Introduction

This new publication presents brief summaries of work carried out at the PSSRU at the University of Kent, joining the Research Bites series of newsletters produced by the LSE branch of the unit. Previous issues can be accessed at our website at www.pssru.ac.uk/rb.htm.

Our aim is for this newsletter to offer a quick round-up of the varied work we do at the Kent branch of the PSSRU. It should be seen as a complement to the website, our annual Bulletin, short summaries and longer reports – many of which are available for download. We would be very interested to have feedback (critical or positive) on these publications, to help us provide the information you need.

The PSSRU benefits from having branches at three UK universities: at Kent, at the University of Manchester and at the London School of Economics. Many research projects are developed jointly and some staff work at more than one branch.

We also collaborate with other research institutions on major evaluations. One important example is the national evaluation of the Individual Budget pilots which published its report in October 2008. The forthcoming PSSRU Bulletin will have an article on this, and you can also find out more and download the report or a summary at the PSSRU website.

Acknowledgements

This issue of Research Bites has been compiled by Roz Bass, Glenys Harrison and Nick Brawn and produced by Nick Brawn from a design by Sarah Moncrieff of Westminster European (westminster.european@btinternet.com).
Costs, Quality and Outcomes

The programme aims are: to develop and improve the measurement of costs, quality and outcomes; to investigate factors associated with variations in costs, quality and outcomes of services and contribute to our understanding of how it is possible to improve efficiency while maintaining or improving key aspects of quality and outcome; and to enhance the value of both research and routine statistical information for monitoring, evaluative and ongoing policy purposes.

Housing and Care: Care Homes and their Alternatives

This work investigates the implications and potential of current developments in housing and care for the welfare of older people and the efficient use of resources. In particular, the projects look at the feasibility, affordability, desirability and implications of moves away from care homes towards alternative housing and care options. To what extent do developments such as extra care housing deliver improved outcomes and at what cost? What are the implications for care homes?

Currently, the main focus of the programme is on alternative settings to care homes, particularly extra care housing, the characteristics of these settings and how they affect older people in need of care and support. Preliminary work involved a scoping project, which tracked the development of extra care housing, and the research team is now conducting an evaluation of schemes supported by the Department of Health’s Extra Care Housing Fund.

The PSSRU also coordinates the Housing and Care for Older People Research Network (www.hcoprnet.org.uk).

Services for Children and Young People

Focusing on children and young people who have additional needs and who use specialist services alongside universal supports, this programme brings an economic perspective to studies of cross-agency service provision and use of services. It has its roots in the earlier Economics of Social Care programme but reflects the broader vision found in the Change for Children policy agenda. Current research includes exploring support for disabled children, mental health services, adoption services, specialist foster care, and the interfaces between health, education and social care. Strong links are maintained with the PSSRU Mental Health Economics and Policy programme and the Centre for the Economics of Mental Health at the Institute of Psychiatry, London.

For further information on the PSSRU or any of its research projects visit www.pssru.ac.uk or contact pssru@kent.ac.uk
Organisation and features of hospital, intermediate care and social services in English sites with low rates of delayed discharge

Matt Baumann, Sherrill Evans, Margaret Perkins, Lesley Curtis, Ann Netten, José-Luis Fernández and Peter Huxley (2007) Health and Social Care in the Community, 15, 4, 295–305

In recent years, there has been significant concern, and policy activity, in relation to the problem of delayed discharges from hospital. Key elements of policy to tackle delays include new investment, the establishment of the Health and Social Care Change Agent Team, and the implementation of the Community Care (Delayed Discharge) Act 2003. Whilst the problem of delays has been widespread, some authorities have managed to tackle delays successfully. The aim of the qualitative study reported here was to investigate discharge practice and the organisation of services at sites with consistently low rates of delay, in order to identify factors supporting such good performance. Six ‘high performing’ English sites (each including a hospital trust, a local authority, and a primary care trust) were identified using a statistical model, and 42 interviews were undertaken with health and social services staff involved in discharge arrangements. Additionally, the authors set out to investigate the experiences of patients in the sites to examine whether there was a cost to patient care and outcomes of discharge arrangements in these sites, but unfortunately, it was not possible to secure sufficient patient participation. Whilst acknowledging the lack of patient experience and outcome data, a range of service elements was identified at the sites that contribute to the avoidance of delays, either through supporting efficiency within individual agencies or enabling more efficient joint working. Sites still struggling with delays should benefit from knowledge of this range. The government’s reimbursement scheme appears to have been largely helpful in the study sites, prompting efficiency-driven changes to the organisation of services and discharge systems, but further focused research is required to provide clear evidence of its impact nationally, and in particular, how it impacts on staff, and patients and their families.

Social services support and expenditure for children with autism

Andrew Bebbington and Jennifer Beecham (2007) Autism, 11, 1, 43–61

This article provides information about children with autism who are supported by English social services departments based on the Children in Need Survey 2001 (CIN2001). In 119 authorities, 6310 children were recorded as having a diagnosis of autism or related conditions, probably about one-quarter of all children with such diagnoses and about half of those actually supported. Demographically, this group appears similar to children with autism generally: there are more boys than girls, and learning, communication and behaviour difficulties are common. CIN2001 shows that mean social services support costs tend to be quite high, particularly compared with other disabled children. There are very considerable variations between social services departments in reported numbers and spending. It is unlikely that this variation can be attributed to the prevalence of autism, and more likely that it reflects the case recognition and service provision policies of local agencies.

The costs of key worker support for disabled children and their families


Background Key workers provide a single point of contact for disabled children and their families, supporting them and facilitating access to other services. Key worker services appear to generate good outcomes for families, and provision is encouraged through central government policy. Recent increases in key worker provision have been accompanied by a proliferation of delivery models yet there is very
little information on their costs.

**Methods** Within a study identifying which service characteristics generate good outcomes for families, unit costs for seven key worker services were estimated. Informed by economic theory, the estimates drew on data from managers, finance departments and other publicly available sources. Data on the frequency and duration of contact with key workers were obtained from families and combined with the service-specific unit costs to arrive at the contact cost per family. The variations in the costs of supporting families were explored.

**Results** On average, key worker contact with disabled children and their families cost £151 over a 3-month period. Contact costs were found to vary with the level of the child’s disability and the number of role aspects that key workers performed. This latter variable was associated with improved outcomes.

**Conclusion** The low response rate to the questionnaire and absence of data on the costs of other elements of the families’ support packages may limit generalisation from this study. Even so, such findings can help inform managers and planners about allocation of their scarce resources. Good-quality services appear to cost more but the relationship between cost, quality and outcomes is not a simple one.

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The costs of training a nurse practitioner in primary care: the importance of allowing for the cost of education and training when making decisions about changing the professional mix


**What is already known on this topic**
Cost containment through the most effective mix of staff achievable within available resources and organisational priorities is of increasing importance in most health systems. However, there is a dearth of information about the full economic implications of changing skill mix. In the UK a major shift in the primary care workforce is likely in response to the rapidly developing role of nurse practitioners and policies aimed to encourage GP practices to transfer some of their responsibilities to other, less costly, professionals. Previous research has developed an approach to incorporating the costs of qualifications, and thus the investment required to develop a skilled workforce, for a variety of health service professionals including GPs.

**What this study adds**
This paper describes a methodology of costing nurse practitioners that incorporates the human capital cost implications of developing a skilled nurse practitioner workforce. With appropriate sources of data the method could be adapted for use internationally. Including the full cost of qualifications results in nearly a 24 per cent increase in the unit cost of a Nurse Practitioner. Allowing for all investment costs and adjusting for length of consultation, the cost of a GP consultation was nearly 60 per cent higher than that of a Nurse Practitioner.

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Free personal care in Scotland: a narrative review


The advent of free personal care for older people was a defining moment in the development of UK political devolution. After all the controversy surrounding the 1999 Royal Commission on Long Term Care, Scotland’s decision to implement the main recommendations of the Sutherland Committee was a decisive break from Whitehall’s approach and seemed to offer a key opportunity to learn from the implications of this policy for an English context. Against this background, this paper summarises the origins, nature and impact of free personal care, providing a narrative review of the policy to date.
Key worker services for disabled children: the views of parents


This study reports the findings from 68 interviews with parents of disabled children who are users of seven key worker schemes in England and Wales. The interviews which lasted for one hour each, were tape-recorded, transcribed and analysed according to both *a priori* and emerging themes. The findings from this study have implications for policy and practice, for example, the necessity of protected time for key workers, the necessity of conveying clear information about the key worker’s role, the importance of access to training and information for the key worker, the need for key workers to be proactive, and the need for them to be involved in care plan and review meetings.

Using older home care user experiences in performance monitoring


Home care services play a fundamental role in England in supporting older and disabled people in their own homes. In order to identify and monitor the degree to which these services are providing good quality services, in 2003 the government required all councils with social services responsibilities (CSSR) to undertake user experience surveys among older service users. The questionnaire was required to include four questions, two of which were designed to be used as Best Value Performance Indicators (BVPI) reflecting the quality of home care of older people. Thirty-four local authorities participated in an extension study providing data from 21,350 home care users. The aim of the study was to answer three questions: (1) Do the performance indicators reflect home care quality? (2) Are the performance indicators using the most appropriate cut-off points? (3) What are the underlying constructs of home care quality? Evidence was found to support the use of two of the performance indicators and the current cut-off point being used for the satisfaction indicator. Factor analysis identified indicators of important dimensions of quality that were associated with overall satisfaction.

Gaining satisfaction? An exploration of foster-carers’ attitudes to payment

Derek Kirton, Jennifer Beecham and Kate Ogilvie (2007) *British Journal of Social Work*, 37, 7, 1205–1224

The payment of foster-carers has long been controversial, reflecting both philosophical debates as to whether fostering should be a voluntaristic or professional activity and concerns about placement provision and service delivery for children. Although many research studies have touched upon the question of foster-carers’ satisfaction with payments, this has not been explored in any depth. Drawing on findings from a study involving 1,181 foster-carers in twenty-one agencies, this article attempts to provide such an analysis with four main objectives. These comprised: examining associations between attitudes towards payment and demographic, socio-economic and fostering career variables; comparing responses between carers based in local authorities (grouped according to levels of payment and performance criteria) and independent agencies (IFAs); gauging the influence of carers’ ‘orientations’ towards foster-care as a ‘professional’ task; and analysing payments in terms of their different components, such as fees, maintenance and certain designated expenses. Among many detailed findings to emerge were the generally low level of satisfaction among local authority carers, especially in comparison with their IFA counterparts and the growing support among carers for salaried status. There was mixed evidence on links between attitudes towards remuneration and the performance of agencies.
A randomized controlled trial of family therapy and cognitive behavior guided self-care for adolescents with bulimia nervosa and related disorders


**Objective**
To date no trial has focused on the treatment of adolescents with bulimia nervosa. The aim of this study was to compare the efficacy and cost-effectiveness of family therapy and cognitive behavior therapy (CBT) guided self-care in adolescents with bulimia nervosa or eating disorder not otherwise specified.

**Method**
Eighty-five adolescents with bulimia nervosa or eating disorder not otherwise specified were recruited from eating disorder services in the United Kingdom. Participants were randomly assigned to family therapy for bulimia nervosa or individual CBT guided self-care supported by a health professional. The primary outcome measures were abstinence from bingeeating and vomiting, as assessed by interview at end of treatment (6 months) and again at 12 months. Secondary outcome measures included other bulimic symptoms and cost of care.

**Results**
Of the 85 study participants, 41 were assigned to family therapy and 44 to CBT guided self-care. At 6 months, bingeeing had undergone a significantly greater reduction in the guided self-care group than in the family therapy group; however, this difference disappeared at 12 months. There were no other differences between groups in behavioral or attitudinal eating disorder symptoms. The direct cost of treatment was lower for guided self-care than for family therapy. The two treatments did not differ in other cost categories.

**Conclusions**
Compared with family therapy, CBT guided self-care has the slight advantage of offering a more rapid reduction of bingeeing, lower cost, and greater acceptability for adolescents with bulimia or eating disorder not otherwise specified.

The costs of what? Measuring services and quality of care


If we are to be able to reflect the cost implications of changes in the nature, quality and productivity of long-term care interventions in future projections, we need an approach to measurement that reflects the value and quality of care. This paper describes a theoretically-based but pragmatic approach to identifying the welfare gain from government expenditure on social care and illustrates an application in projecting the costs of long-term care used in the Wanless review of future needs of social care for older people in England.

Provider and care workforce influences on quality of home care services in England


A key trend in home care in recent years in England has been movement away from ‘in-house’ service provision by local government authorities (e.g., counties) towards models of service commissioning from independent providers. A national survey in 2003 identified that there were lower levels of satisfaction and perceptions of quality of care among older users of independent providers compared with in-house providers. This paper reports the results of a study that related service users’ views of 121 providers with the characteristics of these providers. For the most part, characteristics associated with positive perceptions of quality were more prevalent among in-house providers. Multivariate analyses of independent providers suggested that aspects of the workforce itself, in terms of age and experience, provider perceptions of staff turnover, and allowance of travel time, were the most critical influences on service user experiences of service quality.
Evaluation of Somerset’s Partnership for Older People Project: Interim Report

Ann Netten, Karen Jones and Lyn James
(PSSRU Research Summary 46, November 2007, www.pssru.ac.uk/pdf/rs046.pdf)

STAGE 1 OF THE EVALUATION

Background
As part of government reforms the Department of Health (DH) is piloting a two year initiative that focuses on the health and well-being of older people. The DH Partnership of Older People Project (POPP) challenges conventional ways of working in health and social care on a number of fronts, particularly the wide age range of those being targeted which starts at age 50. POPP was implemented in two rounds. Somerset was one of the first round sites. The Somerset POPP proposal had two main aims. The first focused on the health and well-being of the local population who were aged 50 and over by developing 50 Active Living Centres (ALC) across five districts of the County. The second was to develop a new coordination service that identified older people at risk of falling. As a condition of DH POPP funding local evaluators were engaged who would work closely with a national evaluation that had also been commissioned. Somerset POPP recently completed the first year of the pilot. This report summary focuses on some of the initial findings of the first aim of the Somerset proposal and first stage of the evaluation.

Methods
The study used three data collection methods for stage one. These were: a questionnaire developed jointly by the national and local evaluators; observations at ALCs; and in-depth interviews with ALC leaders, volunteers and users. A total of 171 respondents completed the questionnaire (a response rate of 80%), six ALCs were selected to observe, and 19 interviews were conducted with leaders, volunteers and users.

Results
Overall, when looking at the characteristics of ALC users, the majority were white females aged between 65 and 75 who were either married or widowed. One-fifth of the sample were male. The health and physical ability of users was mainly very good. Few people had problems with mobility, self-care or performing usual daily activities. However, just under half the sample said they had moderate pain or discomfort and about a sixth reported that they were moderately anxious or depressed. When first attending ALCs almost half of the users had come by themselves. Centres were very local with most people being able to walk to the venue in less than ten minutes, so avoiding public transport issues. In addition, people felt that centres catered well for people with mobility problems. The quality of life of users was generally very good, with over two-thirds of people saying that they felt in control of their daily life, ate the type of meals they wanted to and most felt safe in their homes and community. The majority of people were also occupied in activities of their choice, were participating in regular exercise (daily or three to four times weekly) and had good social lives.

ALCs observed were mainly well decorated and light and provided comfortable seating and facilities, with three of the centres providing balanced three-course meals. The atmosphere across all was relaxed, friendly and fun, and there were good interactions between volunteers and users. Centres provided a wide range of activities from social to informative and many included exercise classes. However, there was not always a sense of people mixing outside of their own small groups. Users, leaders and volunteers all identified the key motivator that encouraged attendance as the social element that ALCs offered: the opportunity to meet up with friends and, or, other people in what was usually a pleasant setting and enjoy both the company and the activities provided. For a small number of users this was the only social event in their week.

Conclusions
When looking at the impact the centre and activities had on people’s lives, the area that received the greatest attention was the opportunity for social participation and involvement. This was closely followed by people’s enthusiasm about the healthy varied meals offered, along with cookery demonstrations and nutritional advice. Overall, people did not feel that centres added any great value regarding the control people had over their lives or in relation to how they occupied their time as most were capable, busy people. People identified a number of indicators that represented quality in ALCs. An inclusive atmosphere received the most attention from everyone. Second was the importance of welcoming newcomers and introducing them to others, and third was the importance of having some continuity of volunteers. People liked to see regular familiar faces. None of the users interviewed identified any particular difficulty encountered at centres. On the other hand, leaders and volunteers had two main concerns. The first was how to attract more users in their 50s and the second how to attract more men. The former was seen as difficult to resolve as most centres were open during the day when many younger older people
were working. They felt the latter was less problematic in that they could introduce more activities that men would enjoy. When discussing whether there were any areas for improvement within ALCs, several users mentioned the need for centres to encourage people to make new friends and mingle more. One suggestion was that centres put on some sort of entertainment event that encouraged people to move around and talk to others.

To date the evidence suggests that the Somerset POPP initiative is mainly drawing people from the mid 60s to mid 70s age range, and who are typically very busy retired people. Overall, users were active, fit, autonomous people, who were exercising choice, and who had decent and busy social lives. This group also included people who had been widowed. Nevertheless, ALCs were reaching a minority of socially isolated older people. Evidence gathered from users suggests that they are pleased with the venues, activities, and the personalities of staff and volunteers. Key to attendees’ enjoyment of the centres was the opportunity for socialising. In relation to challenges, while users were mainly pleased with their centres they identified a number of quality indicators that were not necessarily present across all the ALCs included in this stage of the evaluation. Two received greater attention than others, these being a sense of community and that newcomers should be welcomed and introduced to others.

Acknowledgements
We would like to thank the Somerset POPP implementation team, particularly Gareth O’Rourke, Sue Sheppard and Emily Ruthven, for their valuable suggestions, guidance and support during the first stage of this evaluation. We are also very grateful to the Active Living Centre users who kindly participated in our survey and in-depth interviews. Finally, we must thank the leaders and volunteers of centres for giving us access to the venues, participating in interviews and answering our countless queries.

Using Survey Data to Measure Changes in the Quality of Home Care: Analysis of the Older People’s User Experience Survey 2006

Juliette Malley, Ann Netten and Karen Jones
PSSRU Discussion Paper 2417/2, November 2007 (full download available at www.pssru.ac.uk/pdf/dp2417_2.pdf)

The development of the User experience Survey (UES) and the inclusion of the user’s perspective in the Performance Assessment Framework (PAF) were novel and important steps forward in the world of performance assessment and monitoring of social services. Commentators had previously criticised the lack of connectedness between the performance/quality and user involvement agendas and these developments represented real steps forward in meeting this goal. Analysis from the 2003 extension to the UES for older people has demonstrated that user experience measures can usefully discriminate between local authorities (LAs). While this new research raises some important questions, this type of approach is clearly an improvement on performance measurement based on processes and inputs. Fifty authorities took part with representation from all Government Office Regions and LA types. Analysis of responses to the compulsory questions and comparison with responses to these questions nationally revealed very similar proportions responding to each category. We can assume from these findings that the sample of authorities is broadly representative of the views of service users across England.

New papers from the Evaluation of the Extra Care Housing Initiative

Several papers from this evaluation appeared during 2008 and can be downloaded from the PSSRU website. For a comprehensive list, see the webpage www.pssru.ac.uk/projects/echi.htm

The initial report from the evaluation is now available:

Two papers report work for the Joseph Rowntree Foundation on social well-being:

The economics behind the new deal for carers

(Reprinted by permission from Community Care, 6 December 2007: www.communitycare.co.uk)

In social care they are known as “informal carers”, as if they were the mere auxiliaries of a formal state system set up to do the serious work of caring. But many in the ranks of this swelling army see it differently: they are the struggling spouses, children and friends who shoulder much of the burden of care for the growing population of older people. Prodded into action by remorseless demographic trends – this year, for the first time, numbers of over-65s exceeded the numbers of under-16s – and an increasingly vocal lobby, the government has promised a New Deal for carers and a revised national carers strategy.

Given the growing demands on social care, carers are at the heart of the government’s policy as set out in the health and social care white paper Our Health, Our Care, Our Say. According to Julien Forder, who helped produce last year’s Wanless Review on the future funding of long-term care for older people, informal carers provide just over half of the hours devoted to the higher level, more intensive care tasks with professionals providing the rest. If all care tasks are taken into account, the ratio is much bigger. Carers UK claims that, if the nation’s carers were paid for their work, it would cost the state £87bn a year, roughly the same as the NHS budget.

“Wanless estimated that an extra £2bn a year was needed to support carers, well short of what Carers UK thinks they are worth. As a health economist Forder takes issue with the £87bn estimate. “If a formal carer was to do what an informal carer does, the ‘replacement’ costs would be about £10bn. Their figure is at the highest end of all the plausible ways of calculating it.”

Evaluation of the Partnership for Older People Project

The Guardian newspaper (21 November 2007) reported the publication of an interim evaluation of the Partnership for Older People Project (POPP) by ‘impressive evaluators’ including Professor Julien Forder of the PSSRU and colleagues. The article, which highlights the evaluation’s promising initial findings, is available at www.guardian.co.uk/society/2007/nov/21/guardsocietysupplement.

The initial report is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAnd Guidance/DH_079422

New grants

We are pleased to announce two new grants from the Home Office

Unit cost study for the National Offender Management Service

This is to be run jointly with the CEMH. Nadia Brookes has been appointed to work on the project.

Evaluation of effective bail schemes pilot and bail information pathfinder

This is the first stage of a longer project also involving the University of Leeds and PSSRU at LSE.
Feedback from recent PSSRU events

Presentations from events reporting PSSRU research are now available on the website, at www.pssru.ac.uk/events/

Among the events covered are:

- User Experience Surveys: the process, their value and the future, 12 November 2007, London (www.pssru.ac.uk/yaues/ues_event.htm)

Conference presentations

OPAN Extraceare Conference: The Research Agenda and Opportunities for Wales, Cardiff, 1 May 2007

Presentation by Robin Darton: An evaluation of the schemes supported by the Department of Health’s Extra Care Housing Fund – early stages

British Society of Gerontology 36th Annual Conference, Sheffield Hallam University, 6–8 September 2007


Robin Darton: DH Supported Schemes: self-completed or interviewer-administered tools; and staff or residents as respondents?

Robin Darton: The PSSRU Evaluation of the Extra Care Housing Initiative: progress to date and comparisons with residents in care homes.


Juliette Malley: Has the quality of older people’s home care services improved?

Ann Netten: Measuring the impact of information and advice services.

Ann-Marie Towers: Older people’s sense of control and well-being in care homes and extra care housing.

Nick Smith: Developing quality and outcomes measures for community equipment services.


Presentation by Ann Netten: Measuring and monitoring the value of social services.


60th Annual Scientific Meeting of the Gerontological Society of America, San Francisco, 16–20 November 2007

See The Gerontologist (2007) 47, Special Issue III, for abstracts of the following presentations:

Presentation by Robin Darton: The development of extra care housing in England: an alternative or a replacement for residential and nursing homes.


Presentation by Nick Smith: Cognitive testing: why thinking it through helps.

Publications

Unit Costs of Health and Social Care 2008 is now available. This is the sixteenth edition of the widely-used series of reports from a Department of Health-funded programme of work based at the PSSRU at the University of Kent. Printed copies are available and it is also available online at www.pssru.ac.uk/uc/uc2008contents.htm
**Social well-being in extra care housing**

Ann Netten, Robin Darton and Lisa Callaghan

An important consequence of moving into a care setting is that older people’s levels of activity and social well-being are particularly reliant on that community. An evaluation of innovative extra care housing (ECH) schemes funded under a Department of Health initiative is being undertaken as part of PSSRU’s long-term funded programme of work. The bids include a variety of proposals for addressing activity and community participation including user-led approaches and the provision of facilities such as gyms. Funded by the Joseph Rowntree Foundation, this study focuses on the initial opening period when new communities are being formed. The aims of the project are to identify for newly opened innovative schemes:

- ECH residents’ expectations and experiences of a variety of approaches to developing social activities
- The relative effectiveness of these in fostering individual social well-being and a supportive and encouraging social climate

For a more detailed summary, see PSSRU project outline 66: [www.pssru.ac.uk/pdf/p066.pdf](http://www.pssru.ac.uk/pdf/p066.pdf). The interim report is now available at [www.pssru.ac.uk/pdf/dp2524_2.pdf](http://www.pssru.ac.uk/pdf/dp2524_2.pdf)

**Quality Measurement Framework programme**

Julien Forder, James Caiels, Ann Netten, Jan Smith and Ann-Marie Towers

The Quality Measurement Framework (QMF) programme is being funded for three years by the Treasury under Invest to Save and led by the Office of National Statistics (ONS). The aim of the QMF programme is to create entirely new mechanisms for more effective and efficient measurement and monitoring of third sector provision of public services, reducing the burden on the third sector while releasing cash through more efficient use of public funds to provide public services. The purpose is to develop methodologies for measuring and assessing the value added of the relevant public services. They will constitute a framework/tool so that service commissioning authorities can assess and monitor the performance of public services delivered by third sector organisations in a way directly comparable with performance of public or private sector providers. The work builds on previous research commissioned to feed into the Atkinson review of the measurement of government outputs and productivity for the purposes of National Accounts.

The programme will last three years in total, starting in January 2007. The PSSRU will carry out four research projects, three projects focusing on the outputs of particular service areas as outlined below and the last project to ascertain the relative importance of the specific aspects or domains of wellbeing that these services affect.

For a more detailed summary, see PSSRU project outline 67: [www.pssru.ac.uk/pdf/p067.pdf](http://www.pssru.ac.uk/pdf/p067.pdf)

**Care home residents’ and relatives’ expectations and experiences**

Robin Darton

The study is examining the differences between older people’s expectations and experiences of living in a care home setting. Funded by the Department of Health, and the Registered Nursing Home Association, the study’s aims are to:

- Compare the expectations and experiences of residents living in care homes for older people;
- Compare the expectations and experiences of relatives involved in choosing a care home for residents unable to take part in the study;
- Examine people’s reasons for moving into or choosing care homes, and their perceptions and beliefs about them, and compare these with their experiences or their older relative’s experiences of living in care homes for a period of three months.
- Compare the experiences of residents who moved into care homes with those of individuals who moved into extra care housing;
- Identify the characteristics of residents for whom care home provision is a positive choice;
- Provide evidence for the future development of the care home sector

For a more detailed summary, see PSSRU project outline 68: [www.pssru.ac.uk/pdf/p068.pdf](http://www.pssru.ac.uk/pdf/p068.pdf)
Evaluation of the Rowanberries extra care housing scheme in Bradford

Ann Netten, Robin Darton and Theresia Bäumker

There is a systematic lack of evidence about the cost consequences of extra care housing. This study provides an opportunity to investigate costs to all stakeholders before and after residents move into extra care housing, and in the process develop a methodology for collecting comprehensive cost data. Rowanberries in Bradford opened in April 2007 and is a 46-unit joint project between social services and the Methodist Homes Housing Association. The principal aim of the study, funded by the Joseph Rowntree Foundation, is to assess the comparative cost to the resident before and after their move to extra care housing, and to achieve as true a comparison as possible.

For a more detailed summary, see PSSRU project outline 71: www.pssru.ac.uk/pdf/p071.pdf

The final report from this study is now available. The JRF website has a summary with link to the downloadable report at www.jrf.org.uk/knowledge/findings/socialcare/2277.asp

Design evaluation of older people’s extra care housing: Development and testing of assessment tool

Ann Netten and Robin Darton

Extra care housing is an evolving building type and there is considerable variation in provision. Evaluations of recent schemes indicate that the design of the physical environment is a major concern of building residents, but as yet there is very little research evidence to guide the design of extra care housing. Hence there is a need to identify aspects of buildings that promote the well-being of users. In order to achieve this, researchers from the School of Architecture, the Sheffield Institute for Studies in Ageing and the School of Health and Related Research, University of Sheffield, in partnership with the PSSRU, University of Kent, aim to produce a new and valid tool (EVOLVE) that can be used for the evaluation and assessment of extra care housing design. It will build on an existing evaluation tool, the Sheffield Care Environment Assessment Matrix (SCEAM) which was developed in the Design in Caring Environments (DICE) project funded by the Engineering and Physical Sciences Research Council EQUAL programme, to assess the extent to which residential care buildings meet the needs of building users.

For a more detailed summary, see PSSRU project outline 72: www.pssru.ac.uk/pdf/p072.pdf

Outcomes and quality of social care services for carers

Ann Netten, Jacquetta Holder and Nick Smith

Kent County Council (KCC) and the Department of Health have commissioned the PSSRU to explore the outcomes and quality of social care services and support for informal carers. Exploratory work will be conducted to identify the types of outcomes and benefits experienced by carers, and the context and process factors associated with quality. Findings from this exploratory work will be used to develop survey questions about carers’ experiences of support and services, for use by KCC. The research will include group interviews with carers and interviews with key stakeholders, and a series of one-to-one interviews with carers to test the phrasing and objectives of the survey questionnaires.

For a more detailed summary, see PSSRU project outline 69: www.pssru.ac.uk/pdf/p069.pdf