

Questionnaire to understand how technology may be able to help support the care needs of people living at home



*Research project led by Aston University and funded by the Ministry of
Housing, Communities, and Local Government in England*

[Link to online questionnaire: www.egrist.org/ldf-people](http://www.egrist.org/ldf-people)

1 Introduction

Aston University invites you to take part in a research project funded by the Ministry of Housing, Communities and Local Government.

All information you provide is entirely anonymous and no stored information can or will be traced back to you.

Before you decide if you would like to participate, please read the information about the questionnaire carefully, which you are welcome to discuss with others.

If there is anything that is not clear or if you would like more information before you make your decision, feel free to contact one of the researchers whose details are given in Section 1.6.

1.1 What is this research about?

The research is aimed at people aged 55 or over who receive home care support but we would like to know your views even if you are not yet 55 or receiving any support at the moment.

We are interested in your views and experience of using technology at home. This is to help identify opportunities where technology might enhance the quality of life and independence of home-care recipients.

‘Technology’ is a general term that covers a range of electronic devices and systems that help people perform tasks that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed. Computers, smart phones, and the internet are examples of technology.

This research involves completing a questionnaire which includes questions about the type of support you may need at home; the type of technologies, if any, that you use; and your views on the use of new technologies to support people to live at home. The questionnaire should take no more than 30 minutes to complete.

The questionnaire is completely anonymous. It does not include any questions that can identify you and therefore we will not be storing any personal information about you.

Your involvement in this research is voluntary. Taking part in the study is NOT an assessment of your care needs and will NOT in any way affect the support you currently receive. If you choose not to take part it will NOT affect the services you receive.

1.2 How the results will be used

We will use your views to help us write a report for the Ministry of Housing, Communities and Local Government Local Digital Fund, which will also be made available to interested councils. The results may also be used for further research and analysis and published in scientific journals or conference proceedings. If the results of the study are published, they will not be able to identify you because we do not store any personal data about you. This means we are unable to provide you with copies of reports but they will be made accessible from the questionnaire website.

The aim of the report is to help councils and other care providers to identify where technology might be able to enhance the quality of life and promote the independence of people living at home with care needs.

1.3 Who is leading the study?

Aston University is the lead organisation for this study and responsible for looking after the data.

1.4 Who has reviewed the study?

The study was given a favourable ethical opinion by the Aston University Research Ethics Committee.

1.5 What if I have a concern about my participation in the study?

If you have any concerns, please speak to the research team identified below and they will do their best to answer your questions.

If the research team are unable to address your concerns or you wish to make a complaint about how the study is being conducted you should contact the Aston University Director of Governance, Mr. John Walter, j.g.walter@aston.ac.uk or telephone 0121 204 4869.

1.6 Research team contacts

If you would like to discuss this research with someone, please contact:

Dr Christopher Buckingham: Email, c.d.buckingham@aston.ac.uk; Tel, 0121 204 3450.

Dr Lilit Hakobyan: Email, l.hakobyan2@aston.ac.uk; Tel, 0121 204 3000.

Thank you for taking time to read this information and for completing the questionnaire if that is what you choose to do.

2 Questionnaire

ABOUT YOU

1. What is your gender?

- Male
- Female
- Other

2. What is your age?

- 54 or younger
- 55-64
- 65-74
- 75-84
- 85+

3. What is your ethnic group?

- White - English/Welsh/Scottish/Northern Irish/British
- White - Any other White background (write in) _____
- Mixed/multiple ethnic groups
- Asian/Asian British
- Black African/Caribbean/Black British
- Other ethnic group

Please state:

- Prefer not to say

4. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

- Yes
- No
- Prefer Not to Say

5. If yes, do any of these conditions or illnesses affect you in any of the following areas? (Select all that apply)

- Vision (e.g. blindness or partial sight)
- Hearing (e.g. deafness or partial hearing)
- Mobility (e.g. walking short distances or climbing stairs)
- Dexterity (e.g. lifting and carrying and carrying objects, using a keyboard)
- Learning or understanding or concentrating
- Memory
- Mental Health (e.g. depression, anxiety)
- Stamina or breathing or fatigue
- Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Aspergers syndrome)
- Other

Please state:

6. What is the highest level of educational qualifications for which you received a certificate?

- No qualifications
- Certificates normally passed by the age of 16 (e.g. O level, CSE, GCSE)
- Certificates normally passed at the age of 18 (e.g. A level, BTEC, VCE)
- Higher education certificates (e.g. from a university, polytechnic, or other equivalent institution)

7. Where do you live?

- City/Suburb
- Town
- Village
- Rural or remote from other houses

8. Who do you live with (select all that apply)?

- Nobody (I live alone)
- Spouse/partner
- Other family members/relatives
- Friends/non-relatives
- Paid caregiver
- Someone under the age of 18

CARE AND SUPPORT AT HOME

By **home care worker** we mean someone who is paid, for example by a Council, to provide help in the home with daily life.

9. What is the maximum number of visits you receive from a home care worker in a day?

- Never visited by home care worker
- One visit a day
- Twice a day
- Three times a day
- Four times or more in a day

10. What does your home care worker help you with? (Select all that apply)

- I don't receive any help from a home care worker
- Getting up/going to bed
- Washing/bathing
- Dressing/undressing
- Using the toilet
- Preparing meals/snacks/drinks
- Eating
- Drinking
- Taking medication
- Reminders/prompts to take medication, to eat or to drink
- Laundry
- Cleaning/tidying around the home
- Shopping
- Sitting service
- Going out e.g. to shops, bank, social events etc
- Other

Please state:

11. Do you or your family pay for someone to help you at home?

- Yes
- No

12. Do you have help with any of the following from an informal carer? An informal carer includes any person, such as a family member, friend or neighbour, who provides regular help without payment. (Select all that apply)

- I don't receive any help from an informal carer
- Getting up/going to bed
- Washing/bathing
- Dressing/undressing
- Using the toilet
- Preparing meals/snacks/drinks
- Eating
- Drinking
- Taking medication
- Reminders/prompts to take medication, to eat or to drink
- Laundry
- Cleaning/tidying around the home
- Shopping
- Going out e.g. to shops, bank, social events etc
- Other

Please state:

13. Do you feel safe in your own home (think about burglary, fraudulent visitors, unwelcome guests, etc)?

- I feel absolutely safe in my own home
- I mostly feel safe in my own home
- I sometimes feel safe at home
- I never feel safe at home

**If you do not feel safe at home, please raise this with the home care provider or, if you do not have one, an appropriate alternative care service.*

14. What help at home, that you do not already receive, would make the greatest difference to your quality of life and independence? (Please identify up to a maximum of 3 things you would like help with)

(a)

(b)

(c)

YOUR HEALTH

15. How would you describe your health status?

- Very good
- Good
- Fair
- Poor
- Very poor

16. Have you fallen over or lost your balance at home in the last year?

- No, I am very steady
- Yes, occasionally (a few times a year)
- Yes, quite often (at least monthly)
- Yes, very often (at least weekly)

**If you have fallen over or lost your balance at home in the last year, please raise this with the home care provider or, if you do not have one, an appropriate alternative care service.*

17. Do you ever feel lonely?

- I never feel lonely
- I sometimes feel lonely
- I often feel lonely
- I always feel lonely

USE OF TECHNOLOGY

18. Are you interested in learning how technology might help you?

- Yes, I always want to learn
- I am interested in learning some things
- I don't want to learn anything any more

19. Do you use any of the following technology in your own home (select all that apply)?

- Desktop or laptop computer
- Tablet computer (wireless touch screen personal computer that is smaller than a notebook but larger than a smartphone)
- Smart television (one connected to the internet and allowing you to interact with services)
- Motion sensors (sensors that monitor activity e.g. door/bed sensors, Just Checking etc)
- Personal emergency alarm (e.g. Telecare, Careline pendant etc)
- Smart phone/iPhone (i.e. a mobile phone with a touch screen display)
- Voice-activated virtual assistant (e.g. Amazon Echo and Alexa)
- Wearable fitness trackers (i.e. devices you wear to track your health and fitness)
- I don't use any of the above

20. If you had access to the right technology and knew how to use it, what would you want it for (select all that apply)?

- Access to health services and advice
- Staying in touch with friends and family
- Contacting public services
- Contacting my home care worker/care provider
- Access to cultural activities
- Shopping
- Access to people who can help with household jobs (repairs, maintenance etc)
- Other

Please state:

21. How would you describe your general level of technical knowledge?

- I can understand pretty well any information technology
- I am confident that I will be able to use most technology
- I have reasonable knowledge and can do things like sending emails, interacting with social media, using packages for creating documents and spreadsheets, etc.
- I know a bit but am only really able to do basic things like search the web and buy things online
- I don't know anything about technology

22. Would you be interested in using any ‘smart’ gadgets that can track your activity and wellbeing (e.g. iphone/smart phone, activity sensor, sleep monitor, physiological monitors for heart rate, blood pressure)?

- Yes, absolutely
- Yes, depending on what they measure and how they work
- Not really, unless somebody can give me some good reasons
- Definitely not
- I don’t understand what is meant by ‘smart’ gadgets

23. Would you be interested in technology that helps care for you in your own home and makes it less likely that you will need to go into residential care?

- Yes, definitely
- Possibly, depending on what it is and how it works
- No, definitely not

24. What, if anything, would prevent you from using technology at home to help with care needs?

Please state:

25. What, if anything, would encourage you to use technology at home to help with care needs?

Please state:

26. What support, if any, do you think you would need to use technology at home?

Please state:

27. What would be your view if technology was available that could be used instead of a visit by a home care worker?

- I would definitely be interested in this
- I would possibly be interested in this, depending on what the technology was and how it worked
- I would definitely not be interested in this

SHARING INFORMATION

28. Some technology collects data about your health and lifestyle that can be traced back to you because you are personally identified by the information.

Would you agree to share such personal information with the following people or services? *For each one, please select the appropriate box*

GPs (General Practitioners)	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
NHS organisations	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Selected family members	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Formal, paid carers	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Informal carers	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No
Social care services	<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe	<input type="checkbox"/> No

29. What, if anything, would be your main concern about sharing information that identifies you?

Please state:

Thank you very much for taking the time to answer our questionnaire. If you would like to provide us with any additional information or comments, please email one of the researchers whose details are at the start of the questionnaire or add it below.

Any other comments: