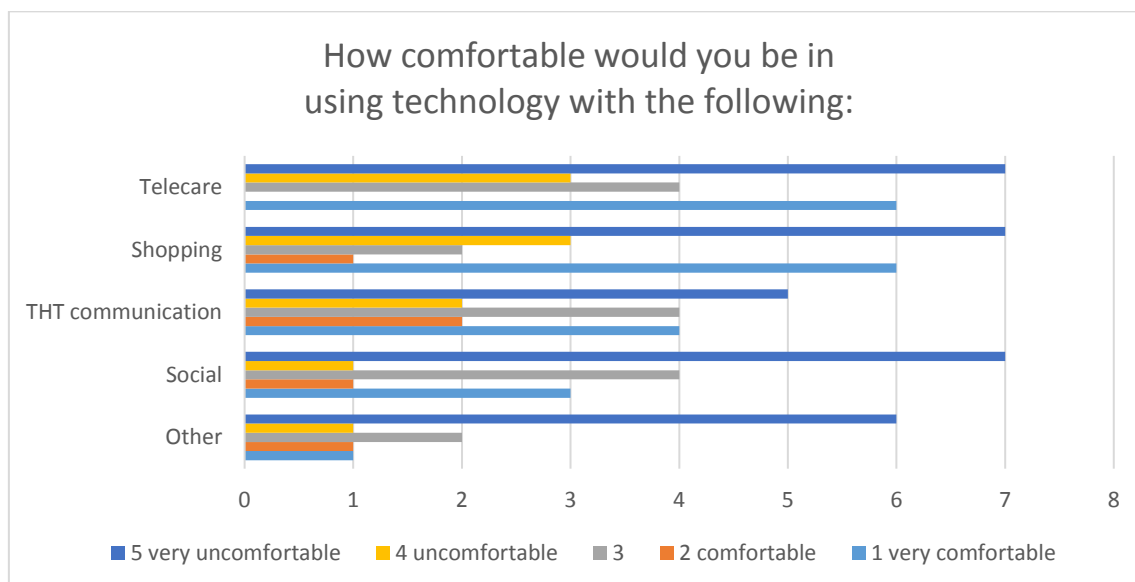
Chart 4: Current need for and use of services



Overwhelming, the majority of respondents demonstrated that they do not have current needs in relation to any of the daily activities listed. A small number of respondents opted not to answer any part of this question, whilst residents who did provide an answer, mostly they responded to each option. 'Personal care' received the most 'no' answers (n=17) with only one respondent indicating that they had a current need for help with this. The answers were fairly evenly split for the other options with 'gardening' and 'cleaning' as the most popular responses where people had a current need for help (although only four respondents indicated this).

3.6 Technology

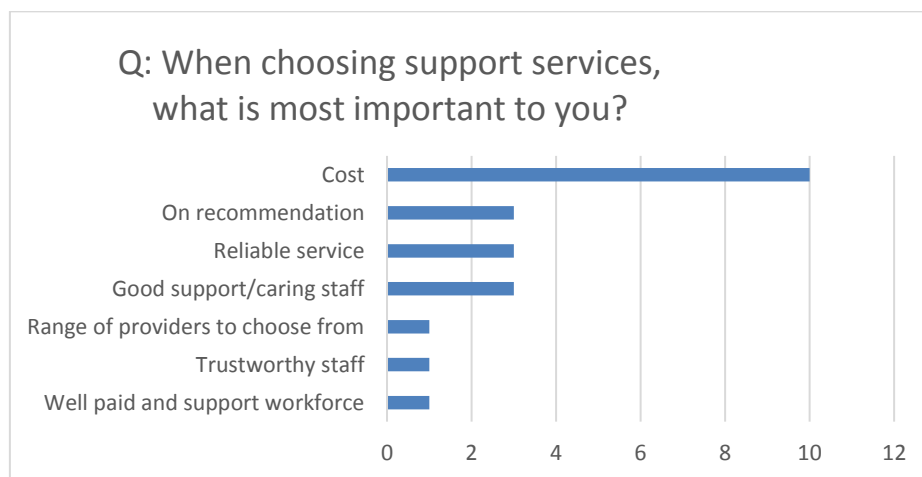
Chart 6: Use of technology



Responses to the question about perspectives on using technology (tablet computers, smart phones, apps, etc), demonstrate some divergence in respondents' feelings of ease with using technology for different activities. Whilst there is some difference between the relative comfort/discomfort in using technology, overall the responses were fairly evenly spread between comfortable/neutral/uncomfortable across the different categories of telecare, shopping, THT communication, social, and other. Importantly, the option 'very uncomfortable' received more responses (total n=32) than 'very comfortable' (total n=18). Some respondents chose 'other' offering additional commentary as in terms of being happy to use technology, for example, this could 'help with hospital appointments'. Yet, other qualitative feedback illuminated the lack of confidence and skill felt by respondents who noted that they 'need accessible equipment' and 'training', with one respondent describing himself as a 'technophobe'. Another noted how she prefers 'paper correspondence'. All-in-all, responses for this questions illustrate how technology remains something that is not wholly embraced by people belonging to the age groups of this sample in relation to different daily activities. Respondents generally reported being unaware of how technology could be used to assist independent living in their home.

3.7 Priorities in choosing services

Chart 7: Priorities in choosing services



Respondents were asked to indicate what is important to them when choosing support services such as TrustCare. Overwhelmingly, cost was cited as the most important factor with 45% of respondents noting this to be a primary concern. This perhaps reflects the socioeconomic backgrounds of THT residents of social housing. Second, respondents indicated that quality was also a consideration in terms of services being 'reliable' and 'good' and delivered by caring staff. Only one respondent felt that having a choice of services was important, with one apparently ethically motivated respondent noting how whilst 'quality of service' was of key importance, she would also be mindful that '*The staff are looked after, that is paid a decent wage with benefits and pensions*'.

4 THT residents: interviews

Following on from the survey, five face-to-face interviews were undertaken with six THT customers who do not currently use TrustCare services. Of these, four were individual interviews, two with men (Mr F and Mr A); two with women (Miss B. and Mrs H1); and one joint interview was with a couple, (Mr and Mrs H2). Participants were asked about a range of issues including: awareness of TrustCare services/marketing materials; communication; use of technology; affordability; maintaining independence (see Appendix 2 for interview topic guide). Four interviews took place in the person's home and one was conducted by telephone. It is important to acknowledge that almost all of the people in this group (apart from Mr A and Miss B) were very frail and although they had initially expressed an interest in participating in the research, at the start of the pre-arranged interview, did not appear to understand why the researcher had visited/contacted them. The researcher (a highly experienced social worker with significant experience of working with older people) noted that the people interviewed seemed to welcome the opportunity for contact with somebody, and being able to talk about their lives and support needs - although they were not currently accessing any support services. Apart from Mr A, the researcher observed that participants appeared to be very isolated.

4.1 Demographics of interview participants

Table 2: Demographics of interview participants (non TrustCare customers)

Participant	Age	Ethnicity
Mr F	82	Caribbean
Mr A	65	White British
Miss B	91	White British
Mrs H1	92	White British
Mr & Mrs H2	81 & 83	White British

4.2 Levels of awareness of TrustCare services

When asked about their levels of awareness and knowledge of TrustCare services, all respondents indicated that they had not heard of TrustCare until they received the self-completion survey from this project. This suggests that communication and marketing could be improved to target THT customers who may benefit from TrustCare services. Only Mr A expressed the view that he and his wife lived independently, without support from family or friends or support services. All of the people in this cohort had a range of support needs. Mr F had experienced four strokes which had significantly impacted on his mobility, lifestyle and general well-being. However, Mr F explained that he used an alternative service provider for a range of domiciliary services, and he felt that this company appropriately met his needs. Mrs H was partially sighted and Mr H had dementia.

4.2.1 Awareness of TrustCare marketing materials

Participants were asked about their levels of awareness of TrustCare marketing materials. Only Miss B had seen any TrustCare marketing materials/advertisements, noting that she now realised that this was part of the services offered by TrustCare:

'I received an advert about joining a membership club or something. The leaflet was very clear and straightforward. I don't want to join a club like this right now, I like my own company and living on my own – it's not the same as being lonely, but I have outlived all of my good friends'.

Mr and Mrs H2 explained that they did not leave their apartment, and that this might impact on their awareness of marketing materials/adverts. However, they expressed surprise that they had not received any information about TrustCare from THT. Mr H suggested:

'It would be good if TrustCare advertised on TV so people were aware of it'.

Mrs H1 also indicated that she rarely left her home and that this could also mean her awareness of support services could be limited as a result.

4.2.2 Communication by TrustCare

When asked about how they felt TrustCare communicated with them, Mr F and Mrs H1 indicated that communication was absent. Both Mrs H1 and Mr A suggested that THT could promote their services more widely. Mr A commented:

'I think the Trust in general could make more of an effort to keep in touch with local residents. I receive the monthly newsletter and read it from cover to cover but there is nothing in it about TrustCare'.

While Miss B indicated that communication could be improved and that as THT has a very large area to cover, that communication with individual customers could be affected:

'I think people in this area in particular are out on a limb. When I was a council tenant I could go into the Town Hall, when the Trust took over there was someone in the library to talk to on a Monday morning. I don't like the office being based in Sale as it's hard for me to get to'.

4.2.3 Use of technology

When asked about their use of technology (laptops/tablets/smartphones), only Mr A indicated that he currently used any form of technology (a basic mobile phone to keep in touch with relatives), although he described himself as 'a technophobe'. The rest of the people in this cohort did not use any technology, yet apart from Mrs H1 were unwilling to undertake any training to enable them to use it.

4.2.4 Affordability

Participants were asked whether cost/affordability would impact on their decision to use Trustcare services in the future. Mr F indicated that cost would be a consideration, but he was unable to comment on whether cost would be prohibitive as he was unaware of what they are. Mr A and Miss B suggested that cost would not be problematic, while Mrs H1 indicated that cost would be an important consideration, commenting:

'Cost would be paramount, the most important thing really'.

4.2.5 Maintaining independence

Participants were asked about how they maintained independence. Mr F explained that the support/domiciliary services he received from another company helped with personal care, but that he was able to shop for himself. Mr F felt that his ability to be independent following the four strokes he had had, was compromised significantly and he expressed some concerns about the future and his ability to maintain independence. Mr A indicated that he and his wife were able to live independently and shared domestic chores, commenting:

'I'm proud of the fact that me and my wife can still manage. We don't rely on family or friends for anything'.

Miss B explained that she had made arrangements with her solicitor regarding the future of her estate. She was currently able to manage living independently in her apartment, was able to do some housework but needed help with cleaning windows and more difficult tasks, although she did not receive any support for this. Mr and Mrs H2 were supported by their daughter, who did their shopping

and household tasks. They were also supported by their son. However, they expressed some concern about the future as their daughter has health problems of her own. Mrs H1 relied upon a family member to do the shopping and some household tasks.

4.3 Summary

From the data gathered through these qualitative interviews, it seems clear that there is limited awareness of TrustCare's services although it could be argued that the people interviewed could benefit from additional support to maintain independent living. People seemed generally unaware of marketing materials from TrustCare and had not been contacted about available services. Support for these customers appeared to be provided by family members (or was absent), and neither arrangement was wholly satisfactory for those interviewed.

5 Interviews with TrustCare customers

Interviews were undertaken with 23 current TrustCare Customers. Two were undertaken in people's homes and the remainder were conducted by telephone (at the request of participants). Customers were asked a range of questions about the services they received, including: experiences of receiving services (what works and what could be improved); barriers and enablers to accessing services; communication (what works/what could be improved); For Homecare/ Alert & Response/ Housing with support), what happens in an emergency (does it work/what could be improved); use of technology; views on how person-centred services are; relationships with care-givers; the impact of TrustCare on independence, feeling safe and secure; and well-being. Finally, participants were asked whether there was any other relevant information relating to the services they received from TrustCare. Responses are presented thematically under these headings.

Table 3: Demographic characteristics of interview participants (TrustCare customers)

Age	Gender	Ethnicity	Live alone/with partner?	Services commissioned	Positive about services received?
65	Female	White British	Alone	Alert and Response Homecare Housing with Support	Yes
62	Male	White British	Lives with partner	Alert and Response	Yes and no
79	Female	White British	Alone	Alert and Response Homecare	Yes
80	Male	Male	Alone	Alert and Response	Yes
57	Female	Caribbean	Alone	Alert and Response Support	Yes and no
60	Male	White Scottish	Alone	Alert and Response Homecare	No

77	Male	White British	Lives with partner	Alert and Response	Yes
71	Male	White British	Alone	Alert and Response	Yes
72	Female	White British	Alone	Homecare Housing with Support	No
60	Female	White British	Lives with partner	Alert and Response	Yes
73	Male	White British	Alone	Alert and Response Homecare	Yes and no
75	Female	White British	Alone	Alert and Response Housing with Support	Yes and no
82	Male	White British	Alone	Homecare	Yes and no
43	Male	White British	Alone	Alert and Response	Yes
77	Female	White British	Alone	Alert and Response	Yes and no
55	Female	White British	Two children live with her	Alert and Response	Yes
77	Male	White British	Alone	Alert and Response Homecare Housing with Support	Yes
67	Female	White British	Lives with partner	Alert and Response Housing with Support	Yes
44	Male	White British	Alone	Housing with Support	Yes
60	Male	White British	Alone	Housing with Support	Yes
63	Male	White British	Alone	Alert and Response	Yes

71	Female	White British	Alone	Alert and Response	Yes
74	Female	White British	Alone	Alert and Response Homecare	Yes
69	Male	White British	Alone	Alert and Response	Yes

5.1 Demographic characteristics of interview participants

Eleven women and 12 men were interviewed. Apart from two respondents who were White Scottish and Caribbean, the majority stated their ethnicity as White British. Twenty respondents used Alert and Response; eight used Homecare and seven had Housing with Support. Eight people used two services and one used three. The age ranged from 44 to 82 years. Nineteen people lived along, three lived with partners, and one had two children living with them. Sixteen people were positive about the services they received; five were ambivalent, stating there were elements they were happy with and others not so, and just two people were negative about the services they received from TrustCare.

5.2 Experiences of services: what works?

When asked to identify 'what works' with regard to the services they received, eight respondents indicated that they could not say, although they were generally positive about the service. One person said: *'It just works'* (M, 69, White British, lives alone), while another stated:

'They are brilliant. Everything they are doing, they are doing perfectly' (M, 44, White British, lives alone).

Another participant commented:

'They're great. I have no complaints at all about it. If you're fair with them, they're fair with you' (M, 77, White British, lives alone).

With regard to those customers who felt able to be more specific about 'what works', the following examples were given:

5.2.1 Alert and Response

Some participants felt that having this service gave them peace of mind, although they did not necessarily use it:

'The pull-cord is good...I haven't pulled it a lot though, but it's a good system' (F, 67, White British, lives with partner).

Another person indicated that it was reassuring to have someone to inform that he was managing on a daily basis:

'I use [Alert and Response] every day to let them know I'm fine' (M, 80, White British, lives alone).

Two respondents indicated that having the Alert and Response service allowed them to feel more independent, and importantly also enabled their partners to be more independent and less constrained by worrying about their well-being and safety:

'I feel more confident with the pendant and my wife feels better as she can leave me now' (M, 71, White British, lives with partner).

'My husband is my carer so I just have the pendant for when he's not around really. He's nervous about leaving me alone so it's for his benefit too really' (F, 60, White British, lives with partner).

Another customer explained that he was reassured by the regular maintenance of the system:

'TrustCare are on the ball. They come and check the system every six months' (M, 63, White British, lives alone)

5.2.2 Homecare

A customer who received Homecare services was particularly positive about the role that care-givers play, explaining that it works best when there is continuity in terms of the same care-giver visiting:

'The best thing is the carers. When I came out of hospital, they came four times a day. They're very nice and helpful and I often get the same person which is good' (F, 79, White British, lives alone).

5.2.3 Housing with support

One customer who was in receipt of Housing with Support also expressed his satisfaction with the service, explaining that it enabled him to live independently and feel safe:

'I'm happy with the service from TrustCare, it helps me be independent and secure' (M, 44, White British, lives alone).

It appears that all of these services: Alert and Response, Homecare and Housing with Support therefore, can facilitate independent living and a feeling of security and safety among customers.

5.3 Experiences of services: what could be improved?

The majority of respondents (n=16) indicated that no improvements to services were necessary, with some people stating:

'There's nothing that can be improved: they're 100%' (M, 77, White British, lives alone).

'I can't think of anything they can improve on, I think they've got it right' (F, 55, White British, lives with two children).

'I'm not sure the system can be improved. You can't expect Rolls Royce treatment these days, it's just too expensive' (F, 67, White British, lives with partner).

However, three customers indicated that communication between Homecare services, care-givers and themselves could be improved and that this would facilitate better service delivery:

'The only thing I would change is when I asked the carers to come at 10am they sometimes come at 7am' (F, 79, White British, lives alone).

'If the carer is late they should let me know' (M, 77, White British, lives with partner)

'The lady in the office didn't get the message about injections and that it's essential for the carers to come on time. It took weeks to get the message through...it was bad communication and the social worker had to sort it out' (F, 72, White British, lives alone).

One respondent suggested that it would be helpful to have more information about what services are actually on offer:

'I'd like to know more about what services are available really' (F, 57, Caribbean, lives alone)

While another customer suggested that the response times from Alert and Response could be quicker:

'They could answer more quickly when I pull the cord. It sometimes takes two or three minutes which can lead to some anxiety' (F, 75, White British, lives alone).

Areas for improvement in TrustCare services appear to centre on communication: both in terms of raising awareness of available services among customers, and also particularly in terms of coordinating visits from care-givers.

5.4 Barriers and enablers to accessing services

Most participants reported there being no barriers to accessing services and all felt unable to comment on what enabled them to do so. One customer indicated that excessive bureaucracy delayed the start of her cleaning service:

'I was trying to organise the cleaning service from January. It was supposed to start in April but the amount of paperwork meant it was the end of May' (F, 82, White British, lives alone).

While another commented that lack of knowledge of what services are available acted as a barrier to access:

'Lack of knowledge of what is available really, I'd like to know more about what there is' (F, 57, Caribbean, lives alone).

A further participant explained that his initial inability to come to terms with his disability and the subsequent need for support prevented him asking for help or engaging with support services:

'I found it hard to accept that I was disabled initially and this made things worse' (M, 60, White Scottish, lives alone).

Barriers to accessing services therefore, appear to be created in some circumstances by bureaucracy. Again, lack of awareness of services was cited as a problem and a potential barrier. In some cases, the process of coming to terms with a disability and reluctance to ask for support could also operate as a barrier.

5.5 Communication: what works and what could be improved?

When asked specifically about communication, in terms of what works and what could be improved, some customers gave positive examples of the responsiveness of TrustCare services:

5.5.1 Alert and Response & Homecare

'They call in every day to see how I am' (M, 73, White British, lives alone).

'When I range TrustCare they have been spot on. Communication has been very good on the phone. There have been no problems from my experience' (F, 67, White British, lives with partner).

5.5.2 Alert and Response

Other participants indicated that responsiveness when things go wrong and a willingness to address problems and complaints by TrustCare were also positive:

'I've not had any problems, someone didn't turn up once and I rang and they sent someone round' (F, 79, White British, lives alone).

However, two respondents had not used this service since having it:

'There have never been any reasons to call them so I don't know' (M, 63, White British, lives alone).

'I haven't had much contact with TrustCare at all' (F, 71, White British, lives alone).

Several customers indicated that they would like more communication from both Alert and Response and Homecare, suggesting that they may need additional services, feel particularly isolated or would generally benefit from more regular contact:

'It would be lovely if someone could pop round every now and again' (F, 75, White British, lives alone).

'I need more communication, phone calls would be ideal, or even emails' (F, 57, Caribbean, lives alone).

5.5.3 Homecare/Housing with Support

'There is a general lack of communication' (F, 72, White British, lives alone).

'Being told about services, someone coming out to my home and telling me about services would be ideal' (F, 72, White British, lives alone).

'It feels like the emphasis is on the customer to contact the provider and verify what is happening...There have also been some technical issues. I sometimes get a blank email that only contain a link. I can't access the link without registering for a cloud account which I don't want to do' (M, 82, White British, lives alone).

Responses to what worked and what could be improved in terms of communication seemed to vary significantly. Several customers indicated that they felt that communication could be improved both in terms of what services are available and also in relation to more regular contact about the service being delivered.

5.6 What happens in an emergency (does it work/what could be improved?)

When asked about what happens in an emergency (for Alert and Response, Homecare and Housing with Support), all respondents indicated that the service was efficient and effective. In the words of one participant: *'They respond straightaway'* (M, 77, White British, lives alone), while others indicated that services operated as they expected and needed:

'I used it when I fell and broke my wrist at Christmas, a person answers and TrustCare called an ambulance' (F, 75, White British, lives alone).

'My wife had a fall, I pressed the alarm and a paramedic came in a car and the ambulance came ten minutes later' (M, 77, White British, lives with partner).

This appeared to be the case even when there was a mistake in triggering the alert system:

'They're very good, everything works. They have called the fire brigade a couple of times, they've been false alarms but everyone knows the procedure' (M, 63, White British, lives alone).

'I pressed the button accidentally and the cat pulled on the cord. Both times they were called right away – I have no complaints' (F, 57, Caribbean, lives alone).

5.7 Technology

When asked about whether they used technology, the majority of the people interviewed explained that they only used landline telephones and basic mobiles (not smartphones). One participant commented:

'I was scared away from the internet by a phone scam so no longer use it' (M, 60, White Scottish, lives alone).

Only three people used iPads, laptops and smartphones, and only one person indicated that they would like to have training to use technology. The remainder were particularly resistant to engaging with technology. In the words of one customer:

'I don't want to use technology, it takes up too much time. You can be on it for several hours and then you don't know where the time has gone. I think it's killing society' (M, 63, White British, lives alone).

One customer described their difficulties using technology as a result of their disability:

'I have a laptop but I can't see the screen or keys properly. I find it difficult to text as well so I use the landline. If I could have new technology/gadgets, I'd use it. I would like a voice

controlled phone and use this in my communication with Trustcare' (M, 43, White British, lives alone).

While another customer explained:

'I use my phone and iPad but I prefer talking to someone as emails are too impersonal' (F, 55, White British, two children).

Therefore there appeared to be limited use of technology among this cohort, and also a lack of interest or confidence on behalf of the majority in engaging with it in the future. There was also a lack of knowledge about assistive technology among respondents.

5.8 Person-centred services

The majority of customers did not understand this question, once it was re-phrased and the researchers explained what it meant in practice, only three people said they thought TrustCare services were not person-centred. The remainder were very positive about TrustCare services being person-centred as the following excerpts illustrate:

'People call me by my name and aren't patronising at all. I find them all very nice' (F, 79, White British, lives alone).

'They know my name and always use it' (F, 57, Caribbean, lives alone).

'I feel treated very well, everyone is always very polite' (M, 77, White British, lives with partner).

'The operators know your name right away and they're always very polite' (F, 67, White British, lives with husband).

'They treat everyone individually. Some customers must be a pain but they are not treated like that' (M, 60, White British, lives alone).

Knowing and using a person's name, being friendly and polite and being treated as an individual were all factors which constituted a positive experience of TrustCare services and a person-centred approach. The small number of customers who indicated that they did not feel that TrustCare's services were person-centred commented that they did not always feel like they were treated as an individual, instead they felt like 'one of many':

'This morning I felt like one of many as I was told it takes six to eight weeks to look at a situation and the person I was talking to was very negative' (F, 71, White British, lives alone).

'I don't feel that there is a person-centred approach at all. I feel like they see me as a number'
(M, 73, White British, lives alone).

Although the study team did not ask about THT as a landlord, four customers commented on the lack of person-centredness of THT services in general terms:

'From TrustCare I feel that I have a person-centred approach but you don't get a person-centred approach from THT' (F, 75, White British, lives alone).

'TrustCare are great but it's almost impossible to get through to THT and to get past their phone system' (M, 43, White British, lives alone).

'TrustCare is definitely person-centred, staff understand my needs but THT is much less so' (F, 55, White British, two children).

'I do have complaints about things to be honest, but not about TrustCare, it's about THT in general really' (F, 71, White British, lives alone).

5.9 Views on service provided by care-givers

Customers were asked for their views on the services provided by care-givers and their relationships with them. This was an area where there appeared to be some dissatisfaction, particularly in terms of the short length of time allocated for visits and a lack of communication regarding the timings of these visits:

'I'm not happy with the carers, they get away with murder. I feel ripped off and not allowed to have an opinion. They charge me for half an hour but only stay for five minutes'. (M, 60, White Scottish, lives alone).

'It would be good if the carers could stay longer than five minutes' (M, 73, White British, lives alone).

'It's not great. Sometimes I think that the carers are not coming because they are half an hour later than expected. And then when I call TrustCare they tell me that the times have changed'
(F, 82, White British, lives alone).

While one person commented that the visits from the care-givers did not properly meet their needs as they needed support to leave their home:

'I can't get out. I could do with getting out really and the carers don't bother. They do it for a while and then stop' (M, 73, White British, lives alone).

5.10 Impact of TrustCare services on well-being/independence

The majority of the people interviewed indicated that TrustCare services positively impacted on their lives in relation to: their ability to live independently (n=11); their feelings of safety and security (n=13) enhanced general well-being (n=7)⁶. Comments from customers explain this in more detail below:

'I'm happy with the service from TrustCare, it helps me be independent and secure' (M, 44, White British, lives alone - Housing and support0.

'It's the best thing we ever did getting the pendant. It's hard to admit that you get to needing this level of support but it's the best thing we ever did' (F, 75, White British, lives alone – Alert and Response).

'I feel a lot safer and happier because of TrustCare' (F, 65, White British, lives alone – Alert and Response).

'I feel less panic now I know I just need to press the pendant if anything happens. I appreciate that they're there if I need them' (M, 60, White Scottish, lives alone– Alert and Response).

5.11 Any other comments

When asked whether there were any additional comments people wished to make, most respondents indicated that there were not. One customer commented very positively:

'The services are invaluable and I'm glad you're asking me about it' (F, 67, White British, lives with partner)

Another was also very positive, and wanted to find out more about services on offer:

'I feel like I am treated really well but I would like to know more about social opportunity' (F, 57, Caribbean, lives alone).

Two other participants returned to the theme of lack of awareness of services due to limited communication, with two commenting:

'Communication could be better' (F, 67, White British, lives with partner).

⁶ Respondents could indicate more than one option

'I'm not aware of any other things that could help. I'm not the kind of person who goes looking for help, so it would be nice if I knew what other services were available for me to use' (M, 71, White British, lives alone).

Another customer did not feel that communication with the services she received were adequate and that this contributed to feelings of isolation:

'TrustCare services are detached and not so helpful and I do feel isolated. I feel like a troublemaker and like I'm moaning when I do call TrustCare' (F, 67, White British, lives with partner).

Clearly, from the responses above, communication (about services and between services and customers) is an area to address for some customers.

6 Conclusion and Recommendations

This independent evaluation, conducted by a research team at SHUSU at the University of Salford, involved conducting consultation activities with current and potential future TrustCare customers. The aim of the evaluation was to enable TrustCare to review and plan its service delivery, ultimately in order to support customers to: improve their general well-being; benefit from personalised services; and to live independently.

The conclusion is presented under the headings of the research questions which guided the study as follows:

1. What are the needs of THT residents in relation to independent living and to what extent does TrustCare meet these needs?
 2. How effective is the current model in terms of what works well and what could be delivered differently (from the perspectives of current customers)?
 3. Do customers receive a person-centred approach?
 4. Why do some THT customers choose not to utilise the services offered by TrustCare?
 5. What impact has the four service areas of TrustCare had for THT residents?
-
1. What are the needs of THT residents in relation to independent living and to what extent does TrustCare meet these needs?

It is important to note that scope of this study was not a wholesale review of all THT's residents' current and projected needs, or of all TrustCare customers. This small scale evaluation provides insight to the needs of a sample of THT customers who use TrustCare services, and to what extent their needs are met. The study also provides insight to the views and experiences of a sample of those customers who do not use any support services and what their current and future needs are.

Based on the evidence collected, residents need support with managing household tasks, shopping and errands etc. However, it does seem apparent that some residents feel that they would benefit from increased social contact to reduce isolation. Some people interviewed did not feel that they currently needed any support, but indicated that they might benefit from this in the future. For those customers already in receipt of TrustCare services, there are several significant benefits, including: enhanced well-being; promoting independence; and increased feelings of safety and security. It is notable that

the majority of the people interviewed who were in receipt of TrustCare services were very positive about the services and the positive impact on their lives and that of their families. However, it does appear that there are some unmet needs which TrustCare services could address. Importantly too, cost (i.e. affordability) was identified as being of paramount importance to a number of customers, followed by quality and person-centred (or caring) staff.

2. How effective is the current model in terms of what works well and what could be delivered differently (from the perspectives of current customers)?

In the main, TrustCare customers were very positive about the services they received. Alert and Response in particular seemed to operate efficiently if there was an emergency. Customers also expressed satisfaction with Homecare services and Housing with Support (note however, that no users of Be Social participated in this study). The most significant issue to arise regarding what does not work so well, is the apparent limited knowledge of available services (for customers who do not use TrustCare in particular, but also for those who do use some form of support service). The main theme running through customers' responses was the importance of appropriate and regular communication: services were experienced positively when communication was good, i.e. frequent and person-centred and conversely, customers expressed dissatisfaction when communication was limited or they felt that they were 'just a number'. People indicated that they were unaware of available services, so enhancing such awareness could be beneficial, and also some users of TrustCare suggested that increasing communication from service providers would also be beneficial to them. The vast majority of participants did not use technology, nor were they willing to engage with it in the future, so this is perhaps not an urgent priority for THT at the moment for this cohort. However, as future populations who are more familiar/comfortable with technology age and need support to live independently, this will be an issue for THT/TrustCare.

3. Do customers receive a person-centred approach?

The majority of customers felt that they received a person-centred approach from TrustCare services. This was thought to be evidenced through the attitudes and behaviour of staff (particularly front line staff and care-givers) and through frequent and appropriate communication. Customers who reported a lack of person-centredness, indicated that this related more to THT in general than to TrustCare services.

4. Why do some THT choose not to utilise the services offered by TrustCare?

The evidence gathered suggests that a lack of awareness of TrustCare services is the main reason why people do not engage with TrustCare services. Others indicated that they did not feel they needed such services at this point in their lives, while others were supported by family members.

5. What impact has the four service areas of TrustCare had for THT residents?

It is clear that Alert and Response, Homecare and Housing with Support services positively impact on residents' well-being, ability to live independently and feelings of safety and security.

6.1 Recommendations

Marketing/awareness of services: Publicise availability of TrustCare services widely among potential customers and family members: this could be done via social media (to target family members); local radio/tv channels; leafleting and public engagement events.

The need for a robust evidence base: Routinely enquire about/gather evidence of customers' current and future support needs: this could be part of general communication with THT and current TrustCare customers about other matters. This could be supplemented with existing organisational customer profiling data.

Communication Strategy: For raising awareness of services and also to review communication arrangements between Homecare (care-givers) to improve efficiently and person-centredness of services.

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8 Appendices

8.1 Appendix 1

Understanding Trafford Housing Trust (THT) residents: a consultation on TrustCare (independent living services)

TrustCare is part of Trafford Housing Trust and provide support to enable you to live independently. This questionnaire seeks your thoughts and views about the services TrustCare provides.

Alert & Response offers a 24 hr telecare service support service; customers can choose the level of service ranging from a pendant alarm to tracking devices which can assist with caring for customers with dementia.

Homecare is a registered care service offering social and personal care which can include support with household tasks, shopping, washing and dressing. They can also assist with exploring possible funding for example Carers Allowance.

Housing with Support offers you independence in your own home with the addition of care and support should you need it with scheme managers on hand, as well as our Alert & Response team.

Social Opportunities - TrustCare offers a range of social events, such as theatre trips and exercise classes, these could either be at one of our sheltered schemes or as part of our membership club for over 50's - *Be Social*.

Your answers will be confidential and as a thank you for your time you will be entered in to a prize draw for £50.00 worth of shopping vouchers. If you would be happy to take part in an individual 1:1 interview; we will reward you with a £10 shopping voucher for your time. Please fill out your details below.

Name:	
Address:	
Contact Telephone Number:	
Email Address:	
1:1 Interview: Yes/No	

Please complete the questionnaire and return in the Self-Addressed Envelope enclosed by the 11th August 2017.

We'd like to understand a little bit more about you; please tell us your:

Age:

Gender.....

Ethnicity:

Type of property that you reside in (i.e. house, flat, sheltered):.....

Do you consider yourself to have a disability? If yes, please give details:

.....

Do you consider yourself to have a health condition? If yes, please give details:..

.....

- 1) Prior to us contacting you, were you aware of any of the services that TrustCare provides? Please tick:

	Yes	No
Alert and response		
Homecare		
Housing with support		
Social Opportunities		

- 2) In the past or currently, have you used any of these types of services/activities? Please tick:

	Yes	No
Alert and response / telecare		
Homecare / personal care and support		
Housing with support		
Social Opportunities /social clubs / community outings		

If you've answered yes, please can you tell us who provides these services for you: (Name of Provider)

Why do you like their service?

- 3) Do you think that you may use one of the TrustCare services in the future?
Please tick:



	Yes	No
Alert and response		
Homecare		
Housing with support		
Social Opportunities		
If you have answered No to any of the above, please can tell us why?		

- 4) Do you have need for help at the moment, but don't currently receive support?

	Yes	No
Shopping		
Cleaning the house		
Personal care		
Cooking		
Gardening		
Getting out and socialising		
If you've ticked any of the above, would you like us to contact you with more details?		
<div>Yes</div> <div>No</div>		

TrustCare is always looking for new and innovative ways to help customers remain independent, we currently offer lots of equipment that can help you do this.

As we look at other options is it clear that more and more equipment relies on technology such as tablet computers, smart phones and app's. With that in mind, how comfortable would you be with using technology to:

	 1 very comfortable – very uncomfortable 				
Telecare – help getting out and about for example using an app to track where you are or give you direction.	1	2	3	4	5
Shopping	1	2	3	4	5
Keeping in touch with THT	1	2	3	4	5
Social Events	1	2	3	4	5
Other- please specify	1	2	3	4	5
If you have answered any questions about feeling uncomfortable, what could we do to help you feeling more comfortable?					

5) When choosing support services; what is most important to you (for example, cost, someone recommended, etc)?

Thank you for your contribution!
You will now be entered into a prize draw to win £50 in shopping vouchers.

8.2 Appendix 2 - Interview topic guide for non-TrustCare customers

Question 1 Are you aware/not aware of TrustCare Services? If so, how?

Question 2 Have you seen marketing materials and/or advertisements about their services?

Question 3 How do you feel TrustCare communicates with you?

- What works well?
- How could TrustCare improve?

Question 4 How do you feel about using technology?

- For example, Tablet/computer/smartphone/apps?

Question 5 Would you be willing to undertake some training to enable you to use technology? What type of training do you need?

Question 6 Is your decision to use TrustCare services based upon affordability? If yes what are your concerns?

Question 7 How do you maintain your independence whilst living in your property?

8.3 Appendix 3 - Interview/focus group Schedule: customers of TrustCare

Title of study: Understanding Customers at THT: a consultation on independent living services

Personal information

- age, ethnicity, family role/dependents
- which service do you commission:
 - Alert and response;
 - homecare;
 - housing with support;
 - social opportunity

Trustcare services

- Experiences of receiving services:
 - what works
 - what could be improved
- Barriers and enablers to accessing services
- Communication – what works/what could be improved?
- (For Homecare, or Alert & Response, or Housing with support) What happens in an emergency? Does it work/what could be improved?
- Technology – do you use any technology (phone/emails) – would you like to for (shopping, keeping in touch with TrustCare, making changes to your arrangements etc)
- Person-centred practice – in what ways do you feel that you get a p-c approach?
- Relationships with carers/stuff – what works/what could be better?
- Do you feel that the support from TrustCare helps you to be:
 - Independent
 - Feel safe and secure
 - Enhances your well-being?
 - Anything else?
- Is there anything else you think is relevant?

8.4 Appendix 4 – participant invitation letter

27 June 2017

Dear invited participant

Title of study: Understanding Customers at Trafford Housing Trust: a consultation on TrustCare services

Name of Researchers: Mark Wilding, Julie Lawrence and Caroline Jones

We are writing to you about a consultation that we are conducting for Trafford Housing Trust (THT) regarding TrustCare. THT has identified you as a customer of TrustCare and somebody who may be interested in taking part and sharing your opinions with us. We are keen to know what works and what does not work so well in order that TrustCare can review its services and make sure that they meet customer's needs. We would be very happy if you would take part in this consultation.

Before you decide whether you will take part, you need to understand why this project is being undertaken and what we will be asking you to do. Please take time to read the attached information sheet. If anything is not clear or you would like more information please contact me using the contact details on the attached sheet, or telephone on 0161 295 2185. If you would like to participate, please contact me to make arrangements.

Yours sincerely

Mrs Victoria Morris on behalf of

Dr Anya Ahmed, Head of Social Policy, School of Health and Society, University of Salford

8.5 Appendix 5 - CONSENT FORM

27 June 2017

Version 1

Title of study: Understanding Customers at Trafford Housing Trust: a consultation on Independent Living Services

Name of Researcher:

Please complete and sign this form **after** you have read and understood the participant information sheet. Read the statements below and answer yes or no, as applicable, in the box on the right-hand side.

- | | | |
|----|---|--|
| 1. | I confirm that I have read and understand the participant information sheet (Version 1 dated 27.6.2017), for the above project. I have had opportunity to consider the information and ask questions which have been answered to my satisfaction. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |
| 2. | I understand that taking part is voluntary and that I am free to withdraw at any time, without giving any reason, and without my rights being affected. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |
| 3. | If I do decide to withdraw I understand that the information I have given, up to the point of withdrawal, may be used in the research | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |
| 4. | I agree to take part by being interviewed, which will be audio (sound only) recorded. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |
| 5. | I understand that my personal details will be kept confidential by the researcher. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |
| 6. | I understand that my anonymised contribution will be used in the research report, other academic publications and conferences presentations. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |
| 7. | I agree to take part in the study. | <div style="border: 1px solid black; padding: 2px; text-align: center;">Yes/No</div> |

Name of participant

Date

Signature

Name of person taking consent

Date

Signature