MASTERS BY RESEARCH

Exploring the impact and outcomes of overnight adult social care at home on older adults' wellbeing

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PRIFYSGOL BANGOR

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Exploring the impact and outcomes of overnight adult social care at home on older adults' wellbeing

Naomi Jane Boyle

Thesis submitted to the School of Health Sciences, Bangor University, in fulfilment of a Masters by Research Degree

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Abstract

Background: Older adults make up the majority of the population accessing domiciliary care services. Evidence from national and international studies suggest a significant association between having access to home care and support and older adults' ability to remain at home. Few studies have explored the contribution night-time domiciliary care makes to older adults' ability to achieve night-time personal wellbeing goals. This thesis aims to explore the existing evidence on the availability, delivery, impacts and outcomes of night-time domiciliary care. Evidence will be offered from the findings of a three-phase project to contribute to understanding of this area.

Methods: A scoping review of papers published in English during the last seven years will retrieve international evaluations of overnight care at home services to provide contextual information to the research. Descriptive analysis of anonymised service data routinely collected by an overnight service operating in north west Wales will explore such factors as: who is using the service; the presenting problems of people who need unscheduled overnight care and support; and how unscheduled care and support is delivered. Qualitative semi-structured interviews conducted with older adults that have received unscheduled care and support at home and their unpaid carers will explore how the service impacted their ability to achieve personal wellbeing outcomes. Finally, a questionnaire developed to monitor older adults' satisfaction and outcomes will be piloted to ascertain its usability and acceptability and to determine whether this will be a useful way for the service to collect feedback in future.

Findings: Domiciliary night care staff can play an integral role in meeting the overnight care and support needs of older adults who wish to be cared for at home by delivering timely, individualised, person-centred care. Study participants perceived that having access to overnight care and support at home enhanced older adults' ability to maintain a sense of independence and autonomy and supported unpaid carers to continue to provide care. A lack of information and a lack of service visibility were barriers to older adults' and unpaid carers' ability to access care and support at home.

Implications: A rapidly ageing population is expected to increase demand for care at home at the same time as social care budgets are being capped. Supporting unpaid carers is crucial to ensure the future sustainability of adult social care and to meet older adults' personal wellbeing needs. Involving service users in the design and development of overnight care and support at home services may help to ensure service delivery meets the needs and preferences of older adults.

Conclusion: Findings from this thesis contribute to understanding of overnight care and support services' contribution to the wellbeing of older adults and the wellbeing of unpaid carers. More evidence is needed on the impact and outcomes of delivering overnight care and support at home to the older population to help inform service commissioning. Recommendations for further research are offered.

‘Yr wyf drwy hyn yn datgan mai canlyniad fy ymchwil fy hun yw’r thesis hwn, ac eithrio lle nodir yn wahanol. Caiff ffynonellau eraill eu cydnabod gan droednodiadau yn rhoi cyfeiriadau eglur. Nid yw sylwedd y gwaith hwn wedi cael ei dderbyn o’r blaen ar gyfer unrhyw radd, ac nid yw’n cael ei gyflwyno ar yr un pryd mewn ymgeisiaeth am unrhyw radd oni bai ei fod, fel y cytunwyd gan y Brifysgol, am gymwysterau deuol cymeradwy.’

Rwy’n cadarnhau fy mod yn cyflwyno’r gwaith gyda chytundeb fy Ngrichwyliwr (Goruchwylwyr)’

‘I hereby declare that this thesis is the results of my own investigations, except where otherwise stated. All other sources are acknowledged by bibliographic references. This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree unless, as agreed by the University, for approved dual awards.’

I confirm that I am submitting the work with the agreement of my Supervisor(s)’

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Chapter 1: Introduction

Glossary

Table 1.1: Description of key terms

Key concepts and terms	Description
Old age	There is a lack of global consensus surrounding the age at which old age begins (Kydd et al., 2020). The United Nations and the World Health Organization (WHO) consider 60 to be the age at which a person becomes an older adult, whereas Age UK and the Centre for Ageing Better (UK) consider an older adult to be aged over 65. In line with much of the gerontological literature, for the purposes of this thesis an older adult is defined as aged 65 years and above, unless otherwise stated.
Unpaid care	Unpaid care is informal care provided to a relative or friend with a chronic illness, disability, or care need(s) who wouldn't otherwise be able to manage their daily activities.
Scheduled and unscheduled care	Scheduled care refers to planned routine care. Unscheduled care is not planned or routine and is often accessed out-of-hours (between 8am and 6pm) either at home, in emergency departments or walk-in centres.
Wellbeing	The Oxford English Dictionary defines wellbeing as the state of being comfortable, happy or healthy. However, wellbeing is multidimensional and encompasses physical, emotional, and social health.
Mental capacity	Adults in the UK who lack the ability to understand information or make their own decisions are protected by the Mental Capacity Act 2005 (UK Government, 2005). Under the Act, a person is assumed to have capacity unless otherwise established.

Delivering care and support at home

Moving care and support closer to home is supported by most governments in economically developed countries as a cost-effective way of delivering care and support whilst maintaining quality (Genet, 2011; Hemberg, 2022; Mosca et al., 2017; Roland et al., 2022). The provision of care and support closer to home helps people to live independently and in their own homes for longer (The King's Fund, 2018), reducing the need for individuals to access costly services such as residential and nursing care, or acute hospital care (Palmer et al., 2015). Care at home services can also relieve pressure on health systems by supporting timely discharge for people who are ready to leave hospital (Skills for Care and Development, 2018) and these services have been linked to a reduction in hospital admissions, hospital readmissions, emergency readmissions which occur within 30 days of a previous hospital admission, and mortality rates (WHO, 2015).

The majority of the estimated 850,000+ people per year who receive home care in the UK are older (aged 65 years and above), live alone and are housebound (Houghton & Donohoe, 2021). Age-related conditions that restrict older adults' ability to access services outside the home, such as frailty, cognitive decline, a decline in mobility, incontinence, or a chronic health condition, can compromise their ability to achieve personal wellbeing outcomes (Lette et al., 2020; Ryan et al., 2008; Stoddart, 2022). Having access to adequate levels of care and support at home can be vital for some older adults to prevent further deterioration in their health and functional status (Dickinson & O'Flynn, 2016; Gallagher & Vanlaere, 2016).

In the UK, healthcare at home is provided by services such as general practice (GP), district or community nursing and rehabilitation services (Skills for Care and Development, 2018). Hospital at Home, which operates in some areas of the UK, can provide 24-hour nursing and medical care and is used as an alternative to in-hospital care for people who are acutely unwell with illnesses such as community-acquired infection or urinary tract infection (Iliffe et al., 2021). Hospital at Home can also provide end of life care alongside dedicated hospice-at-home services (The King's Fund, 2018).

Adults with lower-intensity care and support needs and vulnerable adults may receive social care in their own home. Also known as domiciliary care, formal adult social care at home is provided by publicly funded, privately commissioned, or voluntary sector service providers (The King's Fund, 2021a) and aims to promote the wellbeing of adults and the wellbeing of their unpaid carers. It is estimated that ten percent (n= 60,000) of adults aged 65 years and above living in Wales receive daily care and support through social services (Cymru Older People's Alliance, 2021). Examples of the care and support provided are help with everyday household tasks, such as meal preparation, help with personal care, such as washing,

dressing, and toileting, and the delivery of end of life care (Anker-Hansen et al., 2017; Gallagher & Vanlaere, 2016; Houghton & Donohoe, 2021; Social Care Wales, 2018). Medicines management guidance for adults receiving social care at home stipulates that domiciliary care staff can also provide support through prompts, practical help with removing medication from packaging, and administering some or all of a person's medication if this is clearly documented in the individual's care plan (National Institute for Health and Care Excellence (NICE), 2017).

The provision of care and support at home can be both short-term and long-term (British Geriatrics Society, 2023a). Whilst social care interventions can help some older adults regain independence and improve their levels of functionality, the interventions often impact more broadly on older adults' ability to maintain their current quality of life (The King's Fund, 2021a). The care and support delivered by formal carers is often considered to be the most important resource for enabling older adults to remain living at home (Ryan et al., 2008).

Many economically developed countries provide some form of universal coverage funded through general taxation to meet social care needs, although publicly funded social support is generally means-tested (The King's Fund, 2014). As social care is devolved in the UK, its provision is dependent on how health, social, and community care services are financed and organised (Stoddart, 2022). In England, Scotland, and Wales, local authorities are responsible for providing public-funded domiciliary care; health and social care trusts are responsible for providing this in Northern Ireland. In England and Wales public-funded social care for adults is means tested and only adults from lower income households or those who have exhausted their personal resources can access public funds (Mosca et al., 2017). Adults in Scotland are eligible for free home personal care after passing a needs-assessment and home care is free of charge for adults aged over 75 years in Northern Ireland (Mosca et al., 2017; Roland et al., 2022).

There is evidence that collaborative working between and within the health and social care sectors can benefit individuals or services by improving the quality of care delivery, improving individualised care outcomes and providing continuity for service users (Fraser, 2019). Collaborative working involves professionals from different areas of expertise communicating and cooperating to achieve a common goal (Fraser, 2019). Ongoing reforms to the health and care system in the UK in response to an ageing population aim to improve collaboration between the National Health Service and other health and care providers, including local government, the voluntary sector, and community services, so that organisations work together to meet the needs of the population (The King's Fund, 2022). The 2022 Health and Care Act, a statutory framework in England, has given integrated care systems new powers

and responsibilities to develop new partnerships which aim to provide more effective health and social care to local communities (UK Government, 2022). This includes encouraging closer working with the third sector.

There has been a significant change in the provision of home care services over the last three decades which has seen a shift from care being directly provided by local authorities to a growth in private home care providers. According to Rodrigues and Glendinning (2015), the private sector's share of the domiciliary care market in the UK increased from 2 per cent in 1992 to 89 per cent by 2013. In Wales, privately commissioned services accounted for 86% of adult home care delivered in 2018 (Siôn & Trickey, 2020). The average cost of private home care in England and Wales is around £15 an hour (Age UK, 2021) and can be provided from as little as half an hour a week to several hours a day, or live-in care for adults with higher intensity needs. However, the largest source of older adult social care is unpaid care (Siôn & Trickey, 2020).

Families, friends, and neighbours provide almost 80 per cent of unpaid care across Europe and make a significant contribution to the global economy (Anker-Hansen, 2016; Roland et al., 2022). In 2015, the care provided by unpaid carers in the UK was equivalent in value to an estimated £132 billion, rising to an estimated £193 billion during the Covid-19 pandemic (Carers UK, 2020a). As well as providing help with personal care and Activities of Daily Living (ADLs), unpaid carers are often involved in co-ordinating care delivery with other formal care or social services (Walsh & Murphy, 2020).

Supporting an ageing population

The number of people aged 65 and over is projected to double by 2039 in the UK (Office for National Statistics (ONS), 2019) and worldwide by 2050 (United Nations, 2019). One in four of the population of Wales will be aged over 65 years by 2038, 13.7% of whom will be aged over 75 years (ONS, 2019). The meaning and experiences of ageing vary from country to country and across situations (Morgan & Kunkel, 2006). Old age can be a fulfilling and celebrated period of new opportunities for older adults who experience good health and have strong support networks (British Geriatrics Society, 2023a). However, for some, declining physical and mental health and increased social isolation and loneliness can result in an increased dependence on others for care and support to help meet wellbeing needs (WHO, 2015). Being in poor health also increases the risk of experiencing adverse outcomes, such as hospital admission (de Bruin et al., 2018). The hospital environment is unsuitable for an increasing number of older adults living with dementia, frailty and/or chronic conditions because of the increased risk of falls in unfamiliar surroundings and concerns about infection control (Iliffe et al., 2021). The longer an older adult spends in hospital, the higher the risk of

mental and physical deconditioning which can complicate their care and support needs and lead to worse health outcomes (Abdi et al., 2019). A higher incidence of frailty and multiple chronic conditions amongst the older population means that older adults have higher rates of community care and healthcare utilisation when compared to other age groups (McGilton et al., 2018; ONS, 2023): older adults account for 40% of hospital admissions in the UK (British Geriatrics Society, 2023b).

Frailty in old age has been described as the “most problematic expression of population ageing” (O’Shea, 2017). Whilst chronological age is not always an indicator of health status (Morgan & Kunkel, 2006), the prevalence of frailty increases with age and 25% of older adults begin to show frailty even in the absence of disease at the age of 85 years (Rohrmann, 2020). Physical aspects of frailty include reduced physical activity, a loss of muscle function, and persistent tiredness (British Geriatrics Society, 2023a). The body’s gradual loss of in-built reserves means that the risk of unpredictable deterioration from minor events increases (British Geriatrics Society, 2023a). Psychological and social dimensions of frailty, such as loneliness and increased social isolation, can also lead to worsening wellbeing.

The support available to older adults can positively affect their level of frailty (Dury et al., 2018). Early identification and appropriate interventions which target physical, mental, and social functioning are thought to be crucial in slowing down deterioration (Dury et al., 2018). The most common measure of functional status is the Activities of Daily Living (ADLs) scale, developed by Katz, Downs, Cash and Grotz (1970). The ADL scale is used to assess an individual’s ability to accomplish routine activities, such as bathing, getting dressed and mobilising and gives an indication of the level of care and support an individual needs. Physical limitations in ADLs are common reasons why older adults are admitted to long-term residential or nursing care (Taylor & Donnelly, 2006).

Not all older adults living with frailty consider themselves to be frail (Dury et al., 2018; Grenier, 2019), and equating disease or illness with a poor quality of life reflects a cultural assumption (McKevitt & Wolfe, 2002). Whilst frailty is usually associated with adverse outcomes, many frail older adults experience a good quality of life despite increased functional limitations. A study by Dury et al. (2018) used a strengths-based approach to identify the relationship between frailty and positive outcomes in a purposive sample of frail older adults (n=121) living in their own home in Belgium. They found that by demonstrating resilience and using coping strategies, such as accepting their situation and staying positive, older adults were able to maintain a good quality of life. Delayed admission to residential or nursing care was perceived as a positive outcome by older adults, who felt this was achievable by having access to sufficient support services. Nevertheless, there are compelling economic reasons to avoid or

postpone the onset of frailty in older adults, as frailty has been found to be the strongest predictor of formal social care costs (Nikolova et al., 2021).

ome is the preferred place of care for most older adults (Kasper et al., 2019). The familiar surroundings of the home play an increasingly significant role for older adults with declining health, impaired mobility, and reduced social networks because the environment represents a place of physical safety and provides a sense of connectedness and continuity (Sixsmith et al., 2014). The physical, emotional, and social attachment to the home surroundings means that many older adults prefer becoming housebound to receiving care elsewhere (Pani-Harreman et al., 2021; Sixsmith & Sixsmith, 2008). This is despite evidence that housebound older adults with reduced mobility are more likely to suffer from cognitive impairment, have multiple chronic conditions, and have higher levels of depression and anxiety as a consequence of being housebound (Musich et al., 2015). Older adults highly value receiving personal care at home because they associate it with self-esteem and confidence which enables them to maintain a positive self-image (Palmer et al., 2015). Other factors which may influence older adults' preference for receiving care and support at home are a loss of home comforts and a lack of privacy associated with previous hospital admissions (Dowell et al., 2018).

The concept of ageing in place emphasises older adults' ability to maintain as much independence as possible whilst living at home in contrast to moving from home into residential or nursing care (World Health Organisation, 2015; Yarker et al., 2024). Current theories on ageing in place have expanded the work of early environmental gerontologists who first identified the role familiar surroundings play in promoting older adults' sense of identity, belonging, independence and wellbeing (Yarker et al., 2024). The relational aspect of ageing in place, i.e. having access to social networks and maintaining relationships with people who matter to them is considered to be just as important to older adults' wellbeing (Yarker et al., 2024). However, despite these advances, some propose that a more critical perspective of ageing in place is needed to address the term's lack of inclusivity, the inequalities faced by disadvantaged older adults who may be unable to age in place successfully due to a lack of suitable housing for example (Finlay et al., 2021; Yarker et al., 2024). Yarker et al. (2024) also argue that the idea of place remains static and bounded when in reality it is more dynamic and that older adults can develop an attachment to more than one place.

Wellbeing in old age

The Social Services and Well-being (Wales) Act 2014 legislates that public services and partners responsible for developing services should prioritise individual wellbeing so that

individuals can live independently (Welsh Government, 2016). Whilst early research on older adults' quality of life was dominated by the negative indicators of disease and illness, there has been a shift in the literature towards the more positive indicators of mental and physical wellbeing (Landau & Litwin, 2001; Walker, 2002). The meaning of wellbeing can change throughout an individual's life course depending on their ability to achieve goals and make choices (Mitra et al., 2020) and plays an important role in giving older adults a sense of meaning and purpose (WHO, 2020).

Maintaining wellbeing in older age is a growing area of importance because of the increase in the global population of older adults (Steptoe et al., 2015) and research has shown that wellbeing at an older age is not incompatible with having a health condition or functional limitations. Older adults are able to sustain and maintain high levels of subjective wellbeing well into old age, with levels peaking at around age 70-75 before deteriorating (Mitra et al., 2020). Key components of wellbeing for older adults include having a strong locus of control (Hemberg et al., 2021), being able to do things that matter (Older People's Commissioner for Wales, 2018), and having meaningful social relationships (Chopik et al., 2019). Some older adults use accommodative strategies to re-set health and fitness goals, for example, and adjust their aspirations to enable them to pursue objectives within their set of capabilities (Baldock & Harlow; 2002; Hansen, 2022; Mitra et al., 2020).

The influence of increasing age and poor health upon an individual's ability to achieve their desired wellbeing can have more of an impact than poor health itself according to a UK qualitative study by Grewal et al (2006). When asked a series of questions about what was important to them, what they enjoyed and what gave them pleasure or value in life, older adults placed the highest value on attachment in the form of friendships, affection and feelings of love. Studies have also shown a significant association between thriving at home when receiving care and support and self-determination, where thriving is defined as the ability to maintain personal wellbeing despite declining health (Lämås et al., 2021). Some also suggest that subjective wellbeing can promote longevity, reduce the risk of chronic physical illness and can be a protective factor for health (Steptoe et al., 2015). These qualities all play an important role in promoting wellbeing and may account for why the majority of older adults wish to remain living at home for as long as possible. Meeting the physical, psychological and social wellbeing needs of the person needing care and the wellbeing needs of their unpaid carers is central to the provision of domiciliary care (Social Care Wales, 2018; Welsh Government, 2022a). The more a person feels in control of their life and the more supportive their social networks are, the better their mental health and life satisfaction (Landau & Litwin, 2001). The promotion of independence and autonomy is a key element of the caring relationship and individuals should not have to rely on others any more than is necessary within their own capacities (Palmer et

al., 2015). Older adults can maintain autonomy despite being dependent on others for care and support if they are able to retain control over their lives and make decisions on matters that affect them (Collopy, 1988; Hatcher et al., 2019; WHO, 2015). A study of the very old in Sweden, aged between 80 and 89 years, found that as older adults became more dependent on others for care and support, the ability to make autonomous decisions concerning their daily lives became more important than their ability to be physically independent (Haak et al., 2007).

The tension between being dependent on others and a desire to be independent can mean that accepting the need for assistance at home can be difficult for some older adults (Ness et al., 2014; Ryan et al., 2008). The presence of formal carers can be perceived as an invasion of privacy and a disruption to routines and there is a risk that the home becomes devalued when it is treated by others as a workspace (Hughes & Burch, 2019). How care and support is delivered can therefore impact how well it is received (Hughes & Burch, 2019).

The importance of providing individualised home care and support

It is a requirement for home care providers to deliver person-centred, holistic care and support which reflect the individual preferences and changing needs of service users (Palmer et al., 2015; Social Care Wales, 2018). Person-centred, individualised care places the service user at the centre of their care so that they are able to make informed decisions about their health and wellbeing (WHO, 2015). A person-centred approach to home care includes showing empathy, respecting confidentiality and privacy, involving service users and their unpaid carers in discussions and decision-making about their care, and providing a reliable service (NICE, 2014).

The quality of the care relationship plays a key role in promoting older adults' wellbeing. Older adults who have positive caring relationships and shared goals with their carers are more likely to have their preferences and needs met, leading to increased wellbeing and a good quality of life (Giosa et al., 2021; Nolan et al., 2006). Studies have identified that continuity of care is considered a standard requirement of individualised care (Dempsey et al., 2016) and that a high turnover in care staff can hinder the development of the care relationship, which in turn can threaten older adults' feelings of security, particularly older adults who live alone (Hughes & Burch, 2019). Findings from studies exploring the views of older adults and unpaid carers on their understanding of person-centred care in home care services have demonstrated that person-centred care and communication are considered to be facilitators of high-quality care. The interpersonal skills of the caregiver can be more important than the activities or tasks which need to be undertaken to promote an older adult's wellbeing (Palmer et al., 2015). Sanerma et al. (2020) reported that putting the needs, values, and preferences of older adults

at the centre of the care relationship resulted in the delivery of a more personalised service. Unpaid carers who participated in the study believed that the absence of a good relationship between the older adult and the caregiver made person-centred care unachievable. Audio recordings from home care visits in a study conducted in Sweden identified impaired vision, hearing, or cognition to be barriers to effective communication, leading the authors to conclude that more education and training in person-centred communication could contribute to improved quality of care (Sundler et al., 2016).

International studies have shown that care and support at home services designed around the needs of older adults can have a positive impact on care outcomes and that having opportunities to develop relationships with regular home care workers are valued. Establishing a relationship based on trust and a shared understanding of goals between the domiciliary care worker and older adult is more likely to achieve good care and meet the preferences and needs of older adults (Giosa et al., 2021; Haex et al., 2019). Good communication and formal carers with personal characteristics such as attentiveness, friendliness, flexibility and unhurriedness are considered to be facilitators of high-quality care and support at home (Hemberg et al., 2022; Sanerma et al., 2020; Sundler et al., 2016). It has also been suggested that older adults value opportunities to develop relationships with regular home care workers and may prefer having close personal relationships with a small number of formal caregivers to having more detached professional care relationships (Pani-Harreman et al., 2021). In their study of older adults receiving care and support at home in the Netherlands, Haex et al. (2019) found that building trustful and equal relationships, whereby both the older adult and caregiver worked together towards a common goal, were perceived to be vital in establishing good care. Older adults reported wanting close personal relationships with a small number of formal caregivers rather than detached professional care relationships and valued the personal characteristics of warmth and co-operation in the caregivers small team of care workers is more likely to be employed by local authority managed home care services compared to private care agencies, resulting in continuity of care (Rodrigues & Glendinning, 2015).

Evaluations of new home care models and interventions have identified that successful models are characterised by a person-centred approach, a focus on person-centred outcomes integrated health and social care delivery including effective care co-ordination, and continuity in the care relationship. However, the growing number of older adults with complex health and social care needs amidst a backdrop of reduced budgets led Sanders (2021) to claim that current models of home care are not meeting people's needs, are unsustainable, and can act as a barrier to developing new models of care. Further, a systematic review of the care at home literature exploring the effectiveness of different models and interventions (whose aim is to improve older adults' functional capacity, mental health and wellbeing) concluded that

designing successful care at home interventions is challenging (Contandriopoulos et al., 2021). Of the 45 interventions retrieved by the review, only 22 demonstrated successful outcomes; the remaining 23 studies offered unconvincing or negative evidence. Both Sanders and Contandriopoulos et al. concluded that more effective models of home care are needed to meet the needs of an ageing population.

Policy context

The importance of promoting health and wellbeing throughout the life course and delivering integrated care for older adults is a key issue in international legal and policy frameworks on ageing (WHO, 2015). The United Nations' Principles for Older Persons are embedded into regulatory frameworks worldwide and aim to improve the lives of older adults, their families, and communities across the globe by ensuring the basic rights of older adults are protected (United Nations, 1991). The fundamental human rights of older adults include the right to access adequate food, water and shelter and the right to live in safe environments which are adaptable to their personal preferences and changing capacities (United Nations, 1991).

Trends in older adults' living arrangements can affect countries' national policies and have implications for the allocation of resources and budgets (Pani-Harreman et al., 2021). Older adults are more likely to live with their families in countries such as Spain, Portugal, and Poland. However, population changes in other western countries such as Germany, France, the Netherlands, and the United Kingdom, as a result of marriage, fertility and birth rates have resulted in over nine in ten older adults living independently in their own home (Pani-Harreman et al., 2021). An increase in the number of employed female family members, who were traditionally most likely to provide unpaid care, has also resulted in more older adults living alone without social support or companionship or support to meet their health and social care needs (McGilton et al., 2018).

Older adults are entitled to receive care at home which respects and enhances their human rights (Equality and Human Rights Commission, 2011). UK laws and national policies in each of the devolved nations protect the rights of older adults who receive social care (The Care Act (England) (2014), Health and Social Care Standards (Scotland) (2017), the Social Care and Well-being (Wales) Act (2014), and Health and Social Care Act (NI) (2008)). All four nations are committed to enhancing the wellbeing of older adults by improving access to health and care services and by providing more care and support in the community. Since devolution in 1999, for example, the Welsh Government has developed several successful strategies and frameworks informed by the United Nations Principles for Older Persons and its work has been showcased by the WHO to inspire countries across Europe to put people at the heart of decision-making processes (Welsh Government, 2023a). The new Health and Social Care

(Quality and Engagement) (Wales) Act came into force on 1st April 2023 to ensure that health and social care services continue to be designed around individuals' needs and preferences (Welsh Government, 2023b).

The rights of unpaid carers are also promoted in laws and national policies (Welsh Government, 2016). National and international policies are focused on enhancing the sustainability of unpaid care because of its significant contribution to the global economy (Anker-Hansen, 2016). Sometimes being an unpaid carer can have a detrimental effect on a person's health and wellbeing and this may be lessened when appropriate social policy and care systems exist (Hansen et al., 2013). In the UK, local authorities (LAs) and health and social care trusts rely heavily on unpaid carers to deliver care and support they would otherwise have to provide (Cottagiri & Sykes, 2019). However, ensuring policies and Acts are goal-driven and not merely words in documents is vital to ensure dignity and wellbeing are implemented in practice (Andersson & Sjölund, 2020).

The UK, like many other developed countries, is facing challenges because of an ageing population, a rise in healthcare costs and cuts to already frozen social care budgets (Institute for Government, 2023). There have been calls for more investment in homecare to not only ensure the long-term sustainability and capacity of services but to also enable fairer terms and conditions for homecare workers (Homecare Association, 2023). Low pay rates and higher wages in sectors such as hospitality are driving existing staff away during the current cost of living crisis (The King's Fund, 2023). The resulting high turnover of staff also means a loss of continuity of care for people with care and support needs (Dempsey et al., 2016). The UK Government has made available £15million to help support international recruitment within the adult social care sector in England (Department of Health and Social Care, 2023) but these funds are not available to the devolved nations.

A growing reliance on unpaid carers

The crisis within the social care sector means that a growing number of older adults are reliant on unpaid care and support to help meet their wellbeing needs and enable them to live independently at home (Carers UK, 2022; Mosca et al., 2017; Roth et al., 2015). Latest figures suggest that the number of unpaid adult carers in the UK could be as high as 10.6 million (Carers UK, 2022a), and this number is likely to rise as a result of an ageing population with increasingly complex needs alongside ongoing budgetary pressures (Mosca et al., 2017). Unpaid carers are an important source of emotional support and companionship and provide practical help in and outside the home with instrumental ADLs, such as meal preparation, shopping, and transportation (Arber & Venn, 2010; Hansen et al., 2013; Walsh & Murphy, 2020). Unpaid carers are also often best placed to communicate the needs and wishes of the

person receiving care, particularly when the person has a cognitive impairment or disability which limits their ability to make their wishes known (McGilton et al., 2018). Some of the reasons why older adults may rely on unpaid care are a lack of information on available formal care services, care and support needs exceeding what statutory home care services can offer (currently capped to a maximum of four daily visits in the UK), or it may simply be their preference.

Some European countries, such as Austria and Finland, recognise the health and cost-saving benefits afforded by unpaid carers and offer cash allowances to help sustain their ability and willingness to provide care (Roland et al., 2022). In the Netherlands, unpaid carers are regarded as a necessary complement to formal home care services and their responsibilities are viewed as having equal value to those of professional carers (de Vries et al., 2022; Haex et al., 2019). However, individual, situational and cultural factors which influence the motivation and willingness of unpaid carers to provide care is largely unknown (Hansen et al., 2013; Zarzycki & Morrison, 2021).

Studies show that the majority of unpaid carers find caring rewarding (Anker-Hansen et al., 2017). Unpaid carers who consider themselves to have sufficient resources (such as information, finances, and coping behaviours) may not necessarily find providing care stressful because the positive experiences of caregiving can act as a buffer against any negative consequences (Roth et al., 2015). However, there is substantial evidence that an imbalance between personal resources and the demands of caring often lead to negative consequences, especially when existing care demands intensify. This is defined as ‘carer burden’. Many unpaid carers experience poor physical and mental health, poor quality of life and carer burden as a result of providing care (Carers UK, 2020a; Public Health England, 2021). Married, female, older unpaid carers and those providing a high number of care hours are most likely to suffer negative health effects (Bom et al., 2019; Walsh & Murphy, 2020). The risk of developing musculoskeletal disorders from lifting or re-positioning an older relative or friend is elevated amongst unpaid carers (Cottagiri & Sykes, 2019); many unpaid carers report experiencing depression, a loss of appetite, and disturbed sleep (Carers UK, 2020b; Starr et al., 2022). Good mental health amongst the unpaid carer population was low prior to the Covid-19 pandemic, with only 6% of carers in Northern Ireland describing their mental health as ‘very good’ (Carers Northern Ireland, 2022). Four in five unpaid carers (81%) provided more care during the pandemic than before and two-thirds (64%) said their mental health had worsened during the pandemic (Carers UK, 2020a). A 2022 report found that unpaid carers’ mental health continued to be impacted by Covid-19 with some still shielding or reducing their contact with others to protect an older relative and 30% perceived their mental health to be bad or very bad (Carers UK, 2022).

There are also financial implications to providing unpaid care, both for the carer and for the labour market. Many unpaid carers experience a loss of income due to fewer employment opportunities or having to leave their employment early due to the challenges of balancing work and caring (Hansen et al., 2013; Mosca et al., 2017). The significant costs associated with caring, such as the purchase of additional equipment or paying for support services, can also negatively impact unpaid carers' finances. A recent survey found that 63% of unpaid carers were extremely worried about the affect the current cost-of-living crisis in the UK was having on their finances and were having to cut back on essentials such as food or heating (Carers Northern Ireland, 2022; Carers UK, 2022).

Local authorities must consider the impact the caring role has on unpaid carers' ability to achieve wellbeing when undertaking an assessment and provide information, advice and assistance about available services (Welsh Government, 2022a). However, an increasing number of unpaid carers are dissatisfied with social care services and the support they receive (Nuffield Trust, 2022). Results from a biennial survey (first conducted in 2012-2013) found that the greatest factor influencing unpaid carers' overall satisfaction with social care services was feeling involved in discussions about support and service design (NHS Digital, 2022). It is therefore crucial that unpaid carers are supported to assert their rights.

Night-time care

Care and support provided at night-time may enable more people to stay living in their own home for longer (Malmberg et al., 2003). Research on overnight home healthcare needs and the outcomes of this type of care and support is more plentiful than the evidence on the impact receiving overnight social care at home has on older adults' ability to maintain wellbeing.

Overnight healthcare

Findings in this body of evidence align with the WHO's position that the provision of urgent 24-hour clinical care at home can increase satisfaction levels and reduce hospital readmission and mortality rates (WHO, 2020). Tennant and Narayan (1997) found that a service providing scheduled and unscheduled nursing interventions in the US had improved outcomes for service users by facilitating late in the day hospital discharges. Visits involved providing nursing interventions, assessing problems when this was not possible via telephone, and providing advice and reassurance to relieve anxieties when telephone support had proved ineffective. More recently, individuals discharged early from hospital whilst continuing to receive domiciliary intravenous antibiotics overnight in a study by Sacranie et al. (2022) reported improvements in their general health post-discharge and expressed a preference for being cared for at home by district nurses rather than remaining in hospital. Both Tennant and

Narayan (1997) and Sacranie et al. (2022) identified significant cost-savings of not prolonging hospital stays unnecessarily and reducing visits to the emergency department.

Hospital at home services have been positively evaluated because of their ability to promote independence at home, to prevent hospital admissions, and to limit the length of time a person spends in hospital by supporting early discharge. Dowell et al. (2018) found that over 84% of adults admitted to a hospital at home service over a five-month period in 2016 in the UK were aged 65 years and over. Some adults were acutely unwell, whilst others had a chronic health problem and/or frailty. There were high levels of satisfaction with the service with 70% still living at home on discharge from the service. A cost analysis identified significant savings associated with using the rapid response team versus acute hospital admission. A Google search in March 2023 identified a small number of rapid response services within other NHS Trusts in England, however, not all offered a 24-hour service.

Findings from studies of hospice at home services suggest overnight services at home at the end of life can also prevent or delay the need for care in higher-cost, more intensive settings, such as acute hospitals or nursing and residential care (Ward et al, 2020). Hospice at home services have also been found to positively impact the amount of support available to family members providing an increased amount of care at the end of life (Jack et al., 2014). However, a scoping review of the healthcare assistant role in out-of-hours palliative care highlighted a dearth of evidence (Fee et al., 2020).

Overnight social care

Older adults who receive overnight social care at home are considered to have high levels of dependency and to be at increased risk of entering residential or nursing care (de Almeida Mello et al., 2020). The perceived safety of receiving 24-hr supervision in residential and nursing care settings can be a positive choice or outcome for some older adults. However, for older adults who wish to remain at home, scheduled night-time care and support includes helping an older adult into or re-positioning them in bed, providing personal care, helping with toileting, providing pain relief, and carrying out safety checks to ensure the individual is comfortable and has food and drink available (Andersson & Sjölund, 2022; Malmberg et al., 2003).

Whilst the scheduled night-time visits made within an apartment complex by a city-wide night patrol team in Finland were described by Klemets et al. (2019) as often involving just “peering through the door” to check on the individual’s welfare night-time, social care interventions can often have a positive impact on older adults’ ability to maintain wellbeing. Overnight care at home services that provide social companionship to older adults or family members, particularly at the end of life, can be vital to maintain the wellbeing of older adults who live

alone. Having access to unscheduled overnight care is also important when older adults experience a fall at home or need help with toileting or personal care after an episode of incontinence and many older adults have safety alarms in their home to contact dedicated monitoring services. The number of studies exploring the use of assistive technology to help support individuals in their own homes is rising. Studies have identified that new surveillance technologies, such as environmental sensors and smart interfaces, can contribute to older adults' sense of security, self-confidence, and autonomy at home (Mortenson et al., 2016) and that monitoring older adults' patterns of night-time activity can assist home care service managers with care assessments and decision-making (Klemets et al., 2019). Data have also shown that wearable sensors can help classify an individual's risk of having a fall (Yang et al., 2019).

The earliest evidence found of a domiciliary night service was in Newham, London. Martin and Ishino (1981) described the planned care provided by nurses between 8p.m. and 6a.m. to people with chronic health conditions, unspecified age-related needs, and palliative care needs. Despite their dependency on others for care and support, study participants all expressed a preference for home care over residential or nursing care and measured their satisfaction with the quality of care by their lack of pressure sores. More recent studies have suggested that night-time working conditions may limit the provision of dignified care. Andersson and Sjölund (2022) found that the increased duration of visits to dependent older adults with complex needs often meant that the time available to provide care to those with less complex needs was inadequate; providing an immediate response to alarms often disrupted the timings of scheduled visits leaving service users unsettled and waiting longer for care. However, they observed that home care workers who were receptive to older adults' individual needs rather than to time limits and who showed empathy and respect were able to overcome these challenges to provide good and dignified night-time care.

A significant association between a higher carer burden and providing unpaid night-time care at home has also been reported (Arber & Venn, 2010; Doroszkiewicz & Sierakowska, 2022). Being in a constant state of alert at night and experiencing disrupted sleep can contribute to higher levels of anxiety and depression amongst unpaid carers (Starr et al., 2022). Studies have shown that unpaid carers can benefit from their relative or friend having access to care and support at night (de Almeida Mello et al., 2016) because better sleep can improve their health and wellbeing and prolong their ability to provide care during the daytime (Jack et al., 2014). Understanding and addressing the care and support needs of unpaid carers and signposting them to available services is important to prevent them from becoming ill themselves, which would lead to increased costs and pressure on health and social care services (Mosca et al., 2017).

Measuring care outcomes

The incorporation of the European Convention on Human Rights into UK law by the Human Rights Act 1998 means that local authorities are bound by law to monitor their provision of home care services to ensure quality and to ensure that the basic rights of individuals, such as dignity and personal autonomy, are respected (Equality and Human Rights Commission, 2011). Measuring care outcomes is also useful to evaluate the impact care at home services have on people's lives as it can drive service improvements and care delivery (Dickinson &O'Flynn, 2016). Each of the UK's devolved nations has its own independent care regulator that monitors, inspects and rates the health and social care provided by LAs and private agencies. The Care Quality Commission in England and Care Inspectorates in Wales and Scotland work to protect the rights of vulnerable adults and aim to improve the quality of services (Care Quality Commission, 2022; Care Inspectorate Wales, 2023). In addition, Wales has a national body - *Llais* (*Voice* in English) - that measures and represents the views and experiences of care at home service users to help shape service design, planning and delivery (Llais, 2023).

The Welsh Government has adopted wellbeing outcome indicators to measure how people rate the care and support they receive, and whether or not this support has enabled them to have a better quality of life (Welsh Government, 2019). In 2018-2019, 76% of people rated the care and support they received as excellent or good, which was not significantly different from the previous years' results. Similarly, the percentage of people whose care and support helped them have a better quality of life - 79% - was on a par with previous years' results. Whilst responses did not show a decrease in satisfaction, neither did they show an increase.

A new Code of practice came into effect in Wales in April 2020 which sought to change how performance is measured and reported in order to inform and improve social care policy and legislation and the future of social services in Wales (Welsh Government, 2020). In addition to the collation and submission of mandatory data to Welsh Government, there is an expectation that local authorities gather their own data and evidence about the delivery of social care in their local area which reflects the demographics and care and support needs of its population. Through an analysis of their performance data and engaging with service users, local authorities should be able to gain better understanding of the impact of their work. Not included in the list of metrics is the number of contacts adults who receive care and support have in addition to their scheduled care package.

There are challenges to measuring outcomes and implementing service improvement. Firstly, the impact of care delivery is not always immediately obvious and can take time to understand (Dickinson & O'Flynn, 2016). Secondly, providing guidance on how to improve care at home

and scaling up good practice can be complicated by the different ways outcomes are measured. A report by de Bruin et al. (2018) on various care at home initiatives across Europe identified methodological challenges in the translation and application of regional and national context-specific knowledge.

Collaborative working

Older adults with care and support needs and their unpaid carers often access more than one form of care and support at any one time and a broad range of organisations contribute to delaying and reducing their need for care and support whilst also improving their care and wellbeing outcomes (Social Care Wales, 2021).

The national cluster governance model, introduced across Wales in 2015, brings together all services involved in health and care across a pre-defined geographical area to ensure that care is better coordinated to reflect the needs of local populations. Primary care clusters consist of GPs and other health professionals who assess, plan, and design pathways and deliver services to maintain and promote well-being. By pooling expertise and providing peer support each cluster aims to reduce variation and address sustainability challenges. In recent years, Community Response Teams (CRT) made up of a multi-disciplinary workforce have been established within primary care clusters to work 24/7 to support communities and people to continue living at home.

A Social Care Wales commissioned survey found that the third sector in Wales plays a crucial role in providing services which help promote wellbeing (Social Care Wales, 2021). Third sector organisations are defined by the report as being neither public nor private sector organisations but voluntary groups, social enterprises and charities which rely on grants or donations and the help of volunteers to deliver care and support. The report identified that the most common types of service and activity provided to almost 500,000 individuals were care and support, such as companionship or help with shopping, and preventative services which prevent or delay the need for care and support. The third sector also provides information, advice and guidance to support unpaid carers. Age UK has a free, confidential national phone line that can be accessed during the daytime, between 8am and 7pm, (Age UK, 2023) and Carers UK provide a range of online support resources to help unpaid carers support their own physical and emotional health and wellbeing (Carers UK, 2023). Resources, such as e-learning packages on nutrition, on how to cope with stress and depression, and on how to improve sleep, are intended to help unpaid carers develop personal resilience and to help them build support networks. The number of people supported by third sector organisations is likely to be far higher considering the number of survey responses. Over half of the organisations (54%) surveyed did not measure the impact of the services they provided due

to a lack of capacity, expertise or resources; a key recommendation of the research was for an expansion of quantitative and qualitative data-sharing and data-linkage between third sector care and support services to improve collaborative working relationships. Effective conversations between health and care commissioners and the third sector which share good practice may also improve personal wellbeing outcomes for people with care and support needs.

As well as inter-professional working, engaging with service users and the wider community can help build trusting relationships, can create more equal partnerships and can transform how health and social care services are designed and delivered. One of the key points of the Social Services and Well-being (Wales) Act 2014 (Welsh Government, 2016) is that services and support are designed and led by and for people who have care and support needs. Putting the voices and experiences of individuals at the heart of service development can help to understand what people need, what works, what can be improved, and how to work together to promote wellbeing (Social Care Wales, 2023). Individuals who feel listened to can be empowered to influence the outcomes that matter to them which in turn may allow them to build resilience and achieve better outcomes (Co-production Network for Wales, 2019). The report also claims that the third sector has unrealised potential to add further value to LAs.

Local collaborative working

Despite the growth in the private care and support at home market, local authorities (LAs) continue to have an important role to play in the delivery of adult social care at home. An estimated 10% (n= 60,000) of adults aged 65 years and above living in Wales relied on their local authority to provide care and support at home (Cymru Older People's Alliance, 2021). This number is projected to be exceeded in North Wales alone over the next twenty years (North Wales Social Care and Well-being Services Improvement Collaborative, 2022). The older population aged 65 years and over living on Anglesey was the only population group to experience a growth in numbers (16.3%) between 2011 and 2021 (ONS, 2022).

One of Anglesey' key priorities is improving community team-working to enable the delivery of care closer to home and ensuring good support for carers particularly during episodes of acute crisis (Anglesey Integrated Medium Term Plan, 2019). Objectives listed to achieve this include mapping existing resources and identifying gaps, preventing inappropriate hospital admissions through the provision of timely, safe, and appropriate domiciliary care, and expediting hospital discharges. This is echoed by the local health board, Betsi Cadwaladr University, in its current Three-Year Transformation Plan 2021-2024 (Betsi Cadwaladr University Health Board, 2021). One of the report's recommendations is for more investment in staff recruitment, training, and wages so that more support is available post-hospital

discharge and for services to be able to step-in earlier. The changing needs of the local population suggests there is a need for a whole system change, and for primary and community services to work collaboratively (Betsi Cadwaladr University Health Board, 2021). In addition, the Môn Enhanced Care service accepts referrals for mainly frail older adults from GPs to avoid unnecessary hospital admission and provides rapid access to diagnostic tests, specialist nursing teams and other health professionals. It was estimated that the service made cost savings of over £1million in the period 2018-2019.

The island also collaborates with the third sector, Medrwn Môn, to promote and support voluntary and community organisations to develop its potential for supporting older adults and unpaid carers. Age Cymru provides information and advice in addition to services which support individuals who live independently but who require some additional support, such as with personal care or home care/cleaning. Anglesey Council is working towards being recognised as an Age Friendly Community and has created a Well-being Plan with the aim of improving the wellbeing of the community alongside a neighbouring council (Gwynedd and Anglesey Well-being Plan, 2023).

The Night Owls service

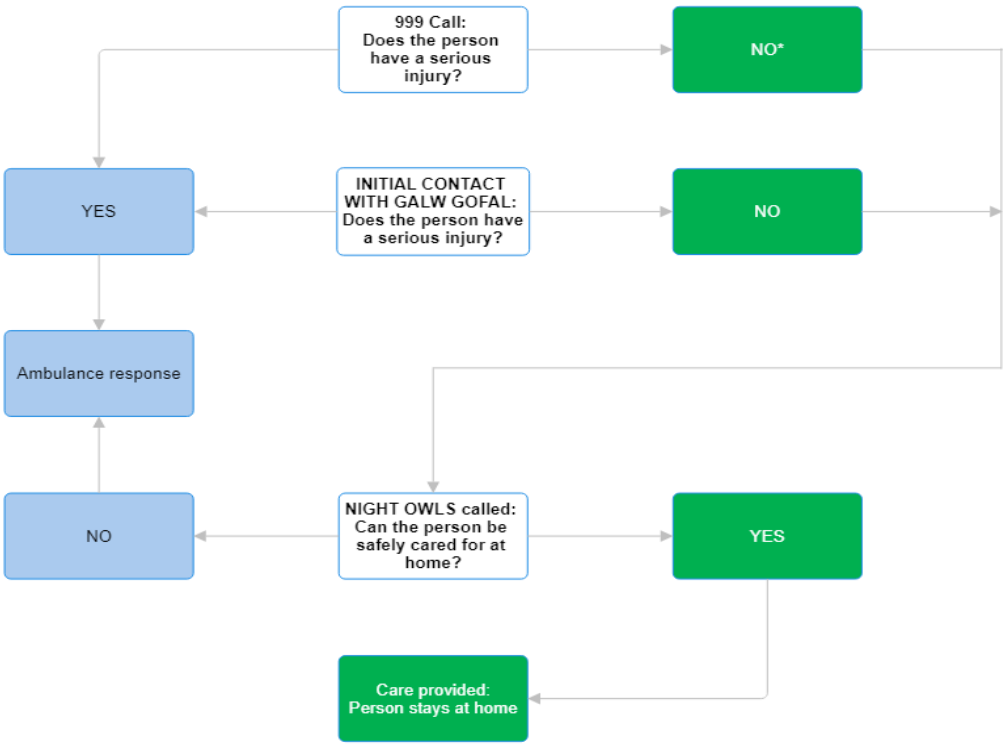
The Night Owls was established in November 2015 and is a local authority-funded service providing scheduled and unscheduled overnight care and support at home seven days a week to adults living on Anglesey in north-west Wales. Older adults living with frailty or who are at the end of life make up most of the service's scheduled caller demographic and its aim is to increase the number of older adults who can be supported in the community. The Night Owls is intended as a short-term care option to support adults recently discharged from hospital, adults who have an acute episode of ill-health or a fall at home, or those who experience a breakdown in the caring relationship within the family or other unpaid carer. However, in practice, many frail older adults and their unpaid carers depend on the service for care at home at night, and it has become a long-term care option for many. The Night Owls do not currently support older adults by administering medication.

The Night Owls is currently managed by one home care service manager and employs seven female care workers, all of whom are local and Welsh-speaking. On each shift, four of these workers are on duty, working in two teams of two staff members. The Welsh language is embedded in all the local health board's services, and it strives to provide an active offer of language appropriate services in order to meet Welsh Language Standards (Welsh Government, 2011). Whilst many community-based services were reduced or suspended during the global COVID-19 pandemic due to social distancing regulations (The King's Fund, 2020), the Night Owls delivered scheduled and unscheduled care and support at home to

older adults throughout the pandemic. It is the only service of its kind in North Wales and very few comparable services have been identified to be operating in the United Kingdom.

Older adults are mostly referred to the Night Owls service by social workers to arrange a pattern of scheduled overnight visits, the majority of whom also receive daytime domiciliary care. The most recent service data in the public domain shows that the Night Owls supported over 400 adults to remain in their own homes in 2018/2019 by providing scheduled overnight care following an assessment of needs (NHS Wales, 2019). Many of the older adult population have automatic sensors installed in their home or wear a pendant alarm or wristwatch that connects them via telephone to a 24-hour bilingual regional call monitoring service, Galw Gofal (Care Connect). The Night Owls are contacted by Galw Gofal to carry out unscheduled visits in the event of a non-emergency or when family or friends are unable to respond. In 2018/2019, the service handled over 400 non-emergency unscheduled calls through Galw Gofal. The Night Owls also work in partnership with the Welsh Ambulance Service Trust (WAST). WAST diverts individuals from the emergency services to the Night Owls in non-emergency situations. In 2019/2020, Night Owls responded to 115 individuals who had fallen at home with only 11 having to be admitted to hospital (Anglesey County Council, 2020). The flowchart in *Figure 1.1* is the researcher's own representation of the service's referral process for unscheduled calls.

Figure 1.1: Night Owls service flow diagram



*If the individual has not sustained an injury and a family member, friend or neighbour is unavailable, the Night Owls will visit the person's home to check on their welfare or to provide reassurance.

Aims and objectives of the Night Owls project

The aim of the project is to explore how the Night Owls service contributes to the wellbeing of adults aged 65 and over and the wellbeing of their unpaid carers.

Research questions

The research questions addressed in the project are:

RQ1: What are the perspectives and experiences of older adults and their unpaid carers of receiving Night Owls unscheduled overnight social care and support at home?

RQ2: How do the Night Owls contribute to older adults and their unpaid carers achieving wellbeing?

Structure of the thesis

The thesis includes an introductory chapter, a scoping review, a description of the mixed methods study, and a discussion chapter.

Chapter 2 is a standalone scoping review submitted for publication by the researcher and her university supervisors. The scoping review gathered evidence about overnight social care for older adults and identified services within the United Kingdom (UK) which offer overnight care and support. Limited results identified gaps in knowledge and a need for mixed qualitative/quantitative research to evaluate the outcomes and impacts of overnight care and support at home.

The researcher conducted the review and was responsible for applying the five stages of the methodological framework, identifying the research questions, and developing search terms following immersion in the extant literature on overnight social care and support at home. Project supervisors advised on the search strategy, advised on issues relating to the inclusion/exclusion of papers, provided feedback on the interpretation of the literature, and commented on the manuscript. The scoping review was published in Quality and Ageing and Older Adults (Boyle et al., 2023) and is reproduced in full.

The Night Owls project is set out over three chapters. Chapter 3 illustrates the analysis of routinely-collected service data to provide information about who is using the Night Owls for unscheduled overnight care and support, how individuals access the service, and the type of health and social care needs which necessitated a visit. The outcomes of the unscheduled visits are also explored.

Chapter 4 is a description of the design and methods used to conduct the qualitative study. The findings from the semi-structured interviews conducted with older adults who received an

unscheduled Night Owls visit and their unpaid carers will be presented. Verbatim quotes will be used to illustrate the thematic analysis of data.

Chapter 5 describes the design and methods used to pilot a questionnaire with older adults receiving unscheduled care and support from the Night Owls during a one-month period. The findings from the responses to the questionnaire will be discussed.

The project's findings evidence the positive effect this type of care has on the older local population's ability to meet their wellbeing needs and demonstrates the relevance and importance of conducting research with the people affected by overnight care at home. The experiences of the older adults and their unpaid carers demonstrate high satisfaction levels with the overnight service but suggest improvements can be made to make the service more accessible so that others are able to benefit from its use.

Project findings are discussed in relation to the wider literature and current national and international policy in Chapter 6. The implications for policy, practice, and research will be discussed and recommendations for further research will be offered. The strengths and limitations of the project will also be considered, alongside some of the challenges faced by the researcher throughout the research process, drawing on personal reflections of the learning outcomes.

Dissemination of the thesis

Findings were shared quarterly with the project partner through online presentations and face-to-face meetings. The researcher gave an in-person end of project presentation to the Council's Head of Adult Services, Homecare Manager, and the Night Owls service manager and produced a brief executive summary of the project to be shared within the LA and with external partners, such as WAST.

Contribution of others

Project supervisors, Drs Diane Seddon and Gill Toms, were responsible for designing the study alongside the project partner and gaining ethics approval. This was completed prior to the researcher's appointment to the project. Their contribution to the scoping review is described above. Project supervisors advised and provided comments on the thesis' final write-up.

The Night Owls' service manager facilitated the project by orientating the researcher to the service, introducing older adults and unpaid carers to the study, and identifying eligible participants from the inclusion/exclusion criteria. In addition, they raised awareness of the project amongst colleagues working within adult social care and arranged meetings between the researcher and Night Owls staff. Their contribution in discussions on the project's progress

was also crucial to the development of a topic guide for the interviews and the design and development of the pilot questionnaire.

Funding of the thesis

The project was undertaken as part of a Knowledge Economy Skills Scholarship (KESS 2) which links organisations or companies with higher education institutions across Wales to undertake research projects that meet the needs of a business or sector. The scholarships support postgraduate researchers in how to apply their research and is supported by European Social Funds (ESF) through the Welsh Government. The scoping review, analysis of routinely-collected service data, recruiting participants, conducting and analysing interview data, and developing the questionnaire was undertaken over 18 months.

Chapter 2: Exploring overnight social care for older adults:

a scoping review

Background

The scoping review was undertaken to examine the existing evidence on the types of care and support available to older adults needing overnight social care at home. A search of three electronic databases retrieved three recent qualitative studies and two commentary articles which evaluated or described overnight care and support services. An analysis of the literature led to the development of themes and a description of key findings. An additional Google search of services that provide overnight care operating in the UK identified active programmes.

An exploratory literature search conducted by the project supervisors in April 2019 identified a lack of robust evaluation of unscheduled overnight domiciliary care services. The researcher's contribution to the scoping review and the contribution of the supervisors is provided in Chapter 1.

Abstract

Purpose: Demand for care at home is growing because of the increase in life expectancy, an ageing population and the chronic conditions that often accompany longevity. Daytime care at home services have been widely reported on, but less is known about overnight care at home. This scoping review gathered evidence about overnight social care for older adults in their own homes.

Approach: Recent studies were identified through searches in three electronic databases. Studies published in English between January 2016 and June 2022 exploring overnight care at home for older adults were eligible for inclusion. An additional Google search identified home care services within the UK currently providing overnight support.

Findings: The review retrieved five relevant papers, highlighting the paucity of research in this area. A narrative review of the literature identified common themes that suggested domiciliary night care staff play an integral role in meeting the overnight care and support needs of older adults who wish to be cared for at home. Despite the limited evidence base in this area, the Google search for UK domiciliary services who provide overnight support identified several active programmes.

Originality/value: To the best of our knowledge, this is the first scoping review exploring the provision of overnight social care to older adults in their own homes. The review highlights the need for further research to inform commissioning and practice development.

Keywords: Care at home, Community care, Domiciliary care, Night care, Support, Scoping review

Paper type: Literature review

Introduction

Older adults have the right to reside at home for as long as possible if this is their wish (United Nations, 1991). The familiar surroundings of the home can support the maintenance of activities of daily living (ADLs) and help to promote self-esteem and dignity (Holmberg *et al.*, 2012). Older adults living with dementia and frailty related to old age can need assistance with personal care (Age UK, 2022). Traditionally home support services, also known as domiciliary or community care services, assisted with domestic and household tasks, but the emphasis more recently has been on providing personal care (Dempsey *et al.*, 2016) including attending to a person's toileting needs, pressure care and positioning, bathing, dressing, and the administration of medication(s) (Age UK, 2022). This type of care plays a vital role in supporting older adults' health, well-being, and independence (Older People's Commissioner for Wales, 2020).

Demand for care at home has grown significantly with the growth in the global population of older adults and is likely to increase further (Roland *et al.*, 2022). Adults aged 65 years and over accounted for almost two-thirds (n=548,000) of the total number of adults in England (n=839,000) who received long-term support arranged by local authorities (LAs) in 2019-2020 (National Audit Office, 2021). Publicly funded social care support is generally means-tested in the UK but varies depending on how health, social, and community care services are financed and organised in the devolved nations. LAs are responsible for commissioning social care based on older adults' means and/or needs other than in Northern Ireland where home care is provided free of charge by health and social care trusts to adults aged over 75 years (Roland *et al.*, 2022). Many countries are making care at home a national priority for policy and practice development (Hatcher *et al.*, 2019). For example, a current Government inquiry in Sweden proposes to introduce a dedicated care contact person to coordinate and improve access to home care services (Ministry of Health and Social Affairs, 2021). Similarly, the Australian Government has pledged to reform the country's care system to recognise people's preferences to stay in their own home as they age (Department of Health and Aged Care, 2022).

Some older adults need support overnight to live well in their own home. In an early report, an extended-hours overnight service in America was found to be cost-effective and successful in preventing visits to the hospital emergency department. The availability of this night care was viewed positively by the people engaging with the service (Tennant & Narayan, 1997). Similarly, in Sweden evening and night "patrols" were seen as an important part of old-age care. Care workers involved in these patrols stated that without the service, more older adults

would need to move into care homes, and the safety and quality of life of those who wished to remain at home would be compromised (Malmberg *et al.*, 2003).

Whilst there is a good deal of research exploring experiences of daytime care, overnight support has received limited attention. This scoping review explored what recent research had been conducted into night care as part of an evaluation of a night care service operating in North Wales.

Methods

Scoping reviews help map existing literature on a topic and can determine whether the body of literature is large or diverse in nature, or if there are gaps in the research knowledge (Peters *et al.*, 2015). Arksey and O'Malley's (2005) framework guided the review. The five stages involve identifying the research question(s); identifying relevant studies; study selection; charting the data; and collating, summarising, and reporting results. The Preferred Reporting of Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) was adopted to report the results (Tricco *et al.*, 2018).

An *a priori* protocol was developed with contributions from three reviewers, as stipulated in relevant guidance (Peters *et al.*, 2015). The protocol set out predefined objectives, methods, and study inclusion and exclusion criteria. As is common in scoping reviews, all research designs were included, and study quality was not assessed (Levac *et al.*, 2010).

In the initial protocol the inclusion criterion stipulated interventions delivering *social care at home overnight*. This led to the inclusion of only two studies. On reviewing the retrieved literature, we broadened this criterion to include overnight nursing services delivered in peoples' own homes, as the papers' findings and recommendations were transferable and relevant. Scoping reviews can broaden in scope as the review progresses (Peters *et al.*, 2015).

Identifying the research question(s)

The study, funded by European Social Funds (ESF), formed part of a Knowledge Economy Skills Scholarship (KESS2) project. Discussions between the review team and the LA project partner developed the following review questions:

RQ1: What types of support are available for older adults (aged 65 years and over) needing overnight social care in their own homes?

RQ2: What are the gaps in our understanding of overnight social care at home?

Identifying relevant studies

Search terms were developed iteratively following an initial literature search using combinations of database-specific subject headings or thesaurus terms. Key terms and concepts were combined using Boolean logic and operators, and truncation was employed to allow for different endings. The search terms used were: “home”, “community”, “domiciliary”, “care”, “support”, “assist”, “visit”, “health”, “help”, “night” and “overnight”. Two search limiters were applied hierarchically. A published date limiter of 1st January 2016 reflected the wide-ranging reforms made to the delivery of social care in the UK through the introduction of the Care Act (2014) in England and the Social Services and Wellbeing (Wales) Act (2014). The fundamental principles of the Acts aim to promote people’s wellbeing by offering a greater choice of services providing personalised, outcomes focused support. Studies not published in English were excluded due to the time-limited nature of the review.

A separate search strategy was employed to identify services providing social care at night for people in their own home operating within the UK. An advanced Google search, with no date restrictions, was conducted on 30th August 2022 using the search terms “night service” *(Exact words)* and “local authority” *(any words).* The first 100 items were screened.

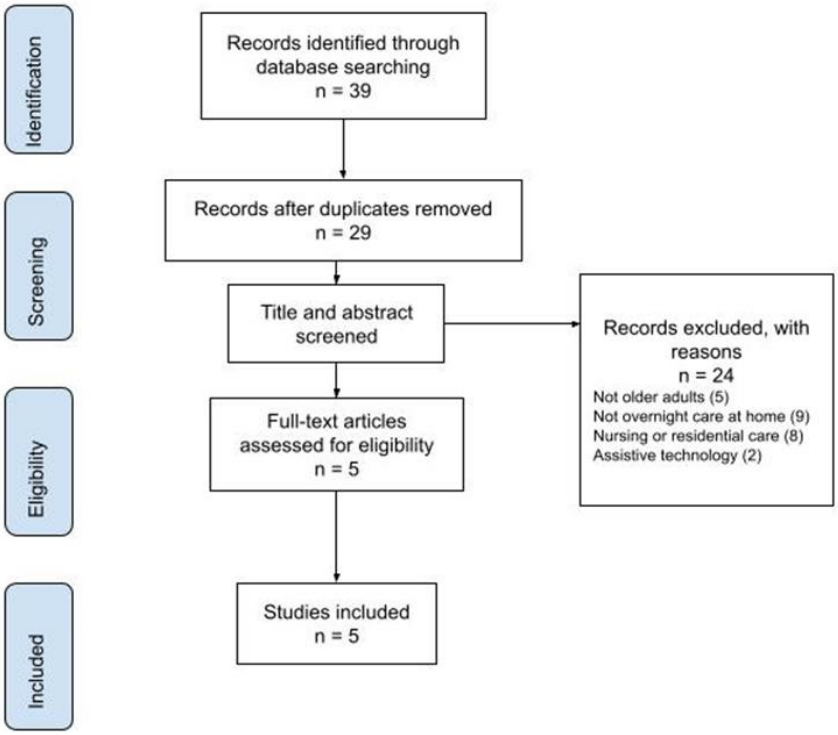
Study selection

Three electronic databases were selected for their relevance to the research subject area, with guidance from an experienced academic support librarian: CINAHL (EBSCO), Applied Social Sciences Index Abstracts (ProQuest), and Social Science Premium Collection (ProQuest). Database searches conducted on 6th June 2022 yielded 39 results which were exported to RefWorks to assist with the screening process. After automatic and manual removal of duplicates, 29 records remained. Retrieved papers were screened based on the criteria set out in *Table 2.1*. As the study population’s age was not always included in the title or abstract, this criterion was applied manually at the full text screening stage. Three studies and two commentary articles met the inclusion criteria; the latter were included as they provided additional evidence. Hand searches of the reference lists of three studies did not identify any additional studies. The PRISMA-ScR diagram is shown in *Figure 2.1*.

Table 2.1: Scoping review inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria	Rationale
Between 1 January 2016 and 6 June 2022	Before 1 January 2016	This enabled the assessment of more recent services which are likely to have greater relevance for current UK social care services. The dates reflect when key legislation came into force in England and two of the UK's devolved nations: the Care (England) Act 2014, Public Bodies (Joint Working) (Scotland) Act 2014 and the Social Services and Well-being (Wales) Act 2014
Published in English in any country	All other languages	Studies not published in English were not included due to the time-limited nature of the review
Adults aged 65 and over	Children and adults under 65 years	Most people who use care at home services are older adults; 65 and above is the age widely used to define an older person in the UK (Office for National Statistics, 2019)
Overnight care at home	Care provided by unpaid carers Mental health services Nursing and residential care homes Hospital care	This review focuses on overnight care at home provided by paid practitioners
All study designs and commentaries	None	The review explored the whole body of literature

Figure 2.1: PRISMA-ScR flow diagram for the scoping review process



Charting the data

Data was extracted from each included paper by one reviewer and charted in tabular form to document the study details (*Table 2.2*). The study characteristics relevant to the review question included: author(s), year of publication, country of origin, aims/objectives, study population and sample size, methodology, and key findings.

Additional search for UK-based night care service

Although the original intention was to consider local authority services, the Google search retrieved several relevant private organisations offering overnight care at home. A description of the overnight services offered by twelve private or council-funded care organisations and four LAs are detailed in *Table 2.3*. Results excluded from retrievals as they were not relevant to the research question included historic tendering and service commissioning documents, and 'other night services' such as transport, housing, support for homeless people, and the night-time economy.

Collating, summarising, and reporting results

Two of the studies were conducted in Sweden, another in the UK, and the two commentaries described the work of specific UK services. The small number of retrievals informed the selection of a narrative synthesis to identify recurring themes. The home care providers in the UK offering night care were categorised into privately-owned care agencies offering services nationwide (n=6), private services providing care within one LA area (n=6), and state-provided LA services (n=4).

Table 2.2: Characteristics of included papers

First author, year & country of origin	*Aims and objectives*	*Population and sample*	*Design and method*	*Significant findings*
Andersson *et al.* (2017) Sweden	To analyse the challenges of intimacy in night-time home care services	Home care workers (health care assistants and home carers) providing 84 episodes of care to a frail, older population	Observational. Shadowing of two teams over two nights	Differences in night-time and daytime care practices were observed, and the limited access night-time care workers had to support was noted. The authors concluded that familiarity between the older person and night-time care worker lessens the risk of objectifying the older person, although challenges remain in maintaining a person's dignity in intimate care provision
James *et al.* (2019) Sweden	To describe stakeholders' views about creating a sense of security during evenings and nights among older adults in receipt of home care	Home care staff in rural and urban areas of a large municipality. 80 participants: people receiving home care (n=18); family members (n=5); health care assistants (n=40); registered nurses (n=10); unit managers (n=4); night shift managers (n=3)	A Participatory Appreciative Action and Reflection (PAAR) project comprising face-to-face interviews and focus group discussions.	The findings indicated that continuity of care, living in a familiar environment, honouring self-determination, and an equal relationship between the older adult and the care worker are some of the conditions that promote older adults' sense of security at night. The authors concluded that older adults should be included in discussions to identify the conditions necessary for their sense of security during evenings and nights, thus helping them to continue living in their own homes
Ward *et al.* (2021) United Kingdom	To evaluate a nurse-led night service and how it supports the needs of individuals (and their family/ carers) to remain at home, avoiding hospital admissions	Current and former family carers (n=38), and a convenience sample of staff members (n=9)	Semi-structured interviews (face-to-face and telephone)	Unnecessary overnight hospital admissions were prevented through staff supporting individuals and family carers to choose their place of death. This was done through night-time phone calls and visits. Individuals felt supported at night and anxieties were alleviated

Gundry (2021) United Kingdom	Launching a community night nursing service	Older adults with frailty, end of life care, people living with cancer *Sample size not applicable*	Commentary	The service has reportedly benefited people by supporting them in their choice of care and providing continuity, reduced hospital admissions and facilitated early hospital discharges. However, it was noted that staff recruitment had been challenging
Penfold (2016) United Kingdom	Out of hours at-home rapid response nursing service	People with palliative or end of life needs *Sample size not applicable*	Commentary	This piece highlighted how addressing the shortfall in nursing support available at night for people living at home had meant that support was now available at a time when it was most needed. The service described complemented a daytime service seeking to prevent unnecessary hospital admissions

Table 2.3: Characteristics of operational UK services providing overnight care

Organisation	*Location & population served*	*Night care options and services offered*								
		24-hr care	Live-in care	Night care	Personal care	Social companionship	Complex care	Palliative care	Holiday care	Hospital to home
JHN Healthcare	Nationwide Older adults and adults	✓	✓	✓	✓	✓	✓	✓	✓	✓
Aspire Home Care Services Ltd.	as above	×	✓	✓	✓	×	×	×	×	×
Provident Healthcare NI	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pragmatic Healthcare Services	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
KASE Care	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
Solace Care Solutions	as above	✓	✓	✓	✓	✓	✓	✓	✓	✓
Local services										
HSL Care	South Manchester and Stockport areas Adults and children	24-hour, live-in and night care personal care, companionship, food and medicines assistance, respite care, dementia care (minimum eight hours waking night)								
Haven Home Care	South Wales Older adults and vulnerable adults	Night care personal care, social/sitting calls (from one hour), sleeping night (minimum nine hours), waking night (minimum ten hours)								
CL Lifestyles Home Care	Somerset *Age not specified*	Short-term wrap around 24-hour and night care end of life care, dementia care, home from hospital support (one night to a few nights), ad hoc visits or between 1 to 4 nights per week								
Willowbrook Homecare	Lancashire Older adults	24-hour emergency and night care personal care, assistance with medication, respite care, Roving Nights & Crisis Support (East Lancashire only) 10pm - 7am								
Right at Home	Bromley Older adults	24-hour, live-in and night care personal care, medication administration, companionship, respite care, hospital to home, sleeping or waking nights								
Nayland Care	Ipswich, Suffolk & Essex Adults	24-hour and night care personal care, companionship, palliative care, medication support, complex care, respite care, waking night dementia care, minimum visit length 30 minutes								

LOCAL AUTHORITY		
Monmouthshire County Council (Community Night Support Team)	Monmouthshire Vulnerable adults	Night care (10pm - 7am) personal care, continence management, medication administration, wellbeing checks, palliative care, scheduled and unscheduled visits, reassurance and/or ad-hoc phone calls, Careline response
Wirral Council	Wirral Adults	Mobile nights and night sitting personal care out of hours
Manchester City (Local Care Organisation)	Manchester Aged 16 and over	District Nursing evening and night service (5pm - 8am) nursing care, palliative care and symptom control, rapid response assessment, continence promotion, medication administration
Essex Partnership University NHS Foundation Trust	South-East Essex Housebound individuals	Evening (6pm – 9pm) and night nursing service (9pm – 8am) nursing care
Description of services		
Palliative care	specialised care aimed at optimising quality of life for people with terminal illness	
Holiday care	UK and overseas holiday breaks, accompanied by an HCA	
Hospital to home	working in partnership with district nursing and occupational therapy services to support people back into familiar surroundings	
Respite care	planned or unplanned care during the day or outside normal working hours to provide informal carers with a break	
Dementia care	regular planned visits at home or assistance in the community to visit friends and family	
Home from hospital support	extra reassurance during the day or night to settle back home	
Roving Nights and Crisis Support	night-time short- and long-term support following illness, hospital discharge, and respite care in-person visits to the homes of vulnerable older adults to check on their safety	
Wellbeing checks	24-hour instant response for pendant alarm users	
Careline response	access to a range of qualified professionals within two hours to address both health and social care needs	
Rapid response assessment		

Findings

Several themes were identified from the articles regarding the conditions which help older adults to feel supported whilst receiving care in their own homes at night.

Importance of familiarity

Older adults interviewed by James *et al.* (2019) identify that being cared for in a familiar environment allows them to maintain the habits and routines important in promoting well-being at home. Another prerequisite for maintaining habits and routines is care staff being known to the person receiving care (James *et al.,* 2019). This was found to be particularly important in maintaining a person's dignity in the context of intimate care provision (Andersson &Kalman*,* 2017). Trusted relationships developed over time were shown to benefit the older person by providing continuity of care (Gundry, 2021; James *et al.,* 2019). Whilst scheduled visits at night mean that care-workers and older adults are known to each other, this is less likely for unscheduled or emergency visits. Much then depends on the carefully orchestrated routines of the staff who provide care and their familiarity with one another (Andersson & Kalman, 2017). Difficulties in recruiting and staff shortages were found to pose a threat to the care relationship and continuity of care (Gundry, 2021; James *et al.,* 2019).

Supporting people in their choice of care

The important role overnight care at home services play in helping to meet people's wishes to remain at home was consistently reported and was found to be particularly true at the end of life. Ward *et al.* (2021) interviewed unpaid carers and nursing staff and found evidence that a hospice-at-home service had a positive impact on supporting people with a terminal condition to make care decisions. Recognising the need for synergy between community and acute care they found that communication between the people in need of care and support at home, out-of-hours services, and other health and social care providers was essential.

Avoiding unnecessary hospital or care home admission, facilitating late in the day hospital discharges, and relieving the burden on emergency services are seen as positive outcomes for overnight care at home services (Gundry, 2021; Penfold, 2016; Ward *et al.,* 2021). However, Ward *et al., (*2021) recognised that out-of-hours staff need to be sufficiently skilled to recognise the occasions when care needs can only be met in hospital. Andersson and Kalman (2017) suggest an obstacle to this is that night-time home care staff are an often-overlooked group who are afforded minimal supervisory and peer support.

Relieving the sense of loneliness

A key strength of overnight care at home services is reported as their ability to manage the concerns of the person with care and support needs and their unpaid carers. These individuals were found to be at their most vulnerable at night (Gundry, 2021) because they feared that timely care could not be accessed out-of-hours (Ward *et al.,* 2021). Overnight care at home services can reduce anxiety and feelings of loneliness by providing a safety net for both the person with care and support needs and their unpaid carers (Gundry, 2021; James *et al.,* 2019; Penfold, 2016; Ward *et al.,* 2021). However, Ward *et al.* (2021) recommend that services need to provide greater assurance to people that calling a service during the night is appropriate and welcome.

Home care providers in the UK

Six nationwide services were found in the UK providing overnight assistance with ADLs to adults (including older adults). Support is available in the form of 24-hour care, live-in care or sleeping and waking night services. All these services were noted to offer companionship, echoing the theme of relieving loneliness identified in the retrieved articles.

The six organisations serving a local area provide comparable services to the national organisations with the addition of emergency care response and short-term wrap around services in three instances. One organisation has a *Roving Domiciliary Care Night Service* whereby care workers carry out unscheduled care visits and can link people with a crisis response service. Another service provides short-term home from hospital support, essentially helping people to settle back into the home after an in-patient stay. Outcomes noted include avoiding unnecessary admissions to hospital or residential care, and cost savings to the local authority, although no details are provided about how these outcomes are measured.

The four overnight LA services support people in their own home with personal care or provide night nursing services which aim to keep people out of hospital and in a familiar setting when they experience a deterioration in health. Scheduled and unscheduled personal care visits are made by two teams of home care workers in Monmouthshire. They also undertake wellbeing checks and provide additional telephone reassurance to manage anxieties. The Council collates feedback from people using the night service, but other outcome measurements were not described. Wirral County Council's mobile night service provides personal care visits out of hours, and a separate night sitting service for people who need more intensive support. Registered nurses and healthcare assistants in Manchester and Essex deliver evening and overnight nursing support to people who are housebound and in need of urgent support to avoid hospitalisation.

Discussion

The findings show services that provide overnight care in people's homes exist, but they have not been widely reported on. That there were only three studies retrieved from the last eight years suggests that knowledge about overnight care at home services has not grown at the same rate as the demand for services. Of note is that each study adopted a qualitative approach, and the small samples were selected through purposive and/or convenience sampling methods.

The emergent literature suggests there may be clear benefits to older adults and their families having access to overnight care in the community, with one paper suggesting that people and their families who live in areas without home-based night services may be disadvantaged (Ward *et al.,* 2021). Key staff members observed at work or quoted in the qualitative studies include health care assistants (HCAs) and nursing assistants. Evidence from a recent review (Fee *et al.,* 2020) suggest that HCAs can make an important difference to people and their families in terms of supporting them to remain at home if this is their preferred place of care.

The qualitative evidence included in the review talk to the importance of familiarity, supporting older adults and their families to make decisions about where they wish to receive care, and how overnight services offer vital reassurance out-of-hours which may help prevent unexpected hospital admissions. These aspects of care – relational care, promoting choice and providing emotional support – are recognised as hallmarks of good-quality daytime domiciliary care (Dempsey *et al.,* 2016), but further evidence is needed to ascertain whether these are also the main hallmarks of good-quality overnight domiciliary care.

Family members were included as study participants in two studies (James *et al.,* 2019; Ward *et al.,* 2021), and were quoted in another article (Penfold, 2016). Unpaid carers have an integral role to play in supporting their relatives to live well at home and know best the routines and habits of their relatives and what is important to them. It would be valuable to explore their perspectives on care and support provided by overnight services and what, if any, improvements can be made.

The review of services currently operating in the UK demonstrate much variation across all service types. A recent report into new models of care at home found that innovative care delivery is not widespread but implemented on a local level and that few successful approaches are shared or scaled-up (Sanders, 2021). Further research is necessary to compare the outcomes of private versus state-funded care services, and to examine the feasibility of sharing or scaling-up successful approaches.

Strengths and limitations of the review

To the best of our knowledge this is the first scoping review to explore overnight social care at home for older adults. Its findings, and especially the gaps in knowledge identified, are of national and international relevance and offer insights to inform future research. The review's methodology can be replicated, although the Google search results will have been influenced by the browser cookie record. The limitations of the review mainly relate to its scope. Search terms were revised slightly for each database due to the disparity around the terminology used globally to describe *care at home* and *home care workers*. The inclusion of other search terms may have increased the number of retrievals. Similarly, extending the publication date to pre-2016 may have yielded more results. Whilst limiting the review to English language articles may have prevented us from having a more global perspective, the inclusion of two international studies increased the relevance of findings.

The North Wales service being evaluated as part of a wider project was not identified in the first hundred results of the Google search, and there will be other services providing overnight social care at home which were similarly not identified. This implies that services may not be well-advertised as providing overnight care and that overnight care services may be difficult to find.

Recommendations for policy, practice, and future research

Improved integration and communication between secondary (hospital) care and community services could realise the potential of overnight care at home services to facilitate early hospital discharge and avoid unnecessary hospitalisation. In the review, there was evidence that this is already happening in places (Gundry, 2021; Ward *et al.*, 2021), but a national approach would make this more widespread.

To ensure workforce retention and growth in the overnight care sector there needs to be clear policy regarding staff well-being so that they are afforded adequate supervision. Similarly, in practice, overnight care at home staff should be supported by robust training programmes to maintain their skills and develop their practice in response to an increase in the number of older adults living at home with complex needs.

The review has identified a knowledge gap about what constitutes good care at night. Further research is needed about how to build trusting relationships between older adults and overnight home care workers. This will require qualitative studies, and the perspectives of unpaid carers and other family members should be sought alongside those of older adults and those who deliver night-time support.

The review also identifies a need for mixed qualitative/quantitative research to evaluate the outcomes and impacts of overnight care at home. Randomised studies are needed to evidence claims of delayed care home admissions and averted hospital admissions.

Conclusion

As the number of people aged 65 and over is projected to double worldwide by 2050 (United Nations, 2019), understanding what services are in place for older adults overnight, and who is engaging with them will be important to inform the future planning, delivery, and sustainability of home care. Future research must understand what is important to older adults and their families to strengthen the evidence-base around the impact and value of such services and the outcomes need to be evidenced in rigorous mixed methods (quantitative/qualitative) studies.

Acknowledgements

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The authors wish to thank Yasmin Noorani, Academic Support Librarian at Bangor University, for her guidance and advice with the searches.

Chapter 3: Analysis of routinely-collected Night Owls service data

This chapter is an analysis of routinely collected service data and uses descriptive statistics to explore the data. The method and findings of the analysis will be described.

Background

Routinely collected service data was analysed to explore the socio-demographics and presenting needs of individuals receiving care and support from the Night Owls.

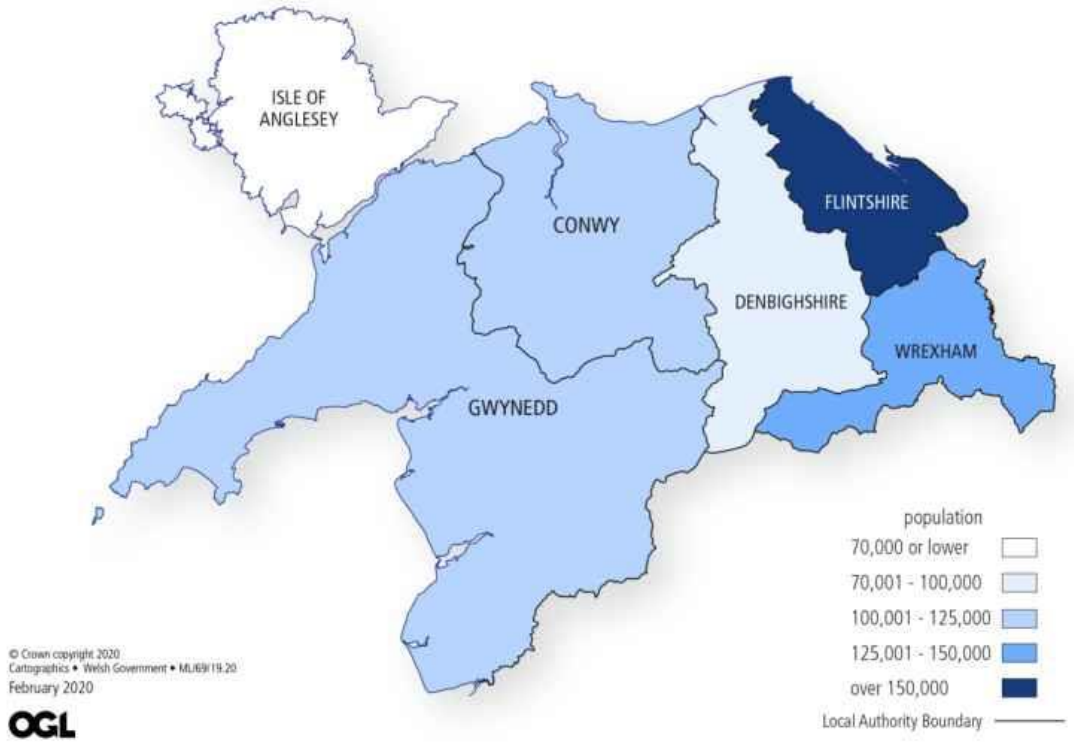
Methods

The researcher was given remote access to anonymised password-protected service data for a five-month period (153 nights) between April and August 2022. The data specified the caller's gender and location and the nature and details of the care need, the time the Night Owls were called, their arrival time at the property, the time they were given clearance to leave, and the time the visit ended. The number and length of scheduled and unscheduled Galw Gofal and Welsh Ambulance Service Trust (WAST) visits and the types of care and support provided were reported using descriptive quantitative analysis. Measures, such as percentages and means were used to present the data in a meaningful and informative way. Data was incomplete for 2% (1 of 55 visits) of the Galw Gofal calls and incomplete for 24% (11 of 45 visits) of the WAST callouts. Whilst the majority of people accessing the Night Owls are older (65 years and above), adults aged between 18 and 64 years also receive scheduled and unscheduled care and support, but because age was not recorded, it is possible that some visits to adults aged under 65 years have been included in the figures presented below. It was not possible to identify individuals from the anonymised data who may have called Galw Gofal or WAST more than once for care and support during the period.

Context

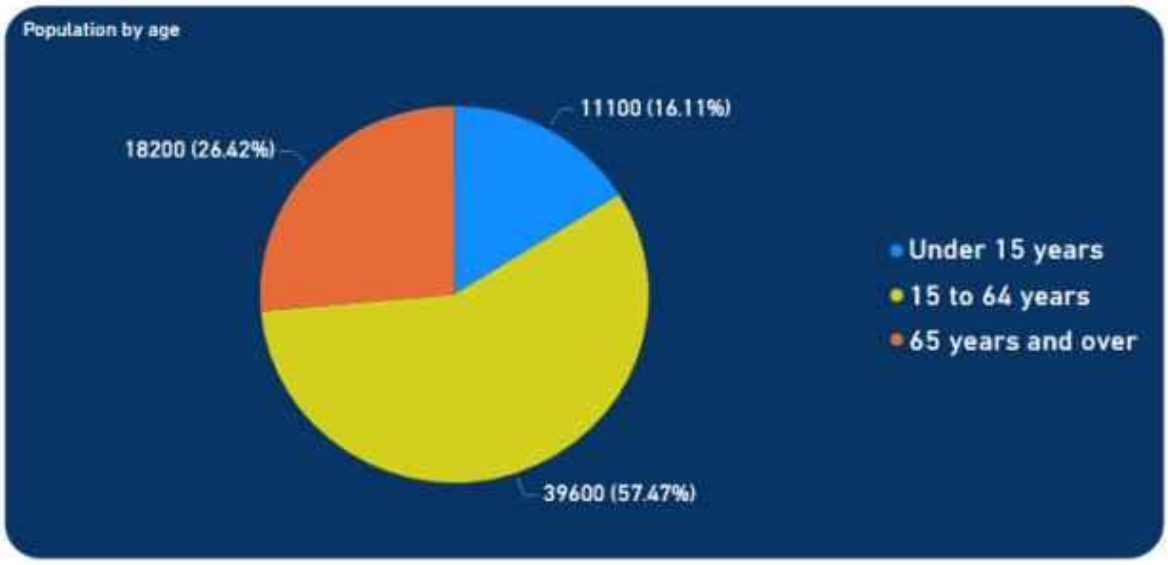
As previously described in Chapter 1, the Night Owls work in two teams of two to provide scheduled and unscheduled overnight care and support at home to adults aged over 18 years across the region. Anglesey's population of 68900 is spread across an area measuring 276 square miles, making it the least densely populated LA area in North Wales and the sixth in Wales (Figure 3.1). Results from the 2021 Census show that over a quarter of the Anglesey population is aged 65 years and over (ONS, 2022) (Figure 3.2). Further, almost 17% (5223) of all households were occupied by older adults living alone. Whilst population projections show that the total population of Anglesey is expected to decline by almost 3% by 2036, the population aged 85 years and over is expected to increase by 190% (NHS Wales, 2019).

Figure 3.1: Population of North Wales by local authority in 2018



Source: Mid-year population estimates, ONS (2022)

Figure 3.2: Population of Anglesey by age in 2022



Source: ONS, 2022

Findings

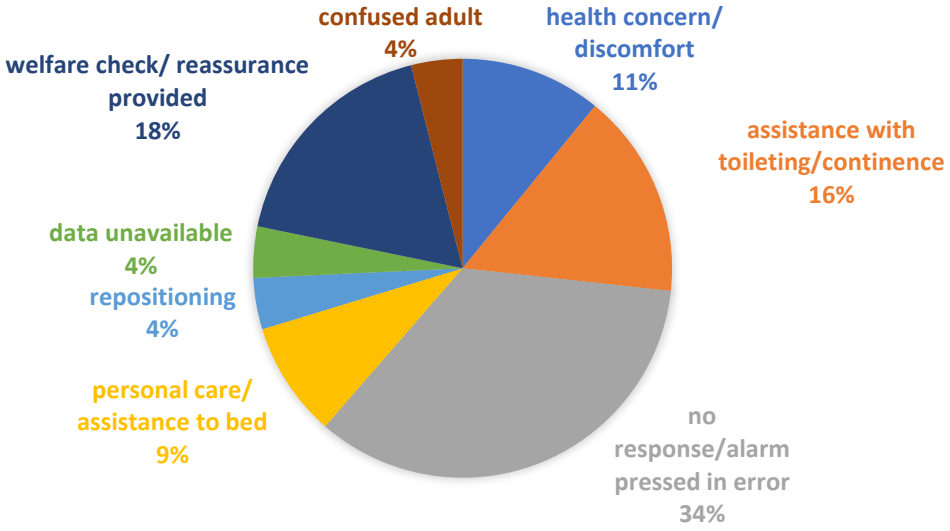
The data presented in *Table 3.1* shows an overall increase of 33.5% in the number of visits between April and August 2022 with unscheduled Galw Gofal and WAST visits accounting for 3.2% (n=100) of the total calls (n=3081).

Table 3.1: Night Owls visits between April and August 2022

Month 2022	Scheduled calls	*Average number of calls per night*	% increase ↑ decrease ↓	Galw Gofal calls	WAST callouts	Total calls	% increase ↑ decrease ↓
April	472	*16*		12	8	492	
May	554	*19*	↑ 17.4	5	4	563	↑ 14.4
June	585	*20*	↑ 5.6	18	13	616	↑ 9.4
July	731	*24*	↑ 25	10	12	753	↑ 22.2
August	639	*19*	↓ 12.6	10	8	657	↓ 12.7
Total	2981			55	45	3081	

Care and support needs included helping with toileting/continence problems, providing personal care, helping an older adult to bed, re-positioning, providing reassurance, attending to a confused older adult, or attending to a health concern or discomfort. The Night Owls also carried out occasional safety checks when the individual had not responded to a call back from Galw Gofal after their personal alarm had been pressed in error or when an alarm was triggered by an automatic sensor. *Figure 3.3* presents information about the type of health condition or social care need which necessitated a Night Owls visit following a telephone call to Galw Gofal or the triggering of a personal alarm. The WAST callouts were all because of a fall at home in which the person had not sustained a serious injury but were unable to lift themselves off the floor; family members, neighbours or friends, when present, had also been unable to help the individual off the floor.

*Figure 3.3: Care and support needs of adults accessing the Night Owls service through Galw Gofal between 1 April and 31 August 2022**



**percentages calculated to the nearest whole number*

An analysis of the outcomes of unscheduled visits show that the Night Owls resolved 83% (46/55) of the Galw Gofal calls - an ambulance was needed on one occasion and data was incomplete for another call – and 54% (24/45) of the non-injury fall WAST callouts. These outcomes are shown in *Figure 3.4, Figure 3.5* and *Figure 3.6*. Resolving the call mostly involved safely assisting the adult back to bed or using a raizer lifting chair to lift them off the floor. Ten individuals (22%) required additional emergency response following an assessment from the Night Owls (for a suspected head injury or another post-fall complication), but staff remained with the individual and provided personal care to maintain their dignity and on one occasion secured the person's airway prior to the arrival of the emergency services. Data was incomplete for the other visits.

Figure 3.4: Monthly outcomes of unscheduled Night Owls visits through Galw Gofal (1 April to 31 August 2022)

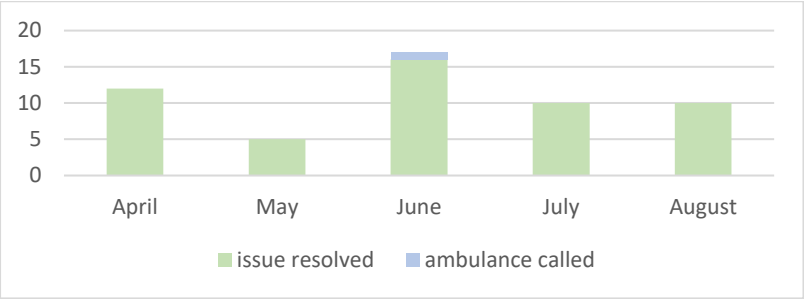
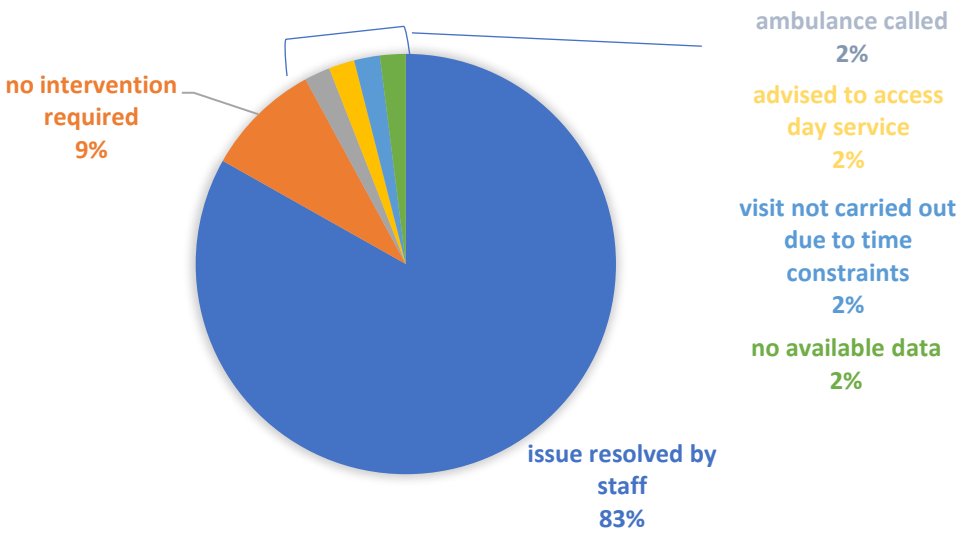
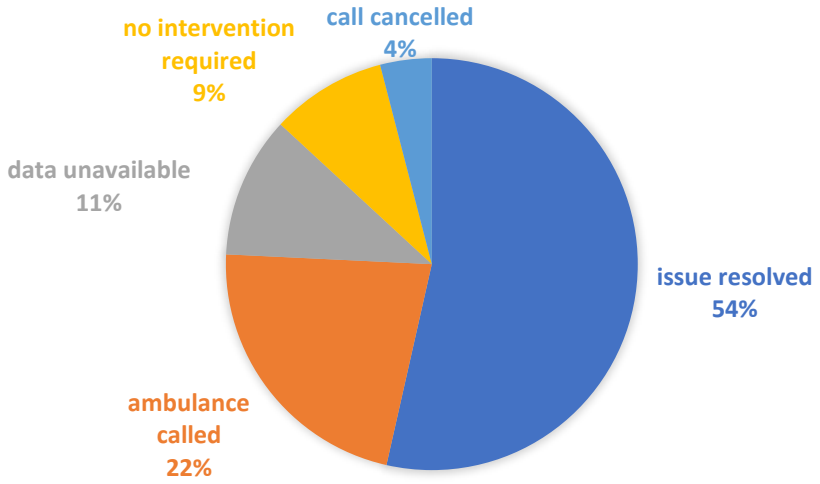


Figure 3.5: Outcome of unscheduled Galw Gofal visits between 1 April and 31 August 2022



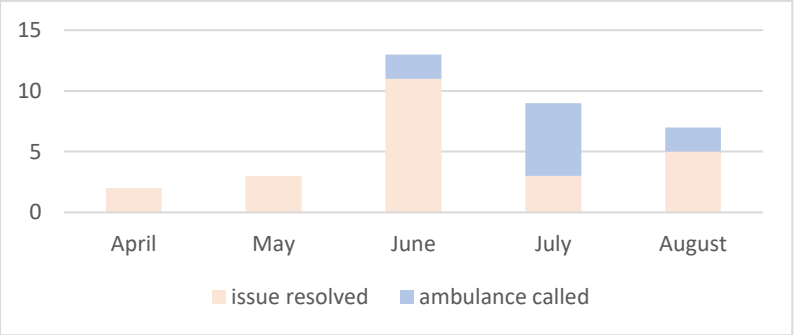
**percentages calculated to the nearest whole number*

Figure 3.6: Outcome of unscheduled WAST visits between 1 April and 31 August 2022



**percentages calculated to the nearest whole number*

Figure 3.7: Monthly outcomes of unscheduled Night Owls visits through WAST (1 April to 31 August 2022)



The mean WAST visit call length (*Figure 3.8*), ranging from 34 minutes to 63 minutes, varied due to the Night Owls having to remain with the individual until they received clearance from an ambulance call handler that it was safe to end the visit or until the emergency services arrived.

Figure 3.8: Mean WAST call length (in minutes) in April and August 2022

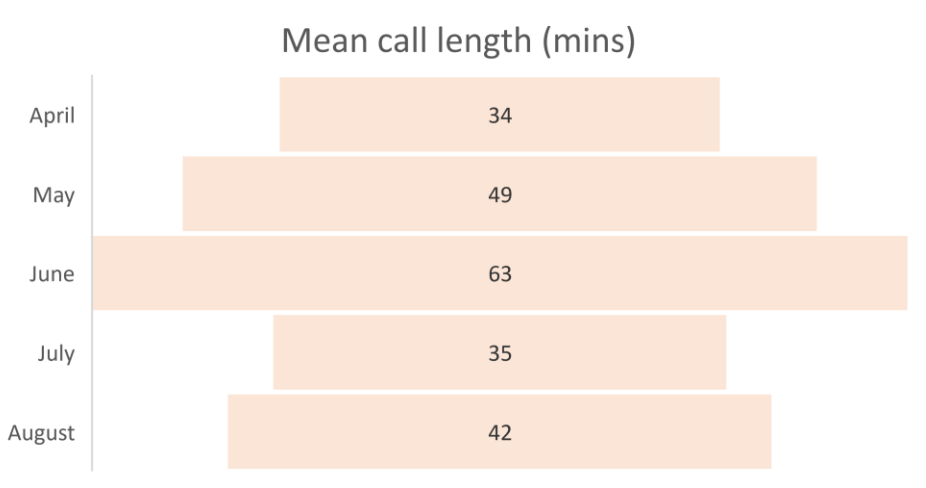
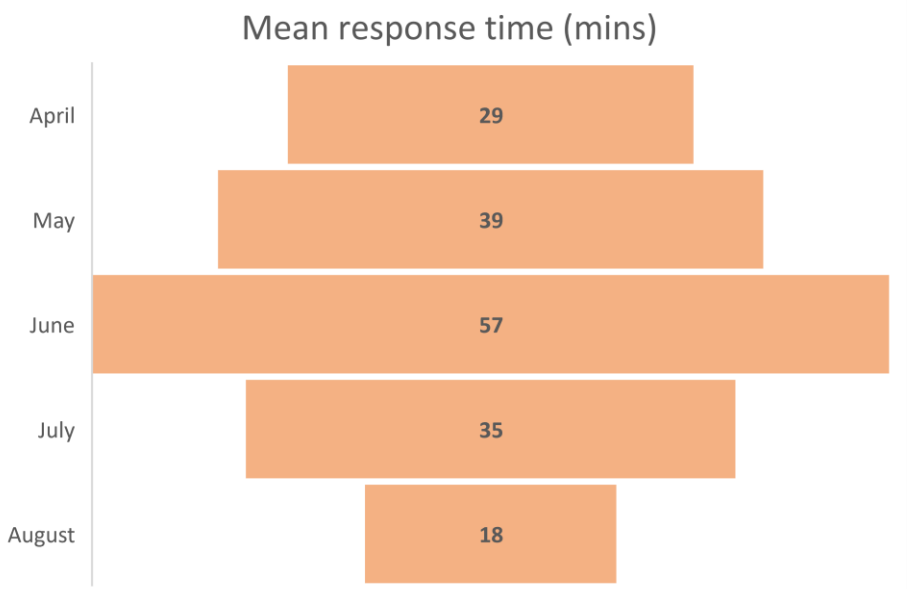


Figure 3.9 captures the Night Owls' mean response time to WAST callouts, ranging from 18 minutes to 57 minutes.

Figure 3.9: Mean WAST call response time (in minutes) in April and August 2022



Analysis findings were shared with the project partner and presented to the service manager and senior managers responsible for adult social care services within the Council. This was the first time service data had been analysed and presented in this way to the local authority,

and presentation slides were shared at the Council's request to provide evidence of the numbers accessing the Night Owls to Care Inspectorate Wales (CIW), the independent regulator of social care in Wales.

A key reason why the project included analysis of routinely collected service data was to identify areas or data which were not being routinely captured. Whilst the service data was useful in gaining insight into who is using the Night Owls service and the determinants of overnight care and support at home use, it did not provide information about the experiences of people engaging with the service or information about the impact the service had on individuals' ability to achieve wellbeing at night-time. This gap in the data evidenced the need to undertake qualitative interviews to understand the outcomes from the perspectives of the older adults receiving unscheduled Night Owls visits and the perspectives of their unpaid carers and informed the pilot questionnaire.

Chapter 4: Qualitative interviews

The recommendations for future research identified in Chapter 2 informed a mixed methods study exploring the perspectives and experiences of older adults receiving unscheduled overnight care and support at home and the perspectives and experiences of their unpaid carers. This chapter describes the second phase of the Night Owls project, the qualitative interviews conducted with older adults and unpaid carers. The method and the findings of a thematic analysis will be discussed.

Background

Gaining the views of older adults on what matters to them is vital to ensure the care and support they receive meets their preference and wellbeing needs (Haex et al., 2019). Interviews were conducted to elicit the views of older adults and their unpaid carers on their experience of receiving unscheduled overnight care from the Night Owls service. The aim was to recruit a total of ten to fifteen participants.

Design

A qualitative approach using semi-structured interviews was used. Efforts were made to eliminate bias in the questions considering the involvement of the service manager in question selection, however, this is acknowledged as a design limitation. Qualitative interviews are commonly used to provide meaningful information on participants' experiences and perspectives and the opportunity to probe responses can provide an in-depth understanding of what is discussed (Ritchie, 2003; Turner, 2010). Whilst ethical issues, such as ensuring informed consent or compromised autonomy, can challenge older adults' recruitment and participation in qualitative research, it is important that the older population's perspectives are represented because they are the most likely to benefit from evidence-based practice (Poland & Birt, 2018). Participants were Welsh- and English-speaking, reflecting the bilingual context of the region.

Methodology

Participant selection and recruitment

Inclusion and exclusion criteria, shown in *Table 4.1*, were used to screen for eligibility: older adults who were unable to give informed consent, who were known to be particularly unwell or who were receiving end-of-life care were excluded. Older adults with known safeguarding risks or about whom risks were not known were similarly not approached to take part in the study.

Table 4.1: Qualitative interviews' inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
Aged 65 years and over or an unpaid family carer/friend/ neighbour of an older adult who received the service	Aged under 65 years
Has received unscheduled care in the last three months	Has not received unscheduled care in the last three months
Has mental capacity	Has impaired mental capacity
No safeguarding risks or other contraindications	Known safeguarding risks

The Night Owls carried out 73 unscheduled care visits in the three months preceding the start of the interviews in September 2022 (Figure 3.3). As previously discussed, individuals were not identifiable from the data; some may have received more than one visit during the recruitment period so the exact number eligible for approach was unknown.

Some of the older adults who were approached to take part in an interview were visited during the researcher's orientation time at the service between July and September 2022. The visits were valuable for gaining insight into the care and support needs of the older adults being supported and to better understand how the service operated. The researcher's presence and the background of the study were explained, and several expressed an interest in taking part in the study. Following further screening after the home visits, two of the older adults visited fulfilled the eligibility criteria. A further four older adults were identified by the service manager and were approached by telephone in the first instance. All consented for their details to be shared with the researcher.

The aims and objectives of the study were discussed during an introductory telephone call with eligible older adults or unpaid carers who had expressed an interest in participating (n=6). Following this telephone conversation, bilingual Participant Information Sheets (PIS) (Appendix B and C) and information on data management (GDPR) (Appendix D and E) were sent by post. This was followed-up by a telephone call no less than a week after sending the written information. Sending explanatory information has been found to reduce study refusal rates significantly (Tausig & Freeman, 1988), however, one older adult declined via email to take part following receipt of the PIS. No reason was given for declining, but they had expected the interview to take place during the initial telephone conversation. Attempts to re-contact another individual were unsuccessful. Four older adults and three unpaid carers were interviewed as shown in *Table 4.2*.

Table 4.2: Participant Recruitment

	Eligible	Ineligible
Number of older adults identified from joint home visits	2	3
Number of older adults identified from service data	4	2
Number of older adults approached	6	
Number of older adults who received a PIS	6	
Number of older adults who completed an interview	4	
Number of unpaid carers who completed an interview	3	

Data collection

A risk assessment was conducted prior to commencing the interviews as meeting with older adults in their own homes was recognised as a high-risk research activity due to the increased vulnerability of some of the participants. Advice was sought from the project partner on best practice when conducting home visits, in light of COVID to ensure study procedures complied with those of the local authority. These included the researcher wearing a mask in participants' homes and maintaining physical distance. Tremblay et al. (2021) propose that mask-wearing has the potential to negatively impact the development of trust in the researcher-participant relationship when conducting face-to-face qualitative interviews. However, the researcher took care to spend as much time as was appropriate making each participant feel at ease and was not aware of any negative effects of wearing a mask. Additional controls, such as the researcher taking a lateral flow test before and after each home visit, were put in place to further minimise the risk of COVID-19 transmission. Participants were made aware of these controls, and two interviews were re-scheduled because the researcher had been in close contact with an individual (unrelated to the study) who tested positive for the virus. The University also provided online COVID-19 training. To adhere to the University's lone working policy (Bangor University, 2015), the time and place of each interview were shared with one supervisor, and email contact was made before and after each home visit.

Face-to-face interviews were conducted individually or jointly with an unpaid carer in the participants' own home at a time of their convenience. Only one older adult and their unpaid carer chose to be interviewed over the telephone; the older adult was hard of hearing and had difficulties understanding unfamiliar voices when obscured by a mask. The telephone was therefore put on loudspeaker so that a joint interview could be conducted. Telephone interviews are a cost-effective alternative to face-to-face interviews and can provide a perception of increased anonymity which can reduce self-consciousness on the responders' part (Tausig & Freeman, 1988; Oltmann, 2016). They can also facilitate the disclosure of intimate information (Novick, 2008). However, the absence of visual and nonverbal cues and hearing difficulties in the older population can be a barrier (Worth & Tierney, 1993). A lack of

contextual information, such as the individuals' attire and surroundings, can also pose difficulties but is not thought to undermine the quality of the data (Novick, 2008).

Interviews were conducted over a four-month period between September and December 2022 and varied in length from 14 minutes to 93 minutes; the average interview length being 44 minutes. Participants agreed for the interviews to be audio-recorded. The researcher completed the informed consent form (ICF) for the older adults according to their wishes and for the interviews conducted over the telephone (Appendix H and I); unpaid carers interviewed face-to-face gave written consent (Appendix F and G). Participants were given the opportunity to ask questions at the start of the interview.

Language preference

The language preferences of participants were included in the design and undertaking of the research project, so that interviews were conducted in Welsh and English. Language sensitive research is a fundamental aspect of research governance in Wales; providing a language choice has been found to promote feelings of comfort amongst vulnerable groups such as older adults as well as enhancing communication (Roberts & Irvine, 2007). Moreover, many first language Welsh speakers are more able to express their thoughts and feelings through the medium of Welsh and prefer speaking it to English (Roberts & Irvine, 2007).

When the project was planned and prior to submitting the project for ethical approval initial areas of interest were considered when putting together a topic guide for the semi-structured interviews (Appendix N). These had been discussed with the project partner prior to the researcher's engagement with the project. The topic guide asked what study participants (older adults and their unpaid carers) liked about the service, whether there were things they felt could be improved, and whether the service contributed to their overall feelings of safety and wellbeing at night, and if so, in what way.

Questions were open-ended to elicit meaningful responses on what worked well and how the service could be improved. A conversational approach was adopted so that participants were able to steer the direction of the interview and they were encouraged to give examples of positive and negative experiences to mitigate against any possible positive bias in the interview questions. The PIS (Appendix B and C) sent before conducting the interviews explained that participants did not have to answer any question(s) they did not wish to and could terminate the interview at any point.

At the start of the project the researcher spent time immersed in the literature surrounding the delivery of care and support at home. The extant literature and time spent in the company of the service manager discussing the project and gaining understanding of the service refined

the topic guide and shaped further ideas for interview questions. These included ascertaining how participants had heard about the service and whether they felt confident raising concerns about their care and support with the service manager. Whilst the service manager was keen to know if participants would recommend the service, this question was not always directly asked since it was implied in the responses to other questions. The content and flow of the questions were altered to allow for participants' individual circumstances and understanding.

Ethical considerations

Interview arrangements were made with the unpaid carer and not with the older adult in all but one instance at the request of the older adults. However, mental capacity and a willingness to consent were established during initial telephone conversations or during prior home visits. The researcher also assessed the older adults' capacity prior to commencing each interview to ensure the consent given was informed. This involved assessing their understanding of the aims of the study and their ability to retain information in the short-term.

To provide participants with the level of anonymity agreed upon in the informed consent process, namely that any quotes used would not identify them (Appendix F, G, H I), pseudonyms were used to present participants more empathetically. This can help the reader to engage more with the viewpoints offered. Further, the small population of the island and the relatively small number of people known to the local authority to be using its unscheduled overnight service meant that providing any details about the relationship between participants was avoided as much as possible. To accomplish this the researcher adopted the generic term 'relative' whenever possible, though in some instances quotes did not make sense when the relationship referred to was not described.

Previous research suggests that older adults in particular exercise caution when asked to give feedback on their use of services for fear of being discriminated against or that negative comments may put the service at risk (Palmer et al., 2015). By providing anonymity it was hoped participants would feel able to speak freely and honestly about their experience of using the Night Owls service. Additionally, the researcher made clear her affiliation to the University and that she was not involved in the service's delivery of care and support.

Ethical approval for the study was provided by Bangor University Healthcare and Medical Sciences Academic Ethics Committee (2020-16591) and the NHS Health Research Authority, South Central-Oxford C Research Ethics Committee (Reference No. 19/SC/0539) (Appendix A).

Data Management

All information collected was anonymised and kept confidential. Signed consent forms were transferred to a locked filing cabinet at Bangor University, to be deleted after five years, and audio recordings were downloaded from the Dictaphone onto a password protected Bangor University computer at the earliest opportunity. The digital audio files were transcribed with identifying information redacted and the audio files were deleted once the transcription had been checked,.

Data analysis

Transcribing the interviews formed the first part of the data analysis and after each interview the transcription was commenced within hours to retain as much memory of the paralinguistic features as possible. The researcher translated the two (joint) interviews conducted in Welsh into English for analysis: one interview was transcribed directly into written Welsh before being translated into English; the other interview was translated from the audio recording into written English. Analysing data in its original form can enhance the validity of the research (Irvine et al., 2006), but being an early career researcher, the researcher chose to have the data sets in one language to facilitate analysis.

The researcher's decision to translate and transcribe the interviews herself was partly determined by time and financial constraints, but also by her written and spoken proficiency in both languages. She was also native to the area and spoke the regional dialect. Some argue that the dual researcher/translator role can pose challenges in capturing meaning equivalence (Temple & Young, 2004), whereas others suggest that a greater awareness of meaning and structure in language can help bilingual researchers tease out nuances in participants' speech (Baker, 2006). On repeated listening the researcher revised the transcriptions accordingly: formerly unintelligible passages became intelligible (for the most part), and some translation from spoken Welsh into written English was altered when it was felt the nuance of what was intended had originally been missed.

Whilst the practice of transcribing involves creating as accurate a written representation of speech as possible, it is argued that the focus can in some instances be less on the language used and more on the intent and context of the language (Bird, 2005; Collins et al., 2019). This is because audible and nonword audible expressions and disfluencies within the flow of speech can potentially change the meaning of responses when written down compared to when heard and can undermine the apparent certainty of responses (Collins et al., 2019). One transcription featured numerous fillers, such as 'uhm' and 'er', and restarts and repetitions. Having conducted the interview the researcher concluded that these disfluencies were mainly

involuntary expressions, therefore a decision was made to edit them from the final transcript to preserve the intended meaning of the responses.

The researcher adopted an inductive approach to analyse the study data since overnight care at home remains an under-researched area. Theories on ageing in place (Chapter 1), the findings of the scoping review (Chapter 2) and the gaps identified in the data routinely collected by the service (Chapter 3) helped inform the analysis. The interview data was initially mined through repeated reading of the transcriptions which led to the development of some expected and unexpected themes. For example, older adults' positivity and resilience when faced with a loss of capabilities was significant. Key phrases in the printed text were highlighted with a marker pen and drawing mind maps helped group the data together. The researcher then posed several questions relevant to the research question to code the data and identify patterns in responses, drawing on the extant literature about older adults receiving care at home. Following Braun and Clarke's thematic analysis framework (Braun & Clarke, 2006), patterned responses and meanings were analysed, transformed, and interpreted to construct themes. This was an iterative process, and much refinement was done to connect different elements of the data in a meaningful way to gain a deeper understanding of participants' experiences of receiving unscheduled overnight care. The researcher also consulted her reflective notes, which had been written at the end of each interview. The analysis continued to be refined through the writing process with data belonging to more than one code finding their place under different themes to what was originally anticipated. The themes are illustrated by verbatim quotes in the Findings section.

Findings

Participant recruitment and characteristics

The older adults ranged in age from 81 to 95 years and all participants were reliant on either daytime local authority and/or private care services to help them achieve their personal wellbeing goals. They had limitations in their ability to perform Activities of Daily Living (ADLs) due to age-related frailty or a health condition which limited their functional capabilities. As well as accessing the Night Owls service, night-time care and support was provided to all but one older adult by unpaid carers on an occasional or regular basis; one family also paid for overnight private carers to support their relative twice a week. Only one older adult lived with someone else, however her spouse also had declining health and was unable to provide support during the daytime or at night. Two unpaid carers were in paid employment and shared the caring role with other family members, and all three had other family dependents. Participants chose to be interviewed face-to-face individually (n=3) or jointly (n=2), whilst

another joint interview was conducted over the telephone. *Table 4.3* and *Table 4.4* show the characteristics of study participants and older adults' overnight care and support needs respectively.

Table 4.3: Characteristics of study participants

Gender	Older adults	Unpaid carers
Female	n=3	n=2
Male	n=1	n=1
Living arrangements		
Lives alone	n=3	
Lives with spouse	n=1	
Older adults' use of overnight care service		
Scheduled and unscheduled	n=2	
Unscheduled only	n=2	
In receipt of daytime care		
Local authority (LA) carers	n=2	
Private carer	n=1	
LA + private carers	n=1	
Language of choice		
Welsh	n=2	n=2
English	n=2	n=1

Table 4.4: Older adults' overnight care and support needs

Personal care, incontinence care, assistance with toileting and mobilising
Assistance following a fall that did not result in an injury
Re-positioning
Safety checks

Thematic analysis

Table 4.5: Themes, sub-themes, and illustrative quotes

Themes	Sub-themes	Illustrative quotes
Individualised care and support	Meeting the wellbeing needs of older adults at night:	*You get a sense of care.*
	Physical	*I'm having the fall with my gammy back and now one time I could get up – I actually developed a tactic but it's getting more and more difficult.*
	Psychological	*It's somebody calling isn't it, you know, in the night. It's - that's when it's most frightening for her.*
	Social	*I'm pleased to see them. Being able to sleep in your own bed is more important than one considers it to be.*
	Supporting unpaid carers in their role as carers:	
	A physical break from caring	*…it's nice for me to know that someone can come here*
	Peace of mind	
Barriers to accessing overnight care and support at home	Lack of information	*Local word of mouth, because nobody advertises it - there's no mention, it took me some time to - I didn't know I would get through to a special service.*
	Service pressure	*We understand that the Night Owls are in a hurry to do.*

Drawing on participants' reflections on their experiences with the Night Owls service, two main themes were identified. Participants' high levels of satisfaction with the quality of care and its positive effect on their wellbeing was reflected in one main theme: *individualised care and support*. Within this theme, two sub-themes of *meeting the physical, psychological, and social wellbeing needs of older adults* and *supporting unpaid carers in their role as carers* by giving them a break from caring and peace of mind were identified. Participants also reflected on the barriers to accessing overnight care and support at home, namely a lack of information and service pressure; these barriers constituted a second theme. The themes and incorporated sub-themes, are supported by verbatim quotes in the following presentation of the analysis.

The use of pseudonyms in place of real names, redacted locations, and the acronyms OA and UC distinguish quotes from older adults and unpaid carers respectively.

Motivation for taking part in the study was largely altruistic: participants understood that they may not benefit directly from taking part but hoped their contribution would support the case for continued funding of the service so that others could benefit, as demonstrated by the following quotes:

> *I know I don't have to, but we feel by giving this interview, if it helps the service and it helps people like mam to have…to have…because without the Night Owls - well, between the Night Owls and Galw Gofal mam is able to be at home by herself, isn't she? Without them you'd be lost wouldn't you, mam? [Terry, UC]*
>
> *I'm quite happy and would be most annoyed if it went. I think someone up in the hierarchy should realise that. [Jim, OA]*

Individualised care and support

The Night Owls' ability to meet participants' individual needs and preferences was highly valued and contributed to their positive perceptions of the quality of care they received. One older adult considered the timeliness of the service and unhurriedness of the staff whilst delivering care and support to contribute to him achieving a good outcome:

> *Very good. They know what they're doing and they're pretty quick. Since the Night Owls have got the job they seem to be able to respond fairly quickly and get me off the floor. [Jim, OA]*
>
> *You get a sense of care. [Jim, OA]*

Whilst Jim appreciated the Night Owls' ability to safely raise him off the floor after a fall, he also valued that staff were attentive and displayed empathy:

> *…they try to make me as comfortable as possible, getting back into a comfortable position. [Jim, OA]*

Positive relationships with the Night Owls staff were perceived as being an important contributing factor to the delivery of individualised care and support and had enabled the development of trust and understanding within the care relationship, as exemplified by the description of a staff member:

> *Oh, one is so affectionate - you'd think it was your mother. [Rita, OA]*

Good communication had positively affected one older adult's perception of the quality of care. The Nights Owls were able to meet her preference of speaking Welsh, her first language, with her caregivers and she appreciated that she could do this with the Night Owls, something she could not do with any of her daytime carers. She explained her efforts to speak English:

I try my best but I'm not good at all. [Ethel, OA]

Not having reflected on this previously, her unpaid carer shared his belief that care delivered in Welsh was more emotionally affecting, which added to the perception that the Night Owls' care and support was individualised and person-centred. The other Welsh speaking older adult did not perceive the language of care to be significant to her.

Meeting the wellbeing needs of older adults at night

Age-related frailty and various chronic health conditions made it difficult for the older adults to achieve their night-time biopsychosocial wellbeing goals independently. Home adaptations and additional technology, often installed at their own expense, had increased older adults' sense of confidence and safety at home by enabling them to contact friends or neighbours when they needed assistance:

> *…there's now the phone here, a phone in the kitchen, a phone in the bedroom. That gives me peace of mind that I'm always near a phone. [Jim, OA]*

However, the co-ordination of care delivery between the Night Owls and Galw Gofal was vital in helping older adults achieve wellbeing:

You know, Galw Gofal, she relies a lot on it to be honest. [Terry, UC]

Older adults' significant dependence on the overnight service was highlighted by their response to being asked how they would manage their care and support needs without the Night Owls:

We would be lost, so lost. [Annie, OA]

I'd be up the…proverbial creek! [Jim, OA]

One older adult initially thought she could continue to live at home without the overnight service, however having been reminded by her unpaid carer of how the Night Owls helped her achieve her personal care needs at night, she realised how important the service was in enabling her to continue living at home. The quotes below are from the conversation:

> *I don't think you would mam. How would you - who would - you wouldn't - it wouldn't be fair on you sitting in bed for over 12 hours and…maybe you'd soiled yourself. [Terry, UC]*

Yes, I wouldn't be able to manage without them either. [Ethel, OA]

Participants had not previously given much thought to the service's impact on their wellbeing, possibly because they had never been asked before, and they reflected on how people in other areas managed without an overnight service:

I've not thought it through that much. You take it for granted – oh, the Night Owls will come – but if you take away that service, it's a bit of a struggle then you know, isn't it? [Terry, UC]

Makes you wonder how people used to cope before the Night Owls doesn't it? And how people…if you say this is thingummy to [redacted]…it makes you wonder how people in [redacted] cope without them. [Terry, UC]

Physical wellbeing needs

Personal care

Two older adults accessed unscheduled care at night for help with incontinence or because they needed assistance with toileting. Participants described how the Night Owls' provision of personal care helped older adults achieve positive wellbeing outcomes, as in the following two quotes from a mother and daughter:

I press it and they say, "what's the problem" …and I say, "I can't - I'm trying to get out of bed to the toilet." [Annie, OA]

It's protecting her dignity a little bit more isn't it. She's not getting wet. [Sue, UC]

The inappropriateness of a male unpaid carer providing personal care to an older female relative outside a scheduled call was a factor that led one unpaid carer to express his appreciation for the Night Owls:

She has an accident so it's quite a mess with no one 'to do' and who would you contact? I wouldn't be able to come here – I wouldn't be able to change her anyway and the carers won't come at night, you know, they only work during the day. They're a huge blessing. [Terry, UC]

The key role the Night Owls played in helping older adults achieve their overnight physical wellbeing goals was highlighted by participants' inability to identify alternative home-based night-time services that support older adults achieve their personal care needs at night:

Who would you phone mam? She'd have to - I don't know what would happen - she'd have to go to the hospital probably wouldn't she? [Terry, UC]

Mobility

The Night Owls' interventions were essential to older adults whose decline in mobility had affected their ability to achieve wellbeing:

I'm having the fall with my gammy back and now one time I could get up – I actually developed a tactic but it's getting more and more difficult. [Jim, OA]

Jim considered the Night Owls' ability to respond quickly to be crucial in slowing down any deterioration in his health and in decreasing his risk of contracting pneumonia. He compared the response time of the Night Owls to the response time of the emergency services following previous falls at home to illustrate the potential negative long-term consequences of being left on the floor unattended for a lengthy period:

> *I'd be there a lot longer and it'd be rather cold, rather uncomfortable, because everything stiffens up and the limbs tend to stiffen up, and also lack of use of a muscle over the long-term causing muscle wasting. [Jim, OA]*

Whilst he considered the seriousness of him falling at home to be minor in comparison to a serious road accident (participant's own comparison), he felt it was important to have a dedicated overnight service which could respond to local demand:

> *Anything which is run by central government can be hierarchical and bureaucratic – I mean, it gets things done – but having experience, it's far better having a completely separate unit dedicated to doing this one job, and can respond straight away, and could possibly save someone's life and that's why I'm in favour of it. [Jim, OA]*

The Night Owls' care and support was instrumental in relieving one older adults' chronic pain symptoms:

> *I get pains in my leg – awful - and I think they'll be able to help me a bit and make the bed more comfortable maybe. [Rita, OA]*

This participant wished the Night Owls staff were able to give her pain relief at night as she was not always able to do this herself. However, the unpaid carer understood the limits of the types of care the Night Owls could provide:

> *I don't know what the Night Owls' remit is, but I think probably because they see a pot at the side of the bed with either tablets in it – or have been – they probably won't give mam anymore. [Kate, UC]*

Psychological wellbeing needs

Reducing anxiety

Two unpaid carers identified their relative's heightened vulnerability at night-time and felt that the Night Owls' visits helped to address this and supported the psychological wellbeing of their relative during the night-time:

> *It's somebody calling isn't it, you know, in the night. It's - that's when it's most frightening for her really as well. [Sue, UC]*

The Night Owls helped reduce distress and anxiety and led to older adults achieving a good outcome. The quote below demonstrates the impact the Night Owls had on one older adult as described by her unpaid carer:

> *Mam's been having hallucinations. Having the Night Owls here was a help with that because mam thought she heard a noise, that there was someone else in the house, so they would check around the rooms. [Terry, UC]*

Paid employment and other family commitments prevented unpaid carers from always being available to provide companionship at night, but the Night Owls offered unpaid carers reassurance that positively impacted their psychological wellbeing in addition to the psychological wellbeing of the older adults:

> *…to phone someone to come here to comfort mam…it's difficult and that's why it's so important to have someone like the Night Owls to do that and help with that. [Terry, UC]*

The collaboration between the Night Owls and Galw Gofal also gave older adults increased reassurance that their wellbeing needs were met through not diverting valuable resources and time from the emergency services:

> *It's working very well, err, the normal emergency business will be dealing with proper emergencies like road accidents etc. etc., not with someone who's fallen out of bed. [Jim, OA]*

Helping to maintain independence

Despite being dependent on others for care and support, older adults had a strong desire to maintain a sense of independence. One older adult valued that his use of the overnight service lessened his dependence on friends and neighbours who he was happy to call on during the day to help lift him off the floor following a fall at home but not at night time:

> *The last thing I want is, err, a neighbour being disturbed. [Jim, OA]*

Another participant felt his older relative's independence was reinforced by her ability to remain living at home and attributed this to the overnight care and support provided by the Night Owls:

> *It's given mam the independence to be able to be at home. [Terry, UC]*

Supporting autonomy

Older adults had few opportunities to execute their autonomy due to the impact of functional limitations on their everyday lives. However, they had the capacity to set goals and felt it was important to be involved in decision-making about where they wished to live and how they wished to be supported. Each older adult expressed a preference for living at home and the availability of overnight care and support was perceived to be a significant factor in helping them achieve this and preventing admission to residential care:

What I do not want is forced entry into a care home, so I've spoken to them about that and said no. [Jim, OA]

Three of the older adults had lived in their current home for a combined total of 150 years and when asked why remaining in their own home was important to them, two older adults referred to the familiarity of the environment and their feelings about the place:

Probably that you're used to it isn't it. [Rita, OA]

I like it here. [Ethel, OA]

One unpaid carer reflected on the significance of being supported in a familiar environment and suggested that because of her compromised mobility, his older relative's psychological wellbeing may not necessarily be affected by her surroundings:

It's different if you're in your environment and can walk around - it doesn't really make much difference to you does it mam - if you were in a home? [Terry, UC].

Terry was the only unpaid carer to suggest residential care as an alternative to being cared for at home. However, when reminded by his relative that this was not her wish, he conceded that the quality of care provided by home care services, including the Night Owls, was better in his opinion. This was based on his relative's deterioration in health during a period of respite care at a residential care home:

But one home she went to, she was left there. She was tired, so they put her to bed, and she got terrible sores on her feet, and she suffered the entire year after that trying to get the sores sorted. [Terry, UC]

Another participant, who had rejected medical advice that her relative's complex care and support needs would be best met in a nursing home, described the quality of care provided by the Night Owls and daytime home care services as "top notch". Kate credited her older relative's ability to maintain her quality of life to the access she had to unscheduled overnight care and support. By promoting wellbeing, the Night Owls also helped her older relative meet her wish of remain living at home:

I don't think mam would still be with us had she not come home. [Kate, UC]

Social wellbeing needs

The Night Owls helped older adults realise their social wellbeing needs at night by offering companionship, comfort, and reassurance:

I'm pleased to see them. [Ethel, OA]

The girls say we have a little laugh and a chat and that which is nice, cos they don't get to see an awful lot of people these days obviously, with not going out you know. [Sue, UC]

The Night Owls' ability to allay her fears led one participant to compare her situation favourably to others, despite being frail, living alone and being housebound:

There are some…a lot are by themselves. [Ethel, OA]

Most older adults no longer engaged in social activities outside their own home because of their declining health and mobility, which meant that most of their social wellbeing needs were met by family members, neighbours, and daytime services. The loss of friends, neighbours, and the support of the wider community had reduced older adults' social networks and had negatively impacted their ability to achieve their social wellbeing goals independently:

There used to be people next door on both sides, but they've died. And the lady over the road, she's died, so I have no one here to ask. [Rita, OA]

The people around me, it's gone that they don't come near here. What I've done to them I don't know. [Ethel, OA]

I miss the friends I had. [Annie, OA]

It's getting more and more Anglicised…uhm…and less supportive than when I first came here. They're not as friendly as they used to be. There's a large influx of people buying holiday homes now you know. It's becoming more of a transient population compared with when I came here. You can walk around the village nowadays and not know anybody, but I can't walk far. [Jim, OA]

The Night Owls provided an important additional social connection to the community.

Supporting unpaid carers in their role as carers

A physical break from caring

Despite older adults receiving the maximum available care package of four daily home care visits and, in one instance, additional private care, unpaid carers continued to provide extensive care and support which impacted negatively on their wellbeing. Daytime and evening support included meal preparation, administering medication, housework, and transportation to appointments; at night, one unpaid carer stayed with their relative three times a week to provide companionship and the two other unpaid carers were often called to help with toileting and re-positioning and to provide reassurance.

Prior to accessing the overnight service, unpaid carers were challenged by their efforts to balance their caring role with work and other family demands which had a detrimental effect on their physical and mental health:

Before the girls started you know, I was literally on my knees. You know, you want to do as much, as best as you can for them, I really do but if you haven't got the energy,

and you're exhausted - I was frightened that I wouldn't be able to cope to be honest, and that never ever crossed my mind before, and I thought I'll always be able to. I thought I'm just getting so tired; I'm frightened that I can't you know. [Sue, UC]

Callouts during the night – nearly every night, 3am. It got to the point where I was passing out at work - exhaustion probably. I was getting to the point I wasn't well. I couldn't cope anymore. [Kate, UC]

The burden of caring for an older relative also had a wider impact on relationships with other family members:

…it puts a lot of strain on you, you know, on my relationship with my husband and this and that. [Kate, UC]

The overnight service's unscheduled visits were instrumental in supporting unpaid carers and the caring relationship by allowing them to have uninterrupted sleep. This helped build resilience and enabled them to continue to provide care:

Being able to sleep in your own bed is more important than one considers it to be. Having a disrupted sleep pattern and having to put on a shift at work, erm, one can't - and I know that personally. [Kate, UC]

The difference not being in a constant state of alert anticipating being called at night-time was described in one unpaid carer's account of a recent break from caring duties:

…it was absolutely lovely just to go to bed when you could, when you wanted to and that you know, it was great. [Sue, UC]

Peace of mind

Unpaid carers believed that their older relative's willingness to accept the Night Owls' support reflected their satisfaction with the quality of care that met their wellbeing needs:

Mam has enough about her to say if something's wrong. [Kate, UC]

This simultaneously increased unpaid carers' peace of mind that their older relative would be well cared for by the Night Owls in the event they, other family or friends were unable to:

The support they provide, like with mam – it's ad hoc support, as and when required if we can't do it, if we're away or whatever – it's nice for me to know that someone can come here. [Kate, UC]

The impact the Night Owls had on reducing unpaid carers' stress and carer burnout was not underestimated, as the following quotes attest:

…in terms of the service…it's more than what it appears to be. There's like a secondary aspect to it. It's like supporting the whole family to be able to carry on. [Kate, UC]

They're a huge blessing. [Terry, UC]

> *It's a great thing. It only sounds small but it's not, you know, it's massive what they do, and I'm very, very grateful to them. [Sue, UC]*

> *They have made a great difference, they have. [Sue, UC]*

It was a source of relief to families that their relative had been able to remain at home throughout the COVID-19 pandemic, considering the restrictions imposed upon care homes' visitations:

> *I don't know what I'd have done had mam been in a home and not being able to see her. It would be beyond really. [Kate, UC]*

The safety precautions the Night Owls had taken, following national and local guidelines, ensured the service's provision of care and support was not disrupted and had helped maintain participants' sense of safety at home.

Barriers to accessing overnight care and support at home

Whilst satisfaction levels with the Night Owls was high, participants identified barriers to accessing overnight care and support at home. Barriers included a lack of service visibility and perceived service pressure.

Lack of information

A lack of information about the availability of an overnight service was perceived as having added to families' carer burden. Prior to her older relative experiencing an illness that led to her needing health and social care at home Kate had been unaware of the home care services available locally. However, she felt that not being told about the Night Owls sooner by the LA and her older relative's allocated care manager had exacerbated the challenges the whole family had faced in adjusting to a new caring role:

> *We'd never had sort of 'disablement' I'd say in the family before…We were awfully naïve when this happened. [Kate, UC]*

> *…had they been around during the worst times which was when mam first came home, and the first few years, it would have been so much easier. [Kate, UC]*

Older adults were mostly shielded from the practicalities of arranging care and support at home by their unpaid carers, who acted on their behalf. However, efforts to navigate the care system, particularly in response to their relative's changed or increased needs, had led to unpaid carers feeling frustrated. Participants had all learned of the Night Owls service from different sources (although some could not recall precisely how they had heard about the service):

> *As I say, it was only that (daytime carer), she said, "there's this good service, you know, I think social services will be the people to ask" and that put me on to that, you know. It was great. [Sue, UC]*

> *Local word of mouth, because nobody advertises it - there's no mention, it took me some time to - I didn't know I would get through to a special service. [Jim, OA]*

Jim's lack of awareness that the Night Owls was a separate service to the emergency services had delayed him calling for assistance following a fall at home:

> *Well, I just wasn't pressing the button (alarm). I was not aware that it was going through to a dedicated - what I was thinking I was doing by pressing the button, I was diverting resources from the emergency services. There may have been a serious road traffic accident and just because I'd fallen out of bed, I should be a fairly low priority. [Jim, OA]*

Participants also lacked knowledge about the connection between Night Owls and Galw Gofal, despite having been in receipt of Night Owls' support for several years:

> *I think there's a connection between the NO and GG I think, isn't there? [Terry, UC]*

An increased understanding of the service's scope, i.e., the Night Owls' collaboration with the Welsh Ambulance Service Trust, led to an increased appreciation of the quality of care and support:

> *So, they're pulled everywhere aren't they really? [Terry, UC]*

A lack of information and the absence of a distinct referral system may be potential barriers to other adults with similar needs accessing overnight care and support at home. Participants felt it was important for the service to be more widely advertised.

Service pressure

The unpredictable nature of providing unscheduled care means that the timings of the Night Owls' scheduled visits are often disrupted. Three of the four older adults who participated in the interviews received nightly scheduled care and support in addition to having received an unscheduled visit and had been affected by delays to their scheduled visits, although this was not raised as a concern. They appreciated that the Night Owls were busy and understood when a call from another person had to take priority over their own care and support needs. However, some participants were reluctant to contact the Night Owls for assistance because of their perception that the service was under a great deal of pressure:

> *We understand that the Night Owls are in a hurry to do. [Terry, UC]*

> *They said they had another five calls to go to then, so I know how busy they are. [Sue, UC]*

The perceived pressure on the service had not negatively affected the quality of care and older adults agreed that the time the Night Owls had to provide care and support was sufficient to meet their wellbeing needs:

> *Oh yes, considering the poor things have already done a shift and they come here and then have to go to [redacted] afterwards. [Rita, OA]*

> *…they don't seem to want to leave. They've got other jobs to do. [Jim, OA]*

However, two participants suggested that more staff may be needed to alleviate the demands on the service and to ensure the quality of care was maintained whilst simultaneously recognising that the social care sector was struggling to recruit staff:

> *Young people today don't want a job like that do they? [Rita, OA]*

Participants also recognised the pressure on other health and care services and suggested the Night Owls could contribute to relieving this pressure:

> *It is to their advantage to keep the patient at home as long as possible rather than clog up the national health system. [Jim, OA]*

Conclusion

Descriptions of how the Night Owls' provision of timely individualised care contributed to older adults' and unpaid carers' wellbeing are evident within the themes and sub-themes. This finding contributes to an understanding of what is important to older adults living at home who receive unscheduled social care and support at night-time.

Chapter 5: Pilot questionnaire

Background

As identified in Chapter 3, the local authority did not collect data on older adults' satisfaction (or otherwise) with the Night Owls service. To address this gap the research team and project partner agreed to develop and pilot a questionnaire to help understand if it could be a useful approach for the Night Owls service to gather feedback in the future.

Design

The questionnaire was designed to be anonymous to encourage respondents to give honest feedback about their satisfaction and wellbeing outcomes. Using a questionnaire in addition to the interviews had the potential to reach older adults from more varied backgrounds to provide different perspectives and increase the generalisability of the project's findings.

Methodology

Participant selection and recruitment

Night Owls staff were asked to leave a questionnaire pack, when appropriate, with eligible older adults when providing an unscheduled care visit during a one-month period between 6th February and 6th March, 2023. To be eligible for inclusion, participants had to be aged over 65 years, have mental capacity, and to have used the Night Owls' unscheduled service during the specified one-month recruitment period. Eligibility was the same as for the interviews, with the exception that having a known safeguarding risk was not perceived to be a barrier to its completion. However, staff were asked to use their judgement as to whether it was appropriate to leave a pack with the older adult at the end of an unscheduled visit. The questionnaire was piloted after the interviews had been conducted and included a wider sample of the older population using the service.

Leaving a questionnaire pack at the end of an unscheduled visit may have been timely, as there is evidence that individuals can be positively influenced to complete a survey if they believe their responses may have a direct influence on a service's continuation or expansion (Saris & Gallhofer, 2014; Oppenheim, 1992). The decision to limit recruitment was pragmatic given the project timeframes and that this was a pilot. The questionnaire pack consisted of a Participant Information Sheet (PIS) (Appendix J and K), information on data protection (GDPR) (Appendix L and M), the questionnaire (Appendix O and P), a freepost return addressed envelope and a survey asking for comments and feedback on the back of the questionnaire. The researcher's contact details were provided for respondents to contact with any queries and a return date was specified to allow sufficient time for analysis of the responses.

Questionnaire distribution

The service manager arranged for the researcher to meet the Night Owls staff to discuss the study prior to the distribution of the questionnaire packs. It was important they understood the purpose of the questionnaire to ensure it was introduced appropriately to potential participants. Eligibility criteria were explained, and staff were informed that an unpaid carer or friend could help with its completion if the older adult had capacity to understand the questions and the reasons why they were being asked to participate. Staff were also asked to reassure individuals that participation was voluntary. The meeting also provided an opportunity for the researcher to share positive anonymous feedback from the interviews to potentially enhance staff's motivation for distributing the questionnaire. The recruitment period began on the Night Owls' shift that night and the researcher launched the online questionnaire. Night Owls staff received ten packs of questionnaires in the first instance, but the number distributed during the recruitment period is unknown since the service manager was unable to access this information. No additional packs were requested, so ten was the maximum recruitment number.

Questionnaire design

There are benefits of using a questionnaire as a tool for data collection, such as lower costs (compared to travel costs associated with interviews, for example), an avoidance of any (conscious or sub-conscious) interviewer bias, and the ability to reach a dispersed and diverse audience (Munn & Drever, 1999). Using qualitative interview data is a common practice to generate questionnaire items (Ricci et al., 2019). Analysis of interview data, alongside analysis of routinely-collected service data and existing research on care and support at home, informed the development of the questionnaire. The service manager was consulted on the design of the questionnaire and gave valuable feedback on its content and layout. Suggestions for amendments to the initial draft included higher age brackets to reflect the very old population known to use the service; increasing the size of the font to help older adults with visual problems complete the questionnaire; and including additional reasons for accessing the Night Owls, informed by service knowledge. The amendments optimised the questionnaire's usability and acceptability and the final version consisted of a combination of open, closed, and scaled-response questions. Questions and instructions were written in plain language and instructions on how to complete the questionnaire were written in italic typeface to differentiate them from the questions. The final bilingual versions were reviewed and accepted with no amendments by senior managers at the project partner organisation.

Whilst care was taken to make the questionnaire accessible because questionnaires that are perceived as being burdensome risk poor compliance and low completion rates (Moores et

al., 2012), a low completion rate was anticipated based on the service data analysis. The population targeted to receive the questionnaire was relatively small: service data analysis over a five-month period showed that the number of older adults receiving an unscheduled visit during a one-month period was between 16 and 24 (*Table 3.1*). Whilst too many open questions can lead to time-consuming analysis (Oppenheim, 1992), the number of open questions was increased to gain as much information as possible and to identify alternative responses which the project team may not have anticipated. Closed questions are easier and quicker to answer but can lead to a loss of spontaneity and expressiveness (Oppenheim, 1992).

Online questionnaire

An online questionnaire was created to accommodate individuals who may have preferred to submit the questionnaire electronically and links were provided in the written documents. The online version was hosted by a GDPR compliant survey platform, Jisc online surveys, which enabled respondents to increase the font of the text or use a screen reader to aid its completion. Electronic versions of the PIS and GDPR documents were available on the first screen alongside a statement of consent. The accessibility of all documents were verified in advance in Microsoft Word to conform to Bangor University's standards.

Language choice

In line with the Welsh Government's commitment to making an 'active offer' of Welsh in health and social care services, which means providing a service in Welsh without someone having to ask for it (Welsh Government, 2022b), the questionnaire was translated from English into Welsh by Bangor University's Translation Service. The researcher's fluency in Welsh allowed her to identify and make minor corrections to verb tenses of the Welsh version prior to presenting the final questionnaire to the project partners. The online survey platform enabled the location distribution to be changed so that page navigation and instructions about completing the questionnaire were also in Welsh. Both paper and online versions were tested by Welsh and English first-language speakers to ensure that the language was clear, that the terms used were unambiguous, that all online functions worked and that there were no discrepancies between the two versions.

Rationale behind question selection

The 14 questions in the questionnaire were divided into two sections. Question order is much debated in the literature with some preferring to collect socio-demographic information at the end of a questionnaire (Rowley, 2014). However, the researcher felt that including what she

considered to be more straightforward questions at the start of the questionnaire could encourage its completion.

Section A consisted of a series of closed *Yes/No* questions. Respondents were given an option to provide additional information, if necessary, such as how they had heard about the service. It was possible that this had been their first contact with Galw Gofal. *Section B* consisted of open questions to allow respondents to give feedback on their satisfaction of using the service in their own words. Scaled-response questions were included to provide a measure of the impact of the service. An additional survey at the end of the questionnaire invited participants to give feedback on its usability and acceptability. The rationale behind this survey are described in more detail below.

Section A

This section collected socio-demographic information to help categorise responses and to gain a better understanding of the characteristics of the older adults using the unscheduled service. Questions asked respondents about their age, gender, ethnicity, living arrangements, and language preference. Unless the older adult was known to receive overnight scheduled calls, gender was the only identifier routinely recorded by the local authority to denote an unscheduled caller. An option at the end of each question was included for participants who preferred not to give an answer.

Respondents were asked if they had heard about the Night Owls before their recent visit to gain knowledge about how the service was being promoted, by whom and in what way. This was important because the service was not identified in extensive Google searches conducted as part of the scoping review (Chapter 2), which suggested this to be an area in need of improvement. Moreover, the researcher had identified from the analysis of interview data that the absence of a common route of referral was a potential barrier to accessing the service. Further, asking respondents how frequently they used the Night Owls service provided an opportunity to identify repeat users. This could help to identify potential gaps in social care provision, such as needing overnight assistance with medication, which the Night Owls do not provide.

The section concluded with a set of multiple-choice questions regarding what other help respondents received to support them to maintain their independence in and outside their own home. The list included social care services such as meals on wheels and daytime care (local authority provided and private); healthcare services such as district nursing; and the informal care and support provided by family, friends, and neighbours. It was anticipated that responses would give an insight into older adults' use and dependency on local health and/or

social care services and help to characterise the older adults using the overnight service. An 'other' option enabled respondents to give details of services not listed.

Section B

Participants were asked to consider their most recent experience of having used the Night Owls. Open and scaled-response questions measured respondents' satisfaction with the care and support they had received during this particular visit and whether the care and support matched their desired outcomes. The first question was a selection list of reasons for accessing the service, with the options provided derived from the interview data and analysis of the service data. Options included a fall that did not result in an injury; feeling anxious, lonely, or upset; and needing help with personal care. An 'other' option was included to capture reasons which may have not been previously identified by the researcher.

A 5-point Likert scale measured how strongly respondents agreed or disagreed with seven statements about the Night Owls service. The statements reflected the qualities previously identified from the interviews as being valued by older adults. Responses to this and the previous question helped capture the following: whether older adults' expectations of the service matched the resulting care; whether the care and support delivered was person-centred and to what extent this helped promote wellbeing; and satisfaction with the outcomes of the care and support. A series of open questions elicited further information about older adults' experience of using the Night Owls service. Respondents were asked to identify the qualities they liked and disliked about the Night Owls service and to suggest areas where improvements could be made (if at all). These open questions helped to identify information about the qualities older adults valued which had not been included.

A linear scale, numbered from 1 to 10, asked respondents to mark their overall satisfaction with the Night Owls service using a cross (X). Including a visual scale can be useful to verify the responses to the previous Likert scale (Rowley, 2014). Unhappy and happy emojis were placed on either ends of the scale to provide a visual guide and reduce the possibility of misinterpretation.

Questionnaire survey

A short voluntary survey was included to explore respondents' experience of completing the questionnaire. The survey was intended to ascertain how *user-friendly* the questionnaire was and to gain feedback about whether the approach would be useful for the service to collect data in the future. Questions included how long the questionnaire had taken to complete and whether there were any questions on the questionnaire they did not like or had difficulty answering.

Data Management

Hard copy returns were scanned and saved prior to being destroyed following the Bangor University confidential waste procedures. The protocol stipulated that these were to be stored alongside electronically submitted questionnaires on the secure Bangor University network before being deleted after five years. Participation was voluntary and responses remained anonymous.

Data analysis

The researcher's intention was to report the frequency of responses to Section A and the Likert scale with percentages and to use a mean score to measure the responses to the visual scale. It was also the intention to use content analysis to identify patterns of words, themes, or concepts within the responses to the open questions. However, the small sample size was inadequate which meant that analysis of the data was largely redundant.

Findings

No online questionnaires were completed but two postal questionnaires were returned and the results are presented in *Table 5.1* below.

Table 5.1: Pilot questionnaire responses

Section A questions	Respondent 1	Respondent 2
Socio-demographic information: • Age • Gender • Ethnicity • Living arrangements • Language of choice	*75 – 84* *Female* *White* *Lives alone* *English*	*75 – 84* *-* *White* *With other family members* *English*
Aware of service prior to visit	*No*	*No*
Previous visits from the Night Owls	*2*	*None*
Other support received at home	*Daytime carers*	*Support from family* *Cleaner and/or gardener*
Support outside the home	*No*	*No*

Both respondents received a Night Owls visit following a fall that did not result in an injury or a problem with their mobility. Respondent 1 strongly agreed with the seven statements in the 5-point Likert scale (Q8) reproduced below:

a) I did not have to wait long for the Night Owls' visit
b) The Night Owls respected my privacy
c) I was treated with dignity
d) I felt safe
e) I felt reassured and comforted by the Night Owls' visit
f) I was able to speak in my language of choice
g) Being able to access the Night Owls service has helped me remain at home

Respondent 2 strongly agreed with statements a) – f) but neither agreed nor disagreed with statement g) that being able to access the Night Owls service helped them remain at home. Responses to the statements correlated with 10/10 scores for satisfaction with the service. Both respondents indicated they were willing to use the service again in future, neither identified any aspect of the visit which could have been done differently or recommended any service improvements with one commenting that the Night Owls was a "brilliant service already". The most important thing about the Night Owls' visit was:

> *"Their care and assistance and a feeling of relief" [respondent 1]*
>
> *"Enabled me to get off the floor rapidly with minimal fuss" [respondent 2]*

The equipment used (a raiser lifting chair) was described as "excellent" and both respondents commented that they particularly liked the staff's friendly and reassuring manner. An additional comment from respondent 2 was that having access to the Night Owls service gave them confidence that they were not diverting resources from emergency services in the event of a non-injury fall at home. The accompanying responses on the survey indicated that the questionnaire did not take long to complete (up to five minutes), that no questions were difficult to answer and that they were not expecting any other questions to be asked.

One questionnaire was returned after the project's findings had been presented to the project partner. Updated results were shared with the service manager at a later date.

Chapter 6: Discussion

This chapter discusses the project's findings and how these relate to the wider research, policy and practice literature on overnight home care and support. Implications for policy, practice and research are offered and recommendations are made for the Night Owls service and for further research. The project's strengths and limitations are also discussed before concluding remarks. The researcher's reflections on the project's challenges and personal learning during the research process are also included.

Summary of the project's key findings

A key finding of this three-phase project, consisting of a scoping review, an analysis of routinely collected service data, and a mixed methods study, is that access to unscheduled care and support at home overnight promotes older adults' independence and autonomy. Older adults value having a sense of independence and autonomy because it contributes to their ability to achieve night-time wellbeing outcomes that matter to them and can enable them to live at home for longer. Overnight services that provide high-quality care at home also support unpaid carers to continue being able to provide care by allowing them to have a physical break from caring and giving them peace of mind that their relative or friend is well-cared for. However, there are barriers to older adults' and unpaid carers' ability to access overnight care and support at home.

Secondly, analysis of service data and the mixed methods study demonstrate how a service providing unscheduled social care to older adults can meet the needs of a local population. Common reasons for older adults in this study to access domiciliary care at night include a fall at home, needing help with toileting and continence, and needing welfare checks and reassurance. Data show that Night Owls were able to resolve most unscheduled calls by delivering high-quality, timely care that diverted calls from WAST.

The scoping review identified a dearth of evidence on what constitutes 'good' home care and support at night-time. Most of the existing evidence on home care and support is from studies of daytime domiciliary care and the delivery of healthcare at home, which suggests this is an under-researched area. International studies have identified challenges to the delivery of dignified care at night (Anderson & Sjölund, 2020). However, this qualitative study found that good overnight care can be achieved through the delivery of individualised, person-centred care and support by a small team of care workers who are responsive to the needs of the local population and to the individualised needs of older adults.

Analysis of service data highlighted areas where data was not being routinely captured, namely the contribution the service makes to the wellbeing of people receiving overnight care and support at home. Chapters 4 and 5 showed the value of capturing the perspectives and experiences of older adults and unpaid carers and thematic analysis of the interview data in

particular showed that a timely response from a dedicated service was highly valued by older adults. Furthermore, including the perspectives and experiences of unpaid carers gives further insight to existing evidence that access to overnight care and support at home can contribute to unpaid carers' wellbeing.

The importance of person-centred care at night

As mentioned, a lack of previous studies on the qualities older adults value in overnight services and in night-time care workers means little is known about what constitutes good care at night. Participants in this study identified that individualised, person-centred care and support at home is as crucial at night-time as it is during the daytime, despite night-time visits often being shorter and more targeted in the case of scheduled care (Andersson & Sjölund, 2020) and older adults perceive timely care to be a key component of good overnight care.

Both the interview participants and questionnaire respondents in this study felt that good communication with the Night Owls and the friendly and caring attitude of staff reassured them they were not diverting resources from the emergency services. The interpersonal skills of domiciliary care workers can be more important than the activities or tasks they undertake because good communication can encourage a better understanding of the person receiving care's capabilities, needs, and preferences (Palmer et al., 2015). Studies have found that it is also important that whole organisations and managers in charge of home care services lead by having a person-centred approach to care (Sundler et al., 2016). The Night Owls' service manager embodied a person-centred approach and often arrived at work early in the morning to meet the night staff and to carry out supervision. The researcher also observed their holistic approach to care during joint home visits to people accessing the service and their unpaid carers. This further contributed to study participants' perceptions that the service was approachable in the event they had a concern and may have been a factor in their willingness to take part in the study.

Another important contributing factor to the delivery of individualised, person-centred care is continuity of care. Continuity of care gives older adults the opportunity to develop familiarity and positive caring relationships with staff, which increases their satisfaction with the quality of care and is crucial to their ability to achieve wellbeing. Care service managers have a responsibility to provide continuity of care at night-time by ensuring that care workers are familiar to the older adult (Andersson & Sjölund, 2022). The small number of staff delivering overnight care in this study may be a reason why older adults had established positive caring relationships with their caregivers, echoing Haex et al. (2019) as discussed in Chapter 1. Evidence from the scoping review also endorses claims that local authorities commonly

employ a small team of care workers and that this is preferred by some older adults (Rodrigues & Glendinning, 2015).

Individualised care is also characterised by care workers supporting older adults' independence and autonomy. Whilst the increasing age, frailty and complex health conditions of some of the older adults who participated in this study suggest that regaining previous levels of independence may be unlikely, the Night Owls' interventions contributed to older adults' ability to maintain their current quality of life and so remain at home. The finding that older adults' preferred place of care was home and that their attachment to home had not diminished at the same time as their ability to perform ADLs is consistent with previous research (Lämås et al., 2021). Older adults' actions as well as their words during interviews were evidence of this. They enjoyed sharing memories of their past lives and drew attention to photographs and meaningful objects around their homes. The researcher interpreted this as a strategy to confirm a sense of identity, based on findings that recalling pleasant memories can give life meaning and can add to current life satisfaction (Åberg et al., 2005).

One of the Night Owls' key strengths is that the LA's adult social care model of employing Welsh-speaking care workers based in the local community effectively meets peoples' language preferences. Interview participants were homogenous; therefore these findings are not generalisable across Wales, particularly in areas where the older population is more diverse. However, the findings are consistent with the wider literature on the importance of meeting older adults' language preferences.

Whilst interview participants generally perceived the Night Owls' staffing levels to be sufficient to maintain the quality of care – two participants suggested that increasing the workforce may help to alleviate service pressures - the service manager is aware of the wider pressures in staff recruitment and retention within the sector and shared that the service has struggled to attract care workers with the desired skills and values. This is consistent with data that domiciliary care posts represented the highest number of vacancies in Wales (almost 8%, n=1,979) in any service within the sector (Social Care Wales, 2023). Delivering high quality social care and support is dependent on a motivated, engaged, and valued workforce with the capacity and competence to meet the needs of the population (Welsh Government, 2020). However, negative perceptions and the low status of care work have contributed to falling numbers of care workers in the UK (Health and Care Research Wales, 2021). The number of people experiencing delayed transfers from hospital to their own home has also increased because of a shortage in staff (NHS Confederation, 2022). A high turnover of staff, as demonstrated, contributes to a loss of continuity of care for people receiving adult social care at home which may decrease their ability to achieve personal wellbeing goals. A rapid review

of innovative practices that help to attract, recruit, and retain staff working within social care in the UK has identified the usefulness of campaigns to promote care work and to counter any negative perceptions (Edwards et al., 2022). Continued evaluations of campaigns that promote care work are needed to ensure that the social care sector's workforce is sufficiently staffed to meet the increasing demand for home care and support.

The confidence study participants had in the abilities and skills of the Night Owls staff demonstrates the importance of providing night-time home care workers with adequate training and support. The LA provides in-house training and engages the services of external organisations to deliver expert courses in more complex areas, such as end of life care. However, current training requirements for the domiciliary care workforce lack rigour according to a review conducted by Newbould et al. (2022). The review concluded that improved training standards may improve staff recruitment and retention within the social care sector.

Organisations such as Social Care Wales, provide a range of online training materials and resources for home care workers but there are fewer opportunities for training and support at night-time compared to the daytime (Andersson & Sjölund, 2020). The perspectives of the care workers on the adequacy of their training were not sought in this study, but the LA should ensure that night-time staff are afforded adequate time and support to develop their skillset because not feeling supported may have consequences for the workforce's wellbeing (Welsh Government, 2020). Previous studies have captured home care workers' perspectives and experiences of providing care and support by conducting focus groups and that giving staff the opportunity to provide anonymous feedback through a questionnaire, for example, can enable service providers to gather evidence on staff satisfaction and wellbeing (Dempsey et al., 2016).

Interview participants in this study expressed a preference for receiving care and support at home over institutionalised care because they perceived the care provided by the Night Owls and their unpaid carers to be more individualised and person-centred. This study also found that some unpaid carers' motivation to provide care was perceived as a means to avoid or delay residential care or nursing home admission. However, unpaid carers' willingness to continue to provide care may impact older adults' ability to remain at home. Gender differences within the care relationship meant that one male unpaid carer was unwilling to carry out intimate personal care tasks for his female older relative, which meant that she relied on the overnight service to attend to her care and support needs when she was incontinent during the night. Whilst it may also have been her preference to receive intimate personal care from a female caregiver, it was significant that this male unpaid carer was the only participant to suggest that residential or nursing home care may be more suitable for his older relative's care

and support needs. Furthermore, whilst unpaid carers may be willing to provide care and support for an older adult's current needs, their willingness to continue to provide overnight care and support at the same rates in future, when needs increase or become more complex cannot be assumed. A systematic review of the factors underlying caregivers' motivation and willingness to provide care identified that cultural values and beliefs, such as birth order and an obligation to provide care, were significant motivational determinants in some countries (Zarzycki et al., 2022). Societal norms and perceived expectations from e.g., other family members and/or the wider public were also found to enhance unpaid carers' willingness to continue to provide care.

The need for more awareness and access to care at home overnight

Evidence from the interviews and studies retrieved in the scoping review (Penfold, 2016; Ward et al., 2021) suggest that not having access to overnight care and support at home may be disadvantaging some older adults and may increase their risk of having to access more costly services, such as residential or nursing home care, or acute hospital care. Further, a lack of access to overnight care at home may add to unpaid carers' carer burden. A report by Public Health England (2021) recommends the robust evaluation of interventions to support carers of older adults and the sharing of emerging and established good practice. The thesis' findings contribute to the evidence-base around the importance of easing carer burden and promoting unpaid carers' wellbeing and demonstrates how this may be achieved by overnight home care and support services.

However, data collected from this study's interviews is consistent with evidence that accessing local authority-provided overnight care and support at home can be challenging for both frail older adults and unpaid carers (McGilton et al., 2018). Increasing the public's awareness of the scope of the services provided locally could help older adults and unpaid carers overcome some of the barriers they face when navigating the social care system. A scoping review of studies focusing on the needs of unpaid carers identified that being prepared for what to expect in a new caring role was a priority (Hall et al., 2022). Increased service visibility could help support unpaid carers' transition into the caring role so that they are better able to meet their older relative or friend's new requirements. Raising awareness amongst professionals across the social care sector may also help establish stronger referral pathways to overnight care and support at home services.

The finding of the differences in the services provided by local authorities and private care agencies by the scoping review warrants further exploration. All but one of the national providers identified by the Google search of overnight care at home services in the UK offered a *social companionship* service. This recognises that some older adults need companionship

at night to meet their overnight social wellbeing needs but this study shows that it is also needed on an unscheduled basis to alleviate older adults' anxiety and feelings of vulnerability. Older adults who lived alone perceived that night-time visits supported them to achieve social wellbeing. However, the Night Owls is not a social companionship service and the nightly pressure on staff to deliver scheduled care and support whilst also responding to social care crises or falls at home indicates there may be a service gap in the provision of overnight companionship.

Collaboration with other stakeholders and partners, such as the local health board, community groups or the third sector, may enable existing overnight domiciliary care services to increase their capacity and scale-up their delivery of overnight care and support at home. Partners should be viewed as complementary services rather than a replacement for existing health and social care provision (Baxter et al., 2022). Service development may also promote equality of access to care and support at night-time. However, future expansion of services will have implications for the workforce, i.e., recruiting increased numbers of staff. Research evidence already exists on how social care, voluntary and health services can work together more effectively to meet the population's care and support needs but there needs to be more knowledge mobilisation regarding innovative approaches to delivering unscheduled overnight care and support at home (Social Care Wales, 2021). An evaluation of the effectiveness of new home care models identified important characteristics successful approaches

The growing interest in assistive technology's potential to support older adults at home is based on study findings that movement detectors, alarms and sensors, and activity monitoring can increase some older adults' sense of safety, promote their independence, and improve their quality of life (Mortenson et al., 2016; The King's Fund, 2018). However, a review of innovative practices in UK home care identified that positive evidence that assistive technology can enhance care is fragmentary at best (Burns et al., 2022). Moreover, international studies investigating older adults' experiences of using mobile safety alarms at home have identified a higher importance of social interaction with caregivers (Nordang & Halvorsen, 2022) and that improved engagement with technology will only complement and not replace the care and support provided by home care organisations (Burns et al., 2022). Whilst this study's participants were reassured by their ability to access unscheduled overnight care through a local call monitoring service by activating a personal alarm, their views on adopting more innovative technology were not explored. However, the value they placed on individualised person-centred care is consistent with Nordang and Halvorsen's findings. There is also evidence that this generation's older adults have limited interest in innovative technologies and are reluctant to adopt technology (Verloo et al., 2020), but improved technological skills

may mean that technology plays an increasingly important role in future home care and support.

The importance of a timely service

This thesis found that delivering a timely service is essential to maintain the quality of overnight home care. The qualitative study shows that the Night Owls' collaboration with WAST and Galw Gofal is having a positive impact on older adults' ability to remain living at home and is effective in promoting their wellbeing and the wellbeing of their unpaid carers at night-time. Study participants identified that longer ambulance waiting times can negatively impact older adults' health and wellbeing and may increase the risk of being admitted to hospital, which can have negative consequences for their health and wellbeing. The delivery of timely care and support, despite the large geographical area covered by a small number of care workers, means older adults perceive a dedicated overnight care and support service's response to be quicker than that of the emergency services when they experience an acute event or crisis which prompts an unscheduled visit. It was not possible to explore these perceptions further in the thesis, but service data analysis on the mean response time to WAST callouts (*Figure 3.7*) provides valuable information for possible future research into wait times and their impact on older adults and unpaid carers.

Older adults also value having an overnight care and support service that is separate from the emergency services because this gives them reassurance that they are not diverting important resources from the NHS. The timely response a dedicated overnight care and support at home service can play in meeting the health and wellbeing needs of vulnerable adults has been highlighted by the recent industrial action taken by paramedic and emergency 999 call handlers in the UK. Older people who experienced a fall at home were not included in the "life and limb" cover which unions representing striking ambulance staff proposed would be provided in December 2022 (Roberts et al., 2022). Interview and questionnaire responses suggest older adults perceive that having access to an overnight care at home service reduces pressure on the health sector by supporting people to remain at home and helping them avoid hospital admissions. Such claims were also made by the studies retrieved in the scoping review (Gundry, 2021; Penfold, 2016; Ward et al., 2021) but this thesis cannot substantiate these perceptions as data was not collected to explore this possibility.

Evidence from the scoping review alongside the analysis of service data show that overnight home care and support is routinely delivered by pairs or teams of care workers. A recent study into potential solutions to staff shortages and rising costs within the domiciliary care sector explored whether care routinely delivered by more than one care worker (double-handed care)

can be safely delivered by a single care worker (single-handed care). Whitehead et al. (2022) found that the practice of reducing double-handed care packages to single-handed care is increasingly common within LAs in England due to advances in moving and handling equipment. Whist providing single-handed care is perceived to contribute to care workers' ability to respond quickly to an unscheduled need for care and support, the authors reported that the views of people receiving single-handed care and the outcomes of reducing the number of care workers have not been explored.

The possibility of reducing double-handed care packages to single-handed care was a discussion that took place when the findings of the project were fed back to the project partner. A key concern of the LA is justifying the cost of the overnight service and ensuring it is as cost-efficient as possible. The dual objectives of improving the quality of adult social care and containing costs can be conflicting (Burns et al, 2023). Whilst this may be a potential solution for scheduled care delivery, it may negatively impact the quality of unscheduled care and support delivery because older adults with more complex needs may benefit from care workers with a diverse set of skills working together. Working in pairs or groups also reduces the risks associated with night-time lone working. The frailty of the older adults who participated in the interviews alongside evidence of the increasing complexity of an ageing population's care and support needs (Mosca et al., 2017; Zarzycki et al., 2022) suggest single-handed care may only be appropriate for a small number of older adults.

Many formal care services were withdrawn or delivered reduced support during the Covid-19 pandemic, leaving family and other unpaid carers to balance the risks of providing care and support with concerns regarding infection prevention (Steinman et al., 2020). In contrast, the Night Owls continued to provide safe, high-quality care and successfully adapted to new ways of working to support and protect adults using the service. The pandemic's significant impact on the formal and unpaid support available to vulnerable adults relying on social care highlighted the scale of the challenge of providing safe, high-quality care and support at home (Hodgson et al., 2020). For example, lockdown measures, such as physical distancing, travel restrictions and wearing face masks, imposed further restrictions on an already socially vulnerable group, including housebound older adults living alone, and exacerbated many of the longstanding issues within the sector (Steinman et al., 2020), such as a high care workforce turnover and a lack of support for unpaid carers. Rapid research conducted in the early stages of the pandemic into dependent vulnerable groups demonstrated the negative effect lockdown measures had on their quality of life: some older adults reported a decline in their mental health because of increased loneliness and a heightened loss of purpose due to a reduction in their social networks and support structures (Armitage et al., 2020; de Vries et

al., 2022). This further highlights the importance of having a dependable and efficient service that can continue to provide care and support in a time of global crisis. Notably, not all older adults' existing problems worsened whilst being isolated at home during the pandemic. Some already socially isolated older adults felt reassured by the fact that their 'normal' routines had become the norm for the rest of society and viewed this as a positive experience (de Vries et al., 2022).

The pandemic's impact on unpaid carers' wellbeing is emerging from qualitative studies. Whilst some unpaid carers recognised the positive aspects of caring, many felt their role was under-recognised and unvalued, citing the weekly 'Clap for Carers' movement's focus on key NHS staff and not unpaid carers (Cheshire-Allen & Calder, 2022). Unpaid carers who did not co-reside with their older relative were more likely to report poorer wellbeing outcomes and a loss of connectedness with their relative due to social distancing rules (Cheshire-Allen & Calder, 2022). Participants in this study were grateful that the Night Owls had supported them to continue being able to care for their older relative. It is possible, however, that the inadequate support felt by unpaid carers and the negative health effects of providing unpaid care during a pandemic is yet to be fully understood.

The pandemic also exposed home care workers' vulnerability, although studies are from daytime home care service (Mercille et al., 2022; Sama et al., 2021). Some domiciliary care services experienced a decrease in demand for home care and support because concerns about transmitting the virus meant that care and support provided by family members was preferred (Sama et al., 2021). However, other areas saw an increased demand due to a decline in the number of older adults being admitted to hospital and residential care homes. A rise in demand alongside increased staff absences within the adult social care sector led to nearly 40% of home care workers in Ireland working more hours during the pandemic (Mercille et al., 2022). Domiciliary care workers in England experienced excess mortality rates because of a lack of access to Covid testing, a lack of access to sick pay, and inadequate personal protective equipment (PPE) (Hodgson et al., 2020). Covid-related government guidance and training for home health and care agency staff in the USA were found to be lacking when compared to other health and care sectors according to a study by Sama et al. (2021).

Implications

This section addresses the thesis' contribution to the existing knowledge and understanding of overnight adult social care at home by focusing on the project's implications for policy, practice and research.

Implications for policy

Understanding what older adults and unpaid carers value about overnight care and support can help policymakers' decision-making about optimal ways to commission and deliver services, can contribute to the best allocation of resources and can help prepare for and manage the expected increase in demand on home care services. Whilst there are challenges to developing global policies which are relevant to all because of the diverse range of health and functional states experienced by older adults (World Health Organization, 2015), adopting a holistic and inclusive understanding of wellbeing at an older age can benefit policy and service interventions (Mitra et al., 2020). This thesis shows that frail older adults have the capacity to maintain a good quality of life despite living with frailty and that they value being supported to make autonomous decisions about where they want to live and can recognise what 'good' care looks like.

Domiciliary care services that provide timely, person-centred overnight care that supports older adults to remain living independently in their own homes, if they can and if this is their wish, can support the vision and sustainability aspirations set out in The Healthier Wales plan (Welsh Government, 2021). Furthermore, overnight home care services can promote unpaid carers' wellbeing and their ability to continue to provide care, as legislated by the Social Services and Well-being (Wales) Act (Welsh Government, 2016).

Evidence from Chapter 2 of the expansion in the number of private care providers over recent year has implications for the future of unscheduled overnight care and support at home and satisfaction with . Private home care organisations are less likely to provide unscheduled care and support than local authorities, but the findings of this study's qualitative interviews demonstrate the importance of providing individualised, person-centred care that in this instance is delivered to a high standard by a small team of staff familiar to the people accessing the service.

Service commissioners should ensure that policies are aligned with care delivery to meet the individualised needs and preferences of older adults and unpaid carers living in a particular geographical area. For example, despite a decline in the last two decades in the percentage of the older population who speak Welsh on Anglesey, figures from the 2021 Census show that the majority (55.8%) of Anglesey residents over the age of three speak Welsh (Office for National Statistics, 2022). This has implications for the future provision of home care across the region. The devolved nature of social care in the UK offers an opportunity for good practice and innovation to be shared across all four nations. Examples of innovative local government projects across the UK which support older adults to age better are illustrated on websites

such as the Social Care Institute for Excellence (2023). The case studies demonstrate how good service commissioning builds on the strength of communities. The impacts of policies in other countries across the globe can also provide useful information and evidence to policymakers about successful approaches to delivering home care and support at night-time. However, it is acknowledged that what may work in one area may not be suitable in another.

Implications for practice

Alongside staff working in the social care sector, healthcare workers in primary and secondary care and the emergency services should be responsible for identifying older adults living at home who have complex needs, who lack family support, or who need frequent unscheduled visits at night-time. This may help practitioners introduce care pathways that ensure housebound older adults have access to a range of community-based services. Preventative care, such as providing physical rehabilitation for people who fall at home or providing a social companionship service for people who live alone, may increase older adults' ability to maintain their independence. Such measures may also decrease pressure on acute health and care services and increase existing services' capacity. The involvement of the public, older adults and unpaid carers in the design and development of overnight care and support at home services may help local authorities, the health care sector and third sector partners to adopt an integrated approach to care that meets the night-time wellbeing needs of the population.

The benefits of successful early hospital discharge, as discussed in Chapter 1, were highlighted by the recent Coronavirus pandemic. Public concerns about infection control and minimising risk were high with many individuals preferring to access care closer to home. However, a lack of care and support in the community means more older adults are experiencing delayed discharges from hospital (NHS Confederation, 2022). Bed occupancy in hospitals is as high as it has ever been, ambulances are experiencing increased delays outside emergency department, and people are waiting longer at home for an ambulance response (NHS Confederation, 2022). There is a need for the expansion of community-based care services, such as overnight home care and support, to facilitate early hospital discharge. The UK Government's commitment to providing £500m to support discharge from hospitals into care homes is welcome, but this investment does not meet the needs of older adults whose needs can be met at home. Increased investment in adult social care would allow for an expansion of home care and support services to meet older adults' health and wellbeing needs closer to home.

Evidence from the mixed methods study indicates that more information is needed to help signpost older adults and unpaid carers towards the support available to them at night-time.

Older adults and unpaid carers should also be encouraged to engage with services at an early stage and should feel confident asking for help to support their wellbeing. The care sector should ensure that its workforce is able to meet individuals' language and cultural preferences.

Implications for research

Tailoring social care to meet older adults' needs and increasing older adults' and unpaid carers' involvement in decisions about their care is identified as one of ten research priorities in Wales (Health and Care Research Wales, 2021). Overnight care and support at home is not included as a research priority, however, this thesis highlights the need for further mixed methods studies to improve understanding of the contribution overnight home care and support has on older adults' ability to achieve personal night-time wellbeing goals. Unpaid care is crucial to the sustainability of adult social care (Zarzycki et al, 2022), therefore research on unpaid carers' motivation and willingness to provide care at night-time as well as during the daytime, particularly to older relatives or friends who they do not co-reside with, should be a priority.

Older adults value the opportunity to give some form of feedback on the care and support they receive at home because they perceive it as contributing to home care services' development (Dempsey et al., 2016). Questionnaires have been successfully used in studies amongst the older population. For example, a study exploring the determinants of statutory and private home care service use amongst a random sample of older adults in the south west of England received a 79% (n=1540) response rate to postal questionnaires (Stoddart et al., 2002). However, fewer survey responses were received from older adults of increasing age which the authors suggested may have been because of the group's increasing frailty. This may explain the low number of responses in this study: that the older adults who received a questionnaire were too unwell to complete it. Although consideration was given to the accessibility of the questionnaire in this study, such as increasing the font and providing an option to complete an electronic version, the small number of responses highlights the challenge of recruiting older adults to research studies.

Recommendations

Recommendations for the Night Owls service

The existing model of overnight home care adopted by the local authority (LA), which links the Night Owls with Galw Gofal and the Welsh Ambulance Service Trust, meets the needs of the older population and the needs of their unpaid carers. However, the incidental finding that helping older adults to administer medication at night-time, such as analgesia, suggests the LA should consider reviewing its policy on night-time medicines management for adults

receiving care and support at home. It is not known whether this also applies to daytime services.

To ensure the care and support delivered continues to be well-received, the LA should expand the data it routinely collects to include the perspectives and experiences of older adults and unpaid carers. The LA should also consider exploring the perspectives and experiences of the Night Owls staff to ensure their wellbeing needs are met. Positive feedback from older adults and unpaid carers should be shared with staff to promote their motivation to continue delivering person-centred care.

The thesis has highlighted the importance of supporting home care staff's training requirements to enable them to meet the increasingly complex needs of a growing older population who wish to be cared for at home. For example, the demand for person-centred home care for older adults with dementia has increased and studies have identified an urgent need for specialist dementia training for home care workers (Polacsek, 2020). The local authority should also consider increased investment in the Night Owls and promoting the service more widely within and outside the local authority.

Recommendations for future research

Further evidence of the positive impacts and challenges of providing overnight care and support at home is needed to help inform service commissioners. Whilst this study found that the Night Owls service was an important additional source of social interaction for older adults, future research should address ways to promote social companionship at night amongst the older population, especially older adults who live alone. Involving older adults and unpaid carers as co-researchers in participatory action-orientated research, for example, may help to understand and address the need for need for overnight social companionship. Solutions may also be found in enhanced collaborative working between local authorities and community or third sector services.

The finding that private care agencies are more likely than LAs to provide social companionship services warrants further exploration. Future research should also aim to explore the different challenges in providing overnight social care and support in rural and more densely-populated urban areas. This thesis offers evidence to support the design and development of overnight services in areas with a similar demographic and geographical characteristics to the service described.

This project's focus was on the Night Owls' unscheduled service, but conducting research with the unpaid carers of older adults who receive nightly scheduled visits may give further insights

into how overnight home care services can ease carer burden and support unpaid carers to continue to provide care and support. Future research may also identify how the provision of overnight home care and support can impact the quality of the caring relationship and unpaid carers' motivation and willingness to continue to provide care. The long-term effects of providing increased levels of care during the Covid-19 pandemic on unpaid carers' wellbeing should also be explored to identify the impacts and outcomes of reducing or withdrawing overnight home care services. Improved understanding of the outcomes may improve services' preparedness for future pandemics.

Based on the lack of responses to the 14-page questionnaire used to gather feedback from older adults accessing unscheduled Night Owls care and support, another recommendation is for older adults to be included in designing research studies to help ensure the most suitable means of data collection approach is used. Future studies may wish to explore the use of modified short questionnaires or alternative data-gathering instruments with the older population. Studies will need to ensure that information is presented in a language- and culturally-appropriate way to encourage participation from a diverse group of older adults.

There are challenges to recruiting and retaining older adults in research studies. However, involving older adults as co-researchers can empower them and can help to address issues that are of importance (Blair & Minkler, 2000). Projects have highlighted the benefits of researchers working co-productively with experts by experience, i.e., people living with a health condition or diagnosis and the people supporting them. Seddon et al. (2023) describe how the co-creation of a resilience-building framework by a researcher and an adult living with dementia provided important learning opportunities for both parties and offered potential improvements in the delivery of care and support. The authors recommend sharing the impact public involvement has on the people involved in research and on research projects.

Qualitative and quantitative evidence is needed to substantiate claims that overnight care and support at home services can help prevent hospital admission and/or delay admission to residential care or nursing homes. Comparative longitudinal studies between cohorts who receive formal overnight care and support at home and cohorts who do not may provide insight into the protective factors of overnight home care. This will require collaborative working and reliable means of data-sharing between hospital discharge co-ordinators, residential and nursing home managers, and community services.

The potential cost-savings of reducing double-handed care practices to single care arose during a discussion with the project partner when sharing the project's findings. However, further research that includes the views and perspectives of older adults, unpaid carers and

care workers within the sector is needed to evaluate whether the benefits outweigh the potential reduction in the quality of care.

Strengths and Limitations

Strengths

A key strength of the study is that the design and methodology of all three project phases is detailed and replicable. The rigour of the *a priori* protocol provided a strong framework for the project and only minor amendments were necessary. For example, broadening the scoping review's inclusion criteria to include articles relating to overnight healthcare at home provided the researcher with a wider evidence-base on which to base the thesis' findings. This showed adaptability and flexibility.

Placing older adults' perspectives and experiences at the heart of the project ensured that what matters to the older population was highlighted. Whilst the attendance of an unpaid carer during the interviews may have influenced older adults to give socially desirable responses, this was not the researcher's impression because the study's findings are consistent with the extant evidence. Unpaid carers' involvement may also be considered a strength because their presence facilitated the joint interviews, particularly interviews with older adults who were hard of hearing, and enabled older adults to reflect on their experiences of receiving care and support. Although the number of study participants was small, the consistency between the interview and pilot questionnaire responses gives the findings validity and shows the value of using more than one method of data collection.

The researcher's affiliation to the university and not to the overnight service, alongside the provision of anonymity, was a significant strength because it encouraged study participants to talk openly and to share their perspectives and experiences honestly. Further, the Welsh language and the *active offer* was embedded within key stages of the research process to meet regulatory and governance requirements. This included during participant recruitment and consent, data collection and the dissemination of findings.

Limitations

One of the project's limitations is the small number of study participants. Another limitation is possible selection bias. Older adults who were known to have had a negative experience with the service may not have been selected. The participants approached to take part in the interviews by the service manager were largely homogenous and shared a positive outlook on life. Individuals who have a positive outlook on life often regard the services they use more positively than those with a negative outlook (Vetter et al., 1988), so the study's findings may

not reflect other older adults in the local population. Similar findings may also not be found in a more ethnically diverse urban population.

Pragmatic reasons and the timescales of the project did not allow for a search of more than the first hundred Google search results of services within the UK that provide overnight care and support at home. It is probable that the search only identified a small proportion of these types of services; the Night Owls service, for example, was not one of them. Further record screening and more rigorous search terms may have identified additional services.

Conclusion

This thesis contributes to knowledge on overnight care and support at home and expands on what matters to older adults who receive this type of care and support. The study offers evidence that overnight care and support services that deliver high-quality care to older adults are an important resource for enabling older adults to live at home and demonstrates that services can also play a crucial role in supporting unpaid carers to achieve wellbeing. National and local providers that meet the needs of the older population and the needs of their unpaid carers at night-time do exist in the UK, but improved visibility amongst the public and more widespread promotion of services may ensure equality of access to services and may eliminate existing barriers. This thesis adds to the knowledge of an under-researched area, but more mixed methods studies are needed to strengthen the evidence-base surrounding the impact overnight care and support at home services have on older adults' and unpaid carers' ability to achieve wellbeing goals. Recommendations are made as to how this can be achieved.

Reflections

Reflections on the research process

Whilst it is difficult to quantify the number of interviews needed to reach data saturation in a qualitative study (Fusch & Ness, 2015), it was disappointing to only conduct seven interviews. The protocol set a target of recruiting 15 older adults and family carers, neighbours, or friends but the project's time constraints and the Covid-19 pandemic largely influenced recruitment. Further, the gaps in the type of information routinely collected by the local authority, such as not recording the age or mental capacity of individuals receiving unscheduled care and not recording safeguarding issues, compounded the challenge of identifying eligible participants to approach. However, a larger amount of data may have proved to be unmanageable.

It was anticipated that questionnaire responses would offer additional insight into the Night Owls service from a wider sample of older adults than the interviews. Piloting the

questionnaires was done at a different timepoint to the interviews and it was hoped that the added anonymity would encourage respondents to disclose issues which interview participants may not have felt comfortable discussing face-to-face for fear of any negative repercussions to their care and support. The low number of completed questionnaires was a source of frustration. Whilst the two survey responses indicated the project's questionnaire did not take long to complete, the use of a large font meant that the paper copy was made up of numerous pages. Some older adults may have found it too long or did not feel the questions were of relevance which may have affected the uptake of its completion. Another reason may have been that the number of older adults who received unscheduled care was low during the pilot month or that few met the eligibility criteria.

As stated, no electronic questionnaires were submitted. It is not known whether this was because of a reluctance or inability to adopt technology because of a lack of dexterity, a lack of digital literacy or poor local digital infrastructure or a lack of access to technology, however, the frailty of the older adults who participated in the interviews suggest that a digital approach to collecting feedback was not suitable. or access to equipment may be a reason why no electronic responses to the study's pilot questionnaire were received.

The service manager's understanding of the target population benefitted the project: she had a good knowledge of the older adults who accessed the service for unscheduled calls in addition to their scheduled calls. Although being in poor health or being at the end of life were not exclusion criteria for participating in the interviews, the service manager identified that an inappropriate approach may cause some individuals and their families unnecessary distress or an unwelcome disruption to their routines; she observed that the success of the project was reliant on building trust with potential participants. Conducting an initial telephone conversation and/or a home visit facilitated the researcher-participant relationship and this continued to develop during the subsequent interview in participants' homes or over the telephone. Interviews were arranged to fit in with older adults' routines and the availability of family carers. For example, several of the participants were in receipt of daytime care (meal preparation, assistance with personal care, administering medication) and were more alert at certain times of the day than others, so care was taken to arrange a suitable time taking these factors into consideration.

Much of the project's success was down to the positive relationship the researcher developed with the service manager and the project partner's involvement highlighted the importance of including key stakeholders in research studies. There was further evidence of good communication between the service manager, the care staff, the older adults and the families of those receiving care, and many stated they felt the local authority was approachable and

receptive to their concerns. Sharing the project's findings with the Night Owls staff and keeping in regular contact with the service manager ensured that study participants' satisfaction with the service was fedback to the Night Owls staff.

Reflections on personal learning

The research process involved significant personal learning and development. Conducting the project in an unfamiliar subject area in 18 months, several years after gaining an undergraduate degree, has been an intense, yet rewarding, experience. I was able to draw on my existing skills as a Clinical Research Specialist Nurse and training in good clinical practice and informed consent provided me with a solid understanding of research requirements. I also quickly re-familiarised myself with conducting appropriate literature searches. However, many aspects of the research process were new: conducting a scoping review; conducting, recording, and transcribing qualitative interviews; and coding and analysing data. Previous experience of social care and care and support at home services came from having previously worked as a community nurse. Whilst the nursing skills required in the role were different to those required by carers providing domiciliary care, I had a good understanding of the principles underpinning the delivery of care and support, such as the importance of providing holistic person-centred care to help others achieve their personal wellbeing outcomes.

Academic confidence workshops delivered as part of the KESS2 programme were invaluable in supporting me when what I didn't know about the subject area of my thesis far exceeded what I did know. I incorporated some suggestions from the workshops into the research process, such as keeping a daily journal to log work achievements. This served as a record of progress and was key to the organisation and planning of my work. I also kept comprehensive notes on each supervision session to help orientate and focus my research. Similarly, sharing experiences with other postgraduate students in academic writing workshops helped me realise that many of the challenges I faced were not uncommon. Workshops included free-writing sessions where I learnt how to not censure or overthink my writing; I gained tools to help me overcome my impostor syndrome which was undermining my confidence and feeding my self-criticism; I was reminded of the importance of sustaining my own wellbeing, such as getting a healthy work-life balance and the benefits of moving around and going for a walk during long periods spent sitting at a desk.

I approached the qualitative interviews with confidence and a belief in my interpersonal skills, however, there were several learning opportunities. My lack of experience meant that I found it nigh on impossible to take notes during the interviews despite advice to do this from my supervisors. Having been struck by the level of frailty and vulnerability of some of the older adults during home visits, I was aware of their apprehension at having an unknown person in

their home asking them potentially emotive questions about their care and support needs. I therefore focused on providing a safe environment for participants to share their experiences and, in so doing, gain their trust. I did this through active listening, maintaining eye contact and an open posture. I felt that lowering my gaze to make notes was breaking the rapport and so relied mostly on the audio-recording. I made helpful notes immediately afterwards whilst sat in the car and continued to reflect on the interviews until I was able to start the process of transcribing on my return home. I feel this approach worked because I only visited one household per day during the study but appreciate that some important detail may be missed when conducting multiple interviews in the same day. Interviews were more successful when the visit allowed time for the relationship to develop trust quickly.

Lack of experience may have also made me too focused on the researcher role as opposed to anticipating variables such as the language of the interviews. For example, the first interview was with two first language Welsh speakers with whom I developed rapport quickly due to our shared knowledge of local geography and individuals within the local community. The participants were generous with their time and the interview flowed easily, which was confirmed when I reviewed the transcription later that evening. I approached the next two interviews the next day in the same way and was confident of getting similar results. However, relying on what I perceived to be the previous interview's success to achieve the same easy connection was misguided. Interviews with the third and fourth participants were conducted in English and, whilst I am bilingual, the interviews felt more formal. This perception may have been because this was a topic discussed in the previous interview: how the older adult and family carer considered Welsh-speakers to be more *teimladwy* ('warm' in English). I may have introduced some researcher bias and on reflection and this is something which I need to be more aware of in future.

Different rates of speaking also impacted my interviewing style. When the participant spoke slowly or was hesitant in their answers, I matched their rate of speaking. However, when a participant spoke quickly, so did I. This affected my ability to listen actively and there were some missed opportunities to probe responses further by asking follow-up questions. Listening back to the final audio-recorded interview, I appreciated how I'd learned from the previous interviews and that reflecting on them had positively affected the way I asked questions and listened actively to the responses so that I appeared to be more 'in the moment'.

Conducting a telephone interview presented different challenges. Not only was it a joint interview with an older adult and family carer but the older adult was hard of hearing. The absence of visual cues to assist the norms of conversational turn-taking, such as eye contact and body language, meant that long pauses occasionally disrupted the flow of conversation.

Some portions of the audio recording were also unintelligible due to all three voices talking over each other. However, the additional sense of anonymity afforded to the participants by conducting a telephone interview may have been a reason for the disclosure of sensitive information. Increased preparation for conducting future telephone interviews may help mitigate these challenges, such as practice with peers to gain feedback and engaging with more experienced researchers to learn how they developed their skills.

Study findings and feedback were given to the project partner in a final face-to-face presentation, attended by three senior managers and one supervisor. PowerPoint slides were bilingual which limited the content. However, this was good practice in not relying on what was written on the slides, and was ultimately a positive experience because it provided a good platform for the ensuing conversation.

Working collaboratively with the project partner was a rewarding experience as the service manager's investment in the delivery of high-quality care and dedication to service users was inspiring. It provided motivation for ensuring the success of the project and we developed a productive working relationship. Spending time with older adults and listening to their experiences of receiving overnight care and support at home highlighted the importance of including their voice in service design and development.

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Appendix A: Ethical Approval Letters

01.10.2019: BU REC approval

2020-16591 Exploring unscheduled care at night: the Night Owls project

Your research proposal number 2020-16591 has been reviewed by the [Pre-Aug 2018] Healthcare Sciences (Post-reg) Ethics and Research Committee and the committee are now able to confirm ethical and governance approval for the above research on the basis described in the application form, protocol and supporting documentation. This approval lasts for a maximum of three years from this date.

Ethical approval is granted for the study as it was explicitly described in the application

If you wish to make any non-trivial modifications to the research project, please submit an amendment form to the committee, and copies of any of the original documents reviewed which have been altered as a result of the amendment. Please also inform the committee immediately if participants experience any unanticipated harm as a result of taking part in your research, or if any adverse reactions are reported in subsequent literature using the same technique elsewhere.

NHS
Health Research Authority

South Central - Oxford C Research Ethics Committee
Level 3, Block B
Whitefriars Building
Lewins Mead
Bristol
BS1 2NT

Telephone: 0207 104 8241

28 October 2019

Dr Diane Seddon
School of Health Sciences
Bangor University
Bangor
LL57 2EF

Dear Dr Seddon

Study title:	**Exploring unscheduled care at night: the Night Owls project**
REC reference:	**19/SC/0539**
Protocol number:	**1**
IRAS project ID:	**273097**

Thank you for your letter of 18 October 2019. I can confirm the REC has received the documents listed below and that these comply with the approval conditions detailed in our letter dated 16 October 2019.

Documents Received

The documents received were as follows:

Document	*Version*	*Date*
IRAS Checklist XML [Checklist_18102019]		18 October 2019
Participant information sheet (PIS) [Interview]	v.02	16 October 2019
Participant information sheet (PIS) [Questionnaires]	v.02	16 October 2019

Approved Documents

The final list of approved documentation for the study is therefore as follows:

Document	*Version*	*Date*
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [Sponsor certificate]		01 October 2019
Interview schedules or topic guides for participants [Interview topic	.01	19 July 2019

guide]		
IRAS Checklist XML [Checklist_18102019]		18 October 2019
Participant consent form [Interviews]	.01	11 July 2019
Participant consent form [Telephone interviews]	.01	11 July 2019
Participant information sheet (PIS) [GDPR info for interviews]	.01	20 December 2018
Participant information sheet (PIS) [GDPR info for questionnaires]	.01	20 December 2018
Participant information sheet (PIS) [Interview]	v.02	16 October 2019
Participant information sheet (PIS) [Questionnaires]	v.02	16 October 2019
REC Application Form [REC_Form_03102019]		03 October 2019
Research protocol or project proposal	.01	12 July 2019
Summary CV for Chief Investigator (CI) [CI CV]		26 September 2019
Summary CV for student [Cv with date in footer]	v.01	23 September 2019
Summary CV for supervisor (student research) [CV for second supervisor]		24 September 2019

You should ensure that the sponsor has a copy of the final documentation for the study. It is the sponsor's responsibility to ensure that the documentation is made available to R&D offices at all participating sites.

19/SC/0539	**Please quote this number on all correspondence**

Yours sincerely

Charlotte Ferris
Approvals Officer

E-mail: nrescommittee.southcentral-oxfordc@nhs.net

Copy to: *Mr Huw Roberts*

Appendix B: Interview Participant Information Sheet (English)

Participant Information Sheet

Night Owls: Research interviews

Ynys Môn local authority are committed to enabling people to live in their own homes for as long as possible. Ynys Môn Night Owls service provides both scheduled and unscheduled care to Anglesey residents overnight and extends the existing Gofal Môn telecare service. This is an innovate service and no directly comparable service exists in North Wales.

Why are we doing the research interviews?
We want to find out if the Night Owls service is helpful to Anglesey residents and what its outcomes are. We want to explore how people experience the unplanned care provided by Night Owls.

Why have I been asked to take part?
We are asking people aged 65 and over who have received one or more unplanned visit from the Night Owls service in the previous three months to take part in a short research interview. We are also asking their family members/ friends to share their experiences of the service.

Do I have to take part in a research interview?
No, you can decide whether to take part in an interview. Not taking part in an interview will make no difference to the services you receive and will not affect your legal rights.

What will happen if I decide to take part in a research interview?
If social distancing regulations allow, you will be asked where you would like the interview to take place. We can arrange interviews in your own home, by telephone or in a mutually agreeable public venue. If social distancing regulations remain in force, we will offer you a telephone interview. We will arrange a mutually convenient time and date for the interview.

At the start of the interview we will ask you for a few details about yourself, such as, how old you are, your gender and who you live with. This helps us know a bit about who has taken part in the interviews. We will then ask you some questions such as what you liked about the Night Owls service and what you think could be improved. We will also ask if the care you received from Night Owls helped you to achieve the outcomes that you want. If you are a friend/ family member of the person who used the service, we will ask you for your experience and what impacts the service has had. We do not anticipate that interviews will last longer than an hour.

The interview will be audio-recorded. After the interview we will transcribe the interview and anonymise the information. No-one will be able to identify you from the interview transcript.

What will happen to the interview transcripts?
The anonymised transcripts will be analysed by the researcher who will look for themes. The anonymised interview transcripts will be stored for five years on the secure Bangor University computer network. They will then be safely deleted.

Why might it be good to take part in a research interview?
The information you give will help us understand how the Night Owls service is helping people living on Anglesey. It will help us to develop a questionnaire that Night Owls can use to continue to monitor their service. It could also help inform whether other areas of North Wales should consider introducing a similar service. You might find some of the questions interesting to consider.

Are there any disadvantages to taking part in a research interview?
We do not expect there to be any disadvantages. You might find some of the questions difficult to answer or you might find that one or two questions make you feel a little upset. You can miss out any questions you do not want to answer, and you do not have to finish the interview if you do not want to.

What will happen to the results?
The information gained from the interviews will help the researcher develop a new questionnaire for the Night Owls service to use to collect information about the service in the future.

The interview findings will also be shared with Ynys Môn local authority and their partners. The findings might be written up in a paper and they will form part of a Masters by Research thesis the researcher will submit to Bangor University. When we report the findings, we may use quotes from the interviews. None of the quotes will identify you.

Data protection and confidentiality
We will keep it confidential that you have taken part in the study and all the interview transcripts will be anonymised, meaning that we will not be able to identify you from the information. The 'GDPR information sheet' attached will give you more information about how we will use and protect the information you give us.

If the researcher observes or hears anything that causes them serious concern about your health, safety or well-being (or that of others) they will have a duty to inform an appropriate professional (the Adult Social Services team on Ynys Môn).

What if I change my mind about taking part after I have completed the interview?
If you change your mind about taking part, please let us know within a month of the interview and we will remove your information from our analysis. After this date, we will have analysed the data and prepared the report.

Who has reviewed the study?
Bangor University Healthcare and Medical Sciences Academic Ethics Committee and the NHS Health Research Authority, South Central-Oxford C Research Ethics Committee have approved this study.

Contact details:
If you want to know more about the interviews or are unhappy with the information you have received, please talk to the researcher:
Naomi Boyle
School of Medical and Health Sciences
Bangor University
Fron Heulog
Bangor

Gwynedd
LL57 2EF
Email: n.boyle@bangor.ac.uk
Telephone: 01248 383815

If you do not think the researcher has answered your questions well enough, please contact Dr Diane Seddon or Dr Gill Toms, who are supervising this project:

School of Medical and Health Sciences
Bangor University
Fron Heulog
Bangor
Gwynedd
LL57 2EF
Email: d.seddon@bangor.ac.uk / g.toms@bangor.ac.uk
Telephone: 01248 388220 / 01248 388463

If you remain unhappy with the response received after talking to Dr Diane Seddon or Dr Gill Toms, please contact Dr Elizabeth Mason, Head of School:

Dr Elizabeth Mason
School of Medical and Health Sciences
Bangor University
Fron Heulog
Bangor
Gwynedd
LL57 2EF
Email: e.mason@bangor.ac.uk
Telephone: 01248 388685

Thank you for reading this information sheet.

Please ask if there is anything that is not clear or if you want more information.

Please take time to decide whether or not you want to take part.

Appendix C: Interview Participant Information Sheet (Welsh)

Taflen Wybodaeth Cyfranwyr

Adar y Nos: Cyfweliadau ymchwil

Mae awdurdod lleol Ynys Môn wedi ymrwymo i alluogi pobl i fyw yn eu cartrefi eu hunain cyhyd ag y bo modd. Mae gwasanaeth Adar y Nos Ynys Môn yn darparu gofal dros nos wedi'i drefnu a heb ei drefnu i drigolion Ynys Môn ac yn ymestyn y gwasanaeth teleofal Gofal Môn presennol. Mae hwn yn wasanaeth arloesol ac nid oes gwasanaeth arall y gellir ei gymharu'n uniongyrchol yng Ngogledd Cymru.

Pam rydym yn gwneud y cyfweliadau ymchwil?
Rydym eisiau gwybod a yw'r gwasanaeth Adar y Nos yn ddefnyddiol i drigolion Ynys Môn a beth yw'r canlyniadau. Rydym eisiau gweld beth yw profiad pobl o'r gofal heb ei gynllunio a ddarperir gan Adar y Nos.

Pam y gofynnwyd i mi gymryd rhan?
Rydym yn gofyn i bobl 65 oed a throsodd, sydd wedi cael un neu fwy o ymweliadau heb eu cynllunio gan y gwasanaeth Adar y Nos yn ystod y tri mis blaenorol, i gymryd rhan mewn cyfweliad ymchwil byr. Rydym hefyd yn gofyn i'w teulu/ffrindiau rannu eu profiadau o'r gwasanaeth.

A oes rhaid i mi gymryd rhan mewn cyfweliad ymchwil?
Na, gallwch chi benderfynu a ydych am gymryd rhan yn y cyfweliad ai peidio. Ni fydd peidio â chymryd rhan yn y cyfweliad yn gwneud unrhyw wahaniaeth i'r gwasanaethau rydych chi'n eu derbyn ac ni fydd yn effeithio ar eich hawliau cyfreithiol.

Beth fydd yn digwydd os byddaf yn penderfynu cymryd rhan yn y cyfweliad ymchwil?
Os bydd canllawiau cadw pellter cymdeithasol yn caniatáu, byddwn yn gofyn i chi ble hoffech gael y cyfweliad. Gallwn drefnu cyfweliadau yn eich cartref, dros y ffôn neu mewn lleoliad cyhoeddus sy'n gyfleus i bawb. Byddwn hefyd yn trefnu amser a dyddiad i'r cyfweliad sy'n gyfleus i bawb.

Ar ddechrau'r cyfweliad byddwn yn gofyn i chi am ychydig o fanylion amdanoch chi, er enghraifft, beth yw eich oedran, eich rhyw a gyda phwy rydych chi'n byw. Mae hyn yn ein helpu i wybod ychydig am bwy sydd wedi cymryd rhan yn y cyfweliadau. Yna byddwn yn gofyn rhai cwestiynau i chi er enghraifft, beth oeddech yn ei hoffi am y gwasanaeth Adar y Nos a'r hyn rydych chi'n meddwl y gellid ei wella. Byddwn hefyd yn gofyn a wnaeth y gofal a gawsoch gan Adar y Nos eich helpu i gyflawni'r canlyniadau roeddech eu heisiau. Os ydych chi'n ffrind/aelod o deulu yr unigolyn a ddefnyddiodd y gwasanaeth byddwn yn gofyn i chi am eich profiad a pha effeithiau y mae'r gwasanaeth wedi'u cael. Nid ydym yn rhagweld y bydd cyfweliadau yn para mwy nag awr.

Caiff y cyfweliad ei recordio ar dâp sain. Ar ôl y cyfweliad byddwn yn trawsgrifio'r cyfweliad ac yn dileu gwybodaeth bersonol. Ni fydd neb yn gallu eich adnabod o drawsgrifiad y cyfweliad.

Beth fydd yn digwydd i drawsgrifiadau'r cyfweliadau?
Bydd y trawsgrifiadau dienw yn cael eu dadansoddi gan yr ymchwilydd a fydd yn chwilio am themâu. Bydd trawsgrifiadau dienw o'r cyfweliadau yn cael eu cadw am bum mlynedd ar rwydwaith cyfrifiadurol diogel Prifysgol Bangor. Yna byddant yn cael eu dileu yn ddiogel.

Pam y gallai fod yn beth da i gymryd rhan mewn cyfweliad ymchwil?
Bydd y wybodaeth a roddwch yn ein helpu i ddeall sut mae'r gwasanaeth Adar y Nos yn helpu pobl sy'n byw ar Ynys Môn. Bydd yn ein helpu i ddatblygu holiadur y gall Adar y Nos ei ddefnyddio i barhau i fonitro eu gwasanaeth. Gall ein helpu hefyd i ddeall a ddylai ardaloedd eraill yng Ngogledd Cymru ystyried cyflwyno gwasanaeth tebyg. Efallai y gwelwch fod rhai o'r cwestiynau'n ddiddorol.

A oes unrhyw anfanteision o gymryd rhan yn y cyfweliad ymchwil?
Nid ydym yn disgwyl y bydd unrhyw anfanteision. Efallai y gwelwch fod rhai o'r cwestiynau'n anodd eu hateb neu efallai y bydd un neu ddau gwestiwn yn gwneud ichi deimlo ychydig yn ofidus. Gallwch beidio ag ateb unrhyw gwestiynau nad ydych eisiau eu hateb ac nid oes raid i chi orffen y cyfweliad os nad ydych eisiau gwneud hynny.

Beth fydd yn digwydd i’r canlyniadau?
Bydd y wybodaeth a geir o'r cyfweliadau yn helpu'r ymchwilydd i ddatblygu holiadur newydd ar gyfer y gwasanaeth Adar y Nos i'w ddefnyddio i gasglu gwybodaeth am y gwasanaeth yn y dyfodol.

Bydd canfyddiadau'r cyfweliad hefyd yn cael eu rhannu gydag awdurdod lleol Ynys Môn a'u partneriaid. Gall y canfyddiadau gael eu cofnodi'n ysgrifenedig a byddant yn rhan o draethawd Meistr trwy Ymchwil y bydd yr ymchwilydd yn ei gyflwyno i Brifysgol Bangor. Pan fyddwn yn adrodd ar y canfyddiadau, efallai y byddwn yn defnyddio dyfyniadau o'r cyfweliadau. Ni fydd unrhyw un o'r dyfyniadau yn datgelu pwy ydych chi.

Diogelu data a chyfrinachedd
Bydd y ffaith eich bod wedi cymryd rhan yn yr astudiaeth yn cael ei gadw'n gyfrinachol a bydd pob un o drawsgrifiadau'r cyfweliadau yn ddienw, sy'n golygu na fyddwn yn gallu eich adnabod o'r wybodaeth. Mae'r 'daflen wybodaeth Rheoliad Diogelu Data Cyffredinol' sydd ynghlwm yn rhoi rhagor o wybodaeth am sut y byddwn yn defnyddio ac yn diogelu'r wybodaeth fyddwch yn ei rhoi i ni.

Os bydd yr ymchwilydd yn clywed neu’n gweld unrhyw beth sy’n achosi pryder difrifol ynglŷn â’ch iechyd, diogelwch neu les (neu iechyd, diogelwch a lles pobl eraill), ei bod yn ddyletswydd arnynt roi gwybod i weithiwr proffesiynol priodol (tîm Gwasanaethau Cymdeithasol Oedolion Ynys Môn).

Beth os byddaf yn newid fy meddwl ynglŷn â chymryd rhan ar ôl imi orffen y cyfweliad?
Os byddwch chi'n newid eich meddwl ynglŷn â chymryd rhan, rhowch wybod i ni o fewn mis i'r cyfweliad a byddwn yn tynnu'ch gwybodaeth o'n dadansoddiad. Ar ôl y dyddiad hwn, byddwn wedi dadansoddi'r data ac wedi paratoi'r adroddiad.

Pwy sydd wedi adolygu’r astudiaeth?
Mae Pwyllgor Moeseg Academaidd Gofal Iechyd a Gwyddorau Meddygol Prifysgol Bangor ac Awdurdod Ymchwil Iechyd y GIG, Pwyllgor Moeseg Ymchwil De Canolbarth Rhydychen wedi cymeradwyo'r astudiaeth hon.

Manylion cyswllt:
Os hoffech gael rhagor o wybodaeth am y cyfweliadau neu os ydych yn anhapus ynglŷn â'r wybodaeth rydych chi wedi'i derbyn, siaradwch â'r ymchwilydd:
Naomi Boyle
Ysgol Gwyddorau Meddygol ac Iechyd
Prifysgol Bangor
Fron Heulog
Bangor
Gwynedd
LL57 2EF
E-bost: n.boyle@bangor.ac.uk
Ffôn: 01248 383815

Os nad ydych yn credu bod yr ymchwilydd wedi ateb eich cwestiynau yn ddigon da, cysylltwch â Dr Diane Seddon neu Dr Gill Toms, sy'n goruchwylio'r project hwn:
Ysgol Gwyddorau Meddygol ac Iechyd
Prifysgol Bangor
Fron Heulog
Bangor
Gwynedd
LL57 2EF
E-bost: d.seddon@bangor.ac.uk / g.toms@bangor.ac.uk
Ffôn: 01248 388220 / 01248 388463

Os byddwch yn parhau i fod yn anhapus gyda'r ymateb a gawsoch ar ôl siarad â Dr Diane Seddon neu Dr Gill Toms, cysylltwch â Dr Elizabeth Mason, Pennaeth Ysgol:

Dr Elizabeth Mason
Ysgol Gwyddorau Meddygol ac Iechyd
Prifysgol Bangor
Fron Heulog
Bangor
Gwynedd
LL57 2EF
E-bost: e.mason@bangor.ac.uk
Ffôn: 01248 388685

Diolch am ddarllen y daflen wybodaeth hon.

Gofynnwch os oes rhywbeth yn aneglur, neu os hoffech ragor o wybodaeth.

Cymerwch eich amser cyn penderfynu a ydych eisiau cymryd rhan.

Appendix D: Interview GDPR Information Sheet (English version)

How we use and protect the information you give us

We take care to protect the information you give us, and we only use the information in the ways we tell you we will. By law we have to tell you how we will do this.

This sheet tells you more about how we will use and protect your information. A lot of this information is in formal/ legal wording, so please ask if you want anything explained.

Data protection and confidentiality
All the information you give will be managed in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) 2016. This means all the information we collect will be kept strictly confidential. We will label your interview transcript with a code (a set of letters or numbers) so that you are not identified at any stage in the publication or presentation of the findings.

The audio-recorders we use are encrypted, which means they cannot be accessed without a password. As soon as possible after the interview we will download interviews from the audio-recorders, and we will store the audio-recordings in password protected computer files at Bangor University. Once we have checked that the audio-recordings have been saved we will delete them from the Dictaphone. As soon as interviews have been transcribed (and the transcription checked for accuracy), we will delete these audio files.

The anonymised interview transcripts will be stored in password protected computer files at Bangor University. These transcripts will be stored for five years and then they will be safely deleted.

If you agree to take part in the study and take part in a face to face interview, you will also fill in a consent form. This is the one form that will have your name on it. We will keep these consent forms in a locked filing cabinet in a locked room at Bangor University. Keeping these forms in a separate place from the interview transcripts minimises the risk of a data breach. We will safely destroy these forms at the end of five years.

Data protection privacy notice
The data controller for this project will be Bangor University. The university head of governance and compliance oversees all university activities involving the processing of personal data and they can be contacted at the governance and compliance office.

Your information will be used for the purposes outlined in this sheet and the participant information sheet. We will follow standard ethical procedures. If you decide to take part, you will be asked to fill in a consent form.

The legal basis that we will rely on to process personal data (the interviews) will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the Healthcare and Medical Science's Academic Ethics Committee, Bangor University.

The legal basis that we will rely on to process special categories of data (e.g. your age group) will be processing is necessary for archiving purposes in the public interest, science or historical research purposes or statistical purposes.

What are your rights?
You have the right to access your information, to object to the use of your information, to correct, to delete, to restrict and to port your information. Any requests or objections should be made in writing to the Head of Governance and Compliance at Bangor University:

Head of Governance and Compliance
Penbre
College Road
Bangor
Gwynedd
LL57 2DG
gwenan.hine@bangor.ac.uk

How to make a complaint
If you are unhappy with the way your information has been used, you should contact the Bangor University Head of Governance and Compliance using the contact details above.

If you remain dissatisfied, then you have the right to apply directly to the information commissioner for a decision. The information commissioner can be contacted at:

Information Commissioner Office
Wycliffe House
Water Lane
Wilmslow
Cheshire,
SK9 5AF
www.ico.org.uk

Appendix E: Interview GDPR Information Sheet (Welsh version)

Sut rydym yn defnyddio a diogelu'r wybodaeth rydych chi'n ei rhoi i ni

Rydym yn cymryd gofal i ddiogelu'r wybodaeth a roddwch i ni ac yn defnyddio'r wybodaeth yn y ffyrdd rydym yn dweud wrthych y byddwn yn ei defnyddio yn unig. Yn ôl y gyfraith mae'n rhaid i ni ddweud wrthych chi sut y byddwn ni'n gwneud hyn.

Mae'r daflen hon yn dweud mwy wrthych am sut y byddwn yn defnyddio ac yn diogelu eich gwybodaeth. Mae llawer o'r wybodaeth hon mewn geiriad ffurfiol/cyfreithiol, felly gofynnwch os ydych angen eglurhad am unrhyw beth.

Diogelu data a chyfrinachedd
Bydd yr holl wybodaeth a roddwch yn cael ei rheoli yn unol â Deddf Diogelu Data 2018 a Rheoliadau Diogelu Data Cyffredinol (GDPR) 2016. Mae hyn yn golygu y bydd yr holl wybodaeth a gesglir yn cael ei chadw'n hollol gyfrinachol. Byddwn yn labelu trawsgrifiad o'ch cyfweliad gyda chod (set o lythyrau neu rifau) fel na fydd modd eich adnabod ar unrhyw gam wrth gyhoeddi na chyflwyno'r canfyddiadau.

Mae'r recordwyr sain a ddefnyddiwn wedi'u hamgryptio, sy'n golygu na ellir mynd iddynt heb gyfrinair. Cyn gynted â phosibl ar ôl y cyfweliad byddwn yn lawrlwytho cyfweliadau o'r recordwyr sain a byddwn yn cadw'r recordiadau sain mewn ffeiliau cyfrifiadurol a ddiogelir â chyfrinair ym Mhrifysgol Bangor. Ar ôl i ni wirio bod y recordiadau sain wedi'u cadw byddwn yn eu dileu o'r Dictaphone. Cyn gynted ag y bydd cyfweliadau wedi'u trawsgrifio (a bod y trawsgrifiad wedi'i wirio am gywirdeb), byddwn yn dileu'r ffeiliau sain hyn.

Bydd y trawsgrifiadau cyfweliad dienw yn cael eu cadw mewn ffeiliau cyfrifiadurol a ddiogelir â chyfrinair ym Mhrifysgol Bangor. Caiff y trawsgrifiadau hyn eu cadw am bum mlynedd ac yna byddant yn cael eu dileu'n ddiogel.

Os cytunwch i gymryd rhan yn yr astudiaeth a chymryd rhan mewn cyfweliad wyneb yn wyneb, byddwch hefyd yn llenwi ffurflen gydsynio. Dyma'r unig ffurflen fydd â'ch enw arni. Byddwn yn cadw'r ffurflenni cydsynio hyn mewn cwpwrdd ffeilio dan glo mewn ystafell wedi'i chloi ym Mhrifysgol Bangor. Mae cadw'r ffurflenni hyn mewn lle ar wahân i'r trawsgrifiadau cyfweliad yn lleihau'r risg o fethu â diogelu data. Byddwn yn dinistrio'r ffurflenni hyn yn ddiogel ar ôl pum mlynedd.

Diogelu Data - hysbysiad ynghylch preifatrwydd
Y rheolwr data ar gyfer y project hwn fydd Prifysgol Bangor. Mae pennaeth llywodraethu a chydymffurfio'r brifysgol yn goruchwylio holl weithgareddau'r brifysgol sy'n cynnwys prosesu data personol a gellir cysylltu â'r swyddogion yn y swyddfa llywodraethu a chydymffurfio.

Defnyddir eich gwybodaeth at y dibenion a amlinellir yn y daflen hon a'r daflen wybodaeth i gyfranwyr. Byddwn yn dilyn trefniadau moesegol safonol. Os penderfynwch gymryd rhan, byddwn yn gofyn i chi lenwi a llofnodi ffurflen gydsynio.

Y sail gyfreithiol y byddwn yn dibynnu arni i brosesu data personol (y cyfweliadau) yw bod prosesu yn angenrheidiol i wneud tasg a gyflawnir er lles y cyhoedd. Mae'r cyfiawnhad hwn er lles y cyhoedd wedi cael ei gymeradwyo gan Bwyllgor Moeseg Academaidd Gwyddorau Gofal Iechyd a Meddygol Prifysgol Bangor.

Y sail gyfreithiol y byddwn yn dibynnu arni i brosesu categorïau arbennig o ddata (e.e. eich grŵp oedran) yw bod prosesu yn angenrheidiol at ddibenion archifo er lles y cyhoedd, dibenion ymchwil gwyddoniaeth neu hanesyddol neu ddibenion ystadegol.

Beth yw eich hawliau?
Mae hawl gennych i fynd at eich gwybodaeth, i wrthwynebu i'ch gwybodaeth gael ei phrosesu, i gywiro, i ddileu, i gyfyngu ar ac i symud eich gwybodaeth. Dylid gwneud unrhyw geisiadau neu wrthwynebiadau yn ysgrifenedig i'r Pennaeth Llywodraethu a Chydymffurfio ym Mhrifysgol Bangor:
Pennaeth Llywodraethu a Chydymffurfio
Penbre
Ffordd y Coleg
Bangor
Gwynedd
LL57 2DG
gwenan.hine@bangor.ac.uk

Sut i wneud cwyn
Os ydych yn anhapus gyda'r ffordd y mae'ch gwybodaeth wedi'i defnyddio dylech gysylltu â Phennaeth Llywodraethu a Chydymffurfio Prifysgol Bangor gan ddefnyddio'r manylion cyswllt uchod.

Os ydych yn dal yn anfodlon mae gennych hawl i wneud cais uniongyrchol i'r comisiynydd gwybodaeth am benderfyniad. Gellir cysylltu â'r comisiynydd gwybodaeth yn:
Swyddfa'r Comisiynydd Gwybodaeth
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
www.ico.org.uk.

Appendix F: Face to face Participant Consent Form (English)

Consent form for face to face interviews

Night Owls

Please read the following sentences carefully. You can ask questions if you do not understand something. If you agree to each sentence, please put your initials in the box. Then write your name, the date and your signature at the bottom.

Please initial box

1) I have read and understood the participant information sheet v.03 dated 17.12.2020. I have had the chance to ask questions and have had these answered. ☐

2) I understand that I can decide whether to take part in the interview. I know I can stop at any time without giving a reason. I understand that my rights to services and my legal rights will not be affected by not doing the interview or by deciding to stop. ☐

3) I agree that the interview will be audio-recorded, transcribed and analysed. ☐

4) I understand that quotes from the interview may be used in reports and publications about the research. I understand that any quotes will not identify me. ☐

5) I understand that if I decide to stop the interview, the researcher will use the information I have provided up to that point, unless I indicate that I do not want them to. ☐

6) I understand that if the researcher hears or observes anything that causes serious concern about my health, safety or well-being (or that of others) they have a duty to inform an appropriate professional (the Adult Social Services team on Ynys Mon). ☐

7) I agree to do the interview. ☐

_____	_____	_____
Name	Date	Signature
_____	_____	_____
Name of researcher	Date	Signature

Appendix G: Face to face Participant Consent Form (Welsh)

Ffurflen gydsynio ar gyfer cyfweliadau wyneb yn wyneb

Adar y Nos

Darllenwch y brawddegau canlynol yn ofalus os gwelwch yn dda. Gallwch ofyn cwestiynau os nad ydych chi'n deall rhywbeth. Os ydych yn cytuno gyda phob brawddeg, rhowch flaenlythrennau eich enw yn y blwch. Yna ysgrifennwch eich enw, y dyddiad a'ch llofnod ar y gwaelod.

Rhowch flaenlythrennau eich enw yn y blychau

1) Rwyf wedi darllen a deall y daflen wybodaeth i gyfranwyr v.03 dyddiad 10.08.2022. Rwyf wedi cael cyfle i ofyn cwestiynau ac wedi cael atebion iddynt. ☐

2) Rwy'n deall y gallaf benderfynu a ydwyf am gymryd rhan yn y cyfweliad. Rwy'n gwybod y gallaf stopio ar unrhyw adeg heb roi rheswm. Rwy'n deall na fydd peidio â gwneud y cyfweliad na phenderfynu stopio yn effeithio ar fy hawliau i wasanaethau a'm hawliau cyfreithiol. ☐

3) Rwy'n cytuno y bydd y cyfweliad yn cael ei recordio ar dâp sain, ei drawsgrifio a'i ddadansoddi. ☐

4) Rwy'n deall y gellir defnyddio dyfyniadau o'r cyfweliad mewn adroddiadau a chyhoeddiadau am yr ymchwil. Rwy'n deall na fydd unrhyw ddyfyniadau yn datgelu pwy ydw i. ☐

5) Deallaf os byddaf yn stopio'r cyfweliad, bydd yr ymchwilydd yn defnyddio'r wybodaeth a ddarparwyd gennyf at y pwynt hwnnw, oni byddaf yn nodi fel arall. ☐

6) Rwy'n deall os bydd yr ymchwilwyr yn clywed neu'n gweld unrhyw beth sy'n achosi pryder difrifol ynglŷn â'm hiechyd, diogelwch neu fy lles (neu iechyd, diogelwch a lles pobl eraill), ei bod yn ddyletswydd arnynt roi gwybod i weithiwr proffesiynol priodol (tîm Gwasanaethau Cymdeithasol Oedolion Ynys Môn). ☐

7) Rwy'n cytuno i wneud y cyfweliad. ☐

_____	_____	_____
Enw	Dyddiad	Llofnod
_____	_____	_____
Enw'r ymchwilydd	Dyddiad	Llofnod

Appendix H: Telephone Interview Consent Form (English version)

Consent form for telephone interviews

Night Owls

Please read the following sentences carefully. You can ask questions if you do not understand something. At the start of the telephone interview, the researcher will read each of these sentences and ask if you agree to them.

1) I have read and understood the participant information sheet v.02 dated 16.10.2019. I have had the chance to ask questions and have had these answered.

2) I understand that I can decide whether to take part in the interview. I know I can stop at any time without giving a reason. I understand that my rights to services and my legal rights will not be affected by not doing the interview or by deciding to stop.

3) I agree that the interview will be audio-recorded, transcribed and analysed.

4) I understand that quotes from the interview may be used in reports and publications about the research. I understand that any quotes will not identify me.

5) I understand that if I decide to stop the interview, the researcher will use the information I have provided up to that point, unless I indicate that I do not want them to.

6) I understand that if the researcher hears anything that causes serious concern about my health, safety or well-being (or that of others) they have a duty to inform an appropriate professional (the Adult Social Services team for Ynys Mon).

7) I agree to do the interview.

Appendix I: Telephone Interview Consent Form (Welsh version)

Ffurflen gydsynio ar gyfer cyfweliadau dros y ffôn

Adar y Nos

Darllenwch y brawddegau canlynol yn ofalus os gwelwch yn dda. Gallwch ofyn cwestiynau os nad ydych chi'n deall rhywbeth. Ar ddechrau'r cyfweliad ffôn, bydd yr ymchwilydd yn darllen pob un o'r brawddegau hyn ac yn gofyn a ydych chi'n cytuno gyda nhw.

1) Rwyf wedi darllen a deall y daflen wybodaeth i gyfranwyr v.02 dyddiad 16.10.2019. Rwyf wedi cael cyfle i ofyn cwestiynau ac wedi cael atebion iddynt.

2) Rwy'n deall y gallaf benderfynu a ydwyf am gymryd rhan yn y cyfweliad. Rwy'n gwybod y gallaf stopio ar unrhyw adeg heb roi rheswm. Rwy'n deall na fydd peidio â gwneud y cyfweliad na phenderfynu stopio yn effeithio ar fy hawliau i wasanaethau a'm hawliau cyfreithiol.

3) Rwy'n cytuno y bydd y cyfweliad yn cael ei recordio ar dâp sain, ei drawsgrifio a'i ddadansoddi.

4) Rwy'n deall y gellir defnyddio dyfyniadau o'r cyfweliad mewn adroddiadau a chyhoeddiadau am yr ymchwil. Rwy'n deall na fydd unrhyw ddyfyniadau yn datgelu pwy ydw i.

5) Deallaf os byddaf yn stopio'r cyfweliad, bydd yr ymchwilydd yn defnyddio’r wybodaeth a ddarparwyd gennyf at y pwynt hwnnw, oni byddaf yn nodi fel arall.

6) Rwy'n deall os bydd yr ymchwilydd yn clywed unrhyw beth sy’n achosi pryder difrifol ynglŷn â’m hiechyd, diogelwch neu fy lles (neu iechyd, lles a diogelwch pobl eraill), ei bod yn ddyletswydd arnynt roi gwybod i weithiwr proffesiynol priodol (tîm Gwasanaethau Cymdeithasol Oedolion Ynys Môn).

7) Rwy'n cytuno i wneud y cyfweliad.

Appendix J: Pilot Questionnaire Participant Information Sheet (English)

Participant Information Sheet

Night Owls: Questionnaire

Ynys Môn local authority are committed to enabling people to live in their own homes for as long as possible. The Night Owls service provides both scheduled and unscheduled care to Anglesey residents overnight and extends the existing Gofal Môn telecare service. This is an innovative service and no directly comparable service exists in North Wales.

Why are we doing the questionnaires?
We want to find out if the Night Owls service is helpful to Anglesey residents and explore what its outcomes are. We want to see if this questionnaire is a helpful way to collect information about the Night Owls service which can inform its future development.

Why have I been asked to take part in this research?
We are asking every person aged 65 and over who receives an unplanned visit from the Night Owls service during this month to complete a questionnaire.

Do I have to do the questionnaire?
No, you can decide whether to fill in the questionnaire. These questionnaires are being completed for research and not filling in the questionnaire will make no difference to the services you receive and will not affect your legal rights.

What will happen if I decide to fill in the questionnaire?
You can fill in the paper copy of the questionnaire or you can fill in and submit an online copy of the questionnaire using this link: https://bangor.onlinesurveys.ac.uk/night-owls-service-v20

At the end of the questionnaire, we will ask you to record how long the questionnaire took to complete and if you found any of the questionnaires difficult to answer. There is space for other comments you wish to make about the questionnaire.

You do not need to put your name on the questionnaire. If you complete the paper copy of the questionnaire, please return it to us in the pre-paid, pre-addressed envelope provided.

What will happen to the questionnaires?
If you return a questionnaire to us (either by post or online) we will assume that you consent for the information to be used for research purposes. The questionnaires will be analysed by the researcher. Internet submitted questionnaires will be stored on the secure Bangor University computer network. Hard copy questionnaires will be stored in a locked filing cabinet in a secure location at Bangor University. After five years all questionnaires will be safely deleted or destroyed.

Why might it be good to fill in the questionnaire?
The information you give will help us understand how the Night Owls service is helping people living on Anglesey. It will help us decide if this questionnaire is a good way to monitor the Night Owls service in the future. You might find some of the questions interesting to consider.

Are there any disadvantages to filling in the questionnaire?
We do not expect there to be any disadvantages. We do not think that the questionnaire will take a long time to complete. You might find some of the questions difficult to answer or you might find that one or two questions make you feel a little upset. You can miss out any questions you do not want to answer, and you do not have to finish filling in the questionnaire if you do not want to.

What will happen to the results?
The information gained from the questionnaires will help Night Owls to decide whether to use the questionnaire in the future to collect information about the service.

The questionnaire findings will also be shared with Ynys Môn local authority and their partners. The findings might be written up in a paper and they will form part of a Masters by Research thesis the researcher will submit to Bangor University. When we report the findings, you will not be identified in any way as all the information you return to us will be anonymous.

Data protection and confidentiality
We will keep it confidential that you have taken part in the study and all the questionnaires are anonymous, meaning that we will not be able to identify you from the information. The 'GDPR information sheet' attached will give you more information about how we will use and protect the information you give us.

What if I change my mind about taking part after I have completed the questionnaire?
You can decide not to post or submit the questionnaire to us. Unfortunately, if you change your mind after sending (or submitting) the questionnaire to us we will not be able to remove your information as all the questionnaires are anonymous.

Who has reviewed the study?
Bangor University Healthcare and Medical Sciences Academic Ethics Committee and the NHS Health Research Authority, South Central - Oxford C Research Ethics Committee have approved this study.

Contact details:
If you want to know more about the questionnaires or are unhappy with the information you have received, please talk to the researcher:
Naomi Boyle
School of Medical and Health Sciences
Bangor University
Fron Heulog
Bangor
Gwynedd
LL57 2EF
Email: n.boyle@bangor.ac.uk
Telephone: 01248 383815

If you do not think the researcher has answered your questions well enough, please contact Dr Diane Seddon or Dr Gill Toms, who are supervising this project:
School of Medical and Health Sciences
Bangor University

Fron Heulog
Bangor
Gwynedd
LL57 2EF
Email: d.seddon@bangor.ac.uk / g.toms@bangor.ac.uk
Telephone: 01248 388220 / 01248 388463

If you remain unhappy with the response received after talking to Dr Diane Seddon or Dr Gill Toms, please contact Dr Elizabeth Mason, Head of School:

Dr Elizabeth Mason
School of Medical and Health Sciences
Bangor University
Fron Heulog
Bangor
Gwynedd
LL57 2EF
Email: e.mason@bangor.ac.uk
Telephone: 01248 388685

Thank you for reading this information sheet.

Please ask if there is anything unclear or if you want more information.

Please take time to decide whether or not you want to take part.

Appendix K: Pilot Questionnaire Participant Information Sheet (Welsh)

Taflen Wybodaeth Cyfranwyr

Adar y Nos: Holiadur

Mae awdurdod lleol Ynys Môn wedi ymrwymo i alluogi pobl i fyw yn eu cartrefi eu hunain cyn hired â phosibl. Mae'r gwasanaeth Adar y Nos yn darparu gofal dros nos wedi'i drefnu a heb ei drefnu i drigolion Ynys Môn ac yn ymestyn y gwasanaeth teleofal Gofal Môn presennol. Mae hwn yn wasanaeth arloesol ac nid oes gwasanaeth arall y gellir ei gymharu'n uniongyrchol yng Ngogledd Cymru.

Pam rydym ni'n gwneud yr holiaduron?
Rydym eisiau gwybod a yw'r gwasanaeth Adar y Nos yn ddefnyddiol i drigolion Ynys Môn ac edrych ar y canlyniadau. Rydym am weld a yw'r holiadur hwn yn ffordd ddefnyddiol o gasglu gwybodaeth am y gwasanaeth Adar y Nos a all fod yn sail i'w ddatblygiad yn y dyfodol.

Pam y gofynnwyd i mi gymryd rhan yn yr ymchwil?
Rydym yn gofyn i bob person 65 oed a throsodd sy'n derbyn ymweliad heb ei drefnu gan y gwasanaeth Adar y Nos yn ystod y mis hwn i lenwi holiadur.

A oes rhaid i mi wneud yr holiadur?
Na, gallwch chi benderfynu a ydych am lenwi'r holiadur ai peidio. Mae'r holiaduron hyn yn cael eu llenwi ar gyfer ymchwil ac ni fydd llenwi'r holiadur yn gwneud unrhyw wahaniaeth i'r gwasanaethau rydych chi'n eu derbyn ac ni fydd yn effeithio ar eich hawliau cyfreithiol.

Beth fydd yn digwydd os gwnaf benderfynu llenwi’r holiadur?
Gallwch lenwi'r copi papur o'r holiadur neu gallwch lenwi a chyflwyno copi o'r holiadur ar-lein gan ddefnyddio'r cyswllt hwn: https://bangor.onlinesurveys.ac.uk/night-owls-service-v20-cymraeg

Ar ddiwedd yr holiadur byddwn yn gofyn ichi gofnodi faint o amser a gymeroch i lenwi'r holiadur ac a oedd unrhyw un o'r cwestiynau'n anodd eu hateb. Mae lle i chi wneud sylwadau eraill am yr holiadur.

Nid oes angen i chi roi eich enw ar yr holiadur. Os byddwch yn llenwi copi papur o'r holiadur, anfonwch ef yn ôl atom yn yr amlen radbost a ddarparwyd.

Beth fydd yn digwydd i’r holiaduron?
Os byddwch yn dychwelyd holiadur i ni (naill ai drwy'r post neu ar-lein) byddwn yn tybio eich bod yn cydsynio i'r wybodaeth gael ei defnyddio at ddibenion ymchwil. Bydd yr holiaduron yn cael eu dadansoddi gan yr ymchwilydd. Bydd holiaduron a gyflwynir ar y rhyngrwyd yn cael eu cadw ar rwydwaith cyfrifiadurol diogel Prifysgol Bangor. Bydd copïau caled o'r holiaduron yn cael eu cadw mewn cwpwrdd ffeilio dan glo mewn lleoliad diogel ym Mhrifysgol Bangor. Ar ôl pum mlynedd bydd yr holl holiaduron yn cael eu dileu neu eu dinistrio'n ddiogel.

Pam y gallai fod yn beth da i lenwi'r holiadur?
Bydd y wybodaeth a roddwch yn ein helpu i ddeall sut mae'r gwasanaeth Adar y Nos yn helpu pobl sy'n byw ar Ynys Môn. Bydd yn ein helpu i benderfynu a yw'r holiadur hwn yn ffordd dda o fonitro'r gwasanaeth Adar y Nos yn y dyfodol. Efallai y gwelwch fod rhai o'r cwestiynau'n ddiddorol.

A oes unrhyw anfanteision o lenwi'r holiadur?
Nid ydym yn disgwyl y bydd unrhyw anfanteision. Nid ydym yn credu y bydd yr holiadur yn cymryd amser hir i'w lenwi. Efallai y gwelwch fod rhai o'r cwestiynau'n anodd eu hateb neu efallai y bydd un neu ddau gwestiwn yn gwneud ichi deimlo ychydig yn ofidus. Gallwch beidio ag ateb unrhyw gwestiynau nad ydych eisiau eu hateb ac nid oes raid i chi orffen yr holiadur os nad ydych eisiau gwneud hynny.

Beth fydd yn digwydd i'r canlyniadau?
Bydd y wybodaeth a geir o'r holiaduron yn helpu Adar y Nos i benderfynu a ydynt am ddefnyddio'r holiadur yn y dyfodol i gasglu gwybodaeth am y gwasanaeth.

Bydd canfyddiadau'r holiadur hefyd yn cael eu rhannu gydag awdurdod lleol Ynys Môn a'u partneriaid. Gall y canfyddiadau gael eu cofnodi'n ysgrifenedig a byddant yn rhan o draethawd Meistr trwy Ymchwil y bydd yr ymchwilydd yn ei gyflwyno i Brifysgol Bangor. Pan fyddwn yn rhoi adroddiad o'r canfyddiadau ni fydd modd eich adnabod gan y bydd yr holl wybodaeth y byddwch yn ei dychwelyd atom yn ddienw.

Diogelu data a chyfrinachedd
Bydd y ffaith eich bod wedi cymryd rhan yn yr astudiaeth yn cael ei gadw'n gyfrinachol ac mae pob un o'r holiaduron yn ddienw, sy'n golygu na fyddwn yn gallu eich adnabod o'r wybodaeth. Mae'r daflen wybodaeth 'Rheoliad Diogelu Data Cyffredinol' sydd ynghlwm yn rhoi rhagor o wybodaeth am sut y byddwn yn defnyddio ac yn diogelu'r wybodaeth fyddwch yn ei rhoi i ni.

Beth os byddaf yn newid fy meddwl ynglŷn â chymryd rhan ar ôl imi lenwi'r holiadur?
Gallwch benderfynu peidio â phostio na chyflwyno'r holiadur i ni. Yn anffodus os byddwch chi'n newid eich meddwl ar ôl anfon (neu gyflwyno) yr holiadur atom ni fyddwn yn gallu dileu eich gwybodaeth gan fod yr holl holiaduron yn ddienw.

Pwy sydd wedi adolygu'r astudiaeth?
Mae Pwyllgor Moeseg Academaidd Gofal Iechyd a Gwyddorau Meddygol Prifysgol Bangor ac Awdurdod Ymchwil Iechyd y GIG, Pwyllgor Moeseg Ymchwil De Canolbarth Rhydychen wedi cymeradwyo'r astudiaeth hon.

Manylion cyswllt:
Os hoffech gael rhagor o wybodaeth am yr holiaduron neu os ydych yn anhapus ynglŷn â'r wybodaeth rydych chi wedi'i derbyn, siaradwch â'r ymchwilydd:
Naomi Boyle
Ysgol Gwyddorau Meddygol ac Iechyd
Prifysgol Bangor
Fron Heulog
Bangor
Gwynedd
LL57 2EF
E-bost: n.boyle@bangor.ac.uk
Ffôn: 01248 383815

Os nad ydych yn credu bod yr ymchwilydd wedi ateb eich cwestiynau yn ddigon da, cysylltwch â Dr Diane Seddon neu Dr Gill Toms, sy'n goruchwylio'r project hwn:

Ysgol Gwyddorau Meddygol ac Iechyd
Prifysgol Bangor
Fron Heulog
Bangor
Gwynedd
LL57 2EF
E-bost: d.seddon@bangor.ac.uk / g.toms@bangor.ac.uk
Ffôn: 01248 388220 / 01248 388463

Os byddwch yn parhau i fod yn anhapus gyda'r ymateb a gawsoch ar ôl siarad â Dr Diane Seddon neu Dr Gill Toms, cysylltwch â Dr Elizabeth Mason, Pennaeth Ysgol:

Dr Elizabeth Mason
Ysgol Gwyddorau Meddygol ac Iechyd
Prifysgol Bangor
Fron Heulog
Bangor
Gwynedd
LL57 2EF
E-bost: e.mason@bangor.ac.uk
Ffôn: 01248 388685

Diolch am ddarllen y daflen wybodaeth hon.

Gofynnwch os oes rhywbeth yn aneglur, neu os hoffech ragor o wybodaeth.

Cymerwch eich amser cyn penderfynu a ydych eisiau cymryd rhan.

Appendix L: Information on GDPR for pilot questionnaire (English)

How we use and protect the information you give us

We take care to protect the information you give us, and we only use the information in the ways we tell you we will. By law we have to tell you how we will do this.

This sheet tells you more about how we will use and protect your information. A lot of this information is in formal/legal wording, so please ask if you want anything explained.

Data protection and confidentiality
All the information you give will be managed in accordance with the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) 2016. This means all the information we collect will be kept strictly confidential.

On the questionnaire we will not ask for your name or any information that could identify you. Therefore, all the information you post or submit to us will be anonymous.

Hard copies of the anonymised questionnaires will be stored in a locked filing cabinet in a secure location at Bangor University. Anonymised questionnaires that are submitted online will be stored in a password protected computer file at Bangor University. All the data will be stored for five years and then they will be safely deleted or destroyed.

If you return a questionnaire to us, we will assume that you consent to the information being used in the research study.

Data protection privacy notice
The data controller for this project will be Bangor University. The university head of governance and compliance oversees all university activities involving the processing of personal data and they can be contacted at the governance and compliance office.

Your information will be used for the purposes outlined in this sheet and the participant information sheet. We will follow standard ethical procedures.

The legal basis that we will rely on to process personal data (the questionnaires) will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the Healthcare and Medical Science's Academic Ethics Committee, Bangor University.

The legal basis that we will rely on to process special categories of data (e.g., your age group) will be processing is necessary for archiving purposes in the public interest, science or historical research purposes or statistical purposes.

What are your rights?
You have the right to access your information, to object to the use of your information, to correct, to delete, to restrict and to port your information. Any requests or objections should be made in writing to the Head of Governance and Compliance at Bangor University:

Head of Governance and Compliance
Penbre
College Road

Bangor
Gwynedd
LL57 2DG
gwenan.hine@bangor.ac.uk

How to make a complaint
If you are unhappy with the way your information has been used, you should contact the Bangor University Head of Governance and Compliance using the contact details above.

If you remain dissatisfied, then you have the right to apply directly to the information commissioner for a decision. The information commissioner can be contacted at:

Information Commissioner Office
Wycliffe House
Water Lane
Wilmslow
Cheshire,
SK9 5AF
www.ico.org.uk

Appendix M: Information on GDPR for pilot questionnaire (Welsh)

Sut rydym yn defnyddio a diogelu'r wybodaeth rydych chi'n ei rhoi i ni

Rydym yn cymryd gofal i ddiogelu'r wybodaeth a roddwch i ni ac yn defnyddio'r wybodaeth yn y ffyrdd rydym yn dweud wrthych y byddwn yn ei defnyddio yn unig. Yn ôl y gyfraith mae'n rhaid i ni ddweud wrthych chi sut y byddwn ni'n gwneud hyn.

Mae'r daflen hon yn dweud mwy wrthych am sut y byddwn yn defnyddio ac yn diogelu eich gwybodaeth. Mae llawer o'r wybodaeth hon mewn geiriad ffurfiol/cyfreithiol, felly gofynnwch os ydych angen eglurhad am unrhyw beth.

Diogelu data a chyfrinachedd
Bydd yr holl wybodaeth a roddwch yn cael ei rheoli yn unol â Deddf Diogelu Data 2018 a Rheoliadau Diogelu Data Cyffredinol (GDPR) 2016. Mae hyn yn golygu y bydd yr holl wybodaeth a gesglir yn cael ei chadw’n hollol gyfrinachol.

Ar yr holiadur ni fyddwn yn gofyn am eich enw nac unrhyw wybodaeth a allai ddatgelu pwy ydych chi. Felly, bydd yr holl wybodaeth rydych chi'n ei phostio neu'n ei chyflwyno i ni yn ddienw.

Bydd copïau caled o'r holiaduron dienw yn cael eu cadw mewn cwpwrdd ffeilio dan glo mewn lleoliad diogel ym Mhrifysgol Bangor. Bydd holiaduron dienw a gyflwynir ar-lein yn cael eu cadw mewn ffeil gyfrifiadurol a ddiogelir â chyfrinair ym Mhrifysgol Bangor. Caiff yr holl ddata ei gadw am bum mlynedd ac yna caiff ei ddileu neu ei dinistrio'n ddiogel.

Os byddwch yn dychwelyd holiadur i ni, byddwn yn tybio eich bod yn cydsynio i'r wybodaeth gael ei defnyddio yn yr astudiaeth ymchwil.

Diogelu Data - hysbysiad ynghylch preifatrwydd
Y rheolwr data ar gyfer y project hwn fydd Prifysgol Bangor. Mae Pennaeth Llywodraethu a Chydymffurfio'r brifysgol yn goruchwylio holl weithgareddau'r brifysgol sy'n cynnwys prosesu data personol a gellir cysylltu â’r swyddogion yn y swyddfa llywodraethu a chydymffurfio.

Defnyddir eich gwybodaeth at y dibenion a amlinellir yn y daflen hon a'r daflen wybodaeth i gyfranwyr. Byddwn yn dilyn trefniadau moesegol safonol.

Y sail gyfreithiol y byddwn yn dibynnu arni i brosesu data personol (yr holiaduron) yw bod prosesu yn angenrheidiol i wneud tasg a gyflawnir er lles y cyhoedd. Mae'r cyfiawnhad hwn er lles y cyhoedd wedi cael ei gymeradwyo gan Bwyllgor Moeseg Academaidd Gwyddorau Gofal Iechyd a Gwyddorau Meddygol Prifysgol Bangor.

Y sail gyfreithiol y byddwn yn dibynnu arni i brosesu categorïau arbennig o ddata (e.e., eich grŵp oedran) yw bod prosesu yn angenrheidiol at ddibenion archifo er lles y cyhoedd, dibenion ymchwil gwyddoniaeth neu hanesyddol neu ddibenion ystadegol.

Beth yw eich hawliau?
Mae hawl gennych i fynd at eich gwybodaeth, i wrthwynebu i'ch gwybodaeth gael ei phrosesu, i gywiro, i ddileu, i gyfyngu ar ac i symud eich gwybodaeth. Dylid gwneud unrhyw geisiadau neu wrthwynebiadau yn ysgrifenedig i'r Pennaeth Llywodraethu a Chydymffurfio ym Mhrifysgol Bangor:

Pennaeth Llywodraethu a Chydymffurfio
Penbre
Ffordd y Coleg
Bangor
Gwynedd
LL57 2DG
gwenan.hine@bangor.ac.uk

Sut i wneud cwyn
Os ydych yn anhapus gyda'r ffordd y mae'ch gwybodaeth wedi'i defnyddio dylech gysylltu â Phennaeth Llywodraethu a Chydymffurfio Prifysgol Bangor gan ddefnyddio'r manylion cyswllt uchod.

Os ydych yn dal yn anfodlon mae gennych hawl i wneud cais uniongyrchol i'r comisiynydd gwybodaeth am benderfyniad. Gellir cysylltu â'r comisiynydd gwybodaeth yn:

Swyddfa'r Comisiynydd Gwybodaeth
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
www.ico.org.uk.

Appendix N: Interview Topic Guide

Example interview topic guide

The questions below highlight the areas of interest. The researcher will develop and refine these questions based on the literature review and analysis of the anonymised Night Owls service and socio-demographic data.

Interviews with older adults who have used the Night Owls service:

- How did you hear about the service?
    - Were you referred to it?
    - If so, by whom?

- How did you find the service?
    - What did you like?
    - What could be improved?

- What helps you to feel safe and well at home at night?
    - Does the Night Owls service meet these needs?
    - How?

- Do you feel more confident at home because of the Night Owls service?
    - Has the Night Owls service influenced if or how much you worry about doing necessary tasks at night- e.g. using the toilet, getting something to eat or drink?

- [Additional question post-REC: If Nights Owls was not helping you, do you think you would have needed to go to hospital or a care home?]

- Thinking about the times you received an unscheduled visit: did the service help you to remain at home?

- Overall has the Night Owls service influenced your wellbeing?
    - Has it affected how you feel/ your mood?
    - Has it affected your health?
    - Has it affected if you feel lonely or isolated?
    - How?

- Would you recommend the Night Owls service to others?
- How likely are you to recommend the Night Owls service to others?
- Do you feel able to raise any concerns about the service?
- How many times do you use the unscheduled service? How often do you have unscheduled visits? Is there a pattern?

Interviews with friends, neighbours or family members of older adults who have used the Night Owls service:

- How did you hear about the service?
    - Was your family member/friend referred to it?
    - If so, by whom?

- How have you found the service?
    - What do you like?
    - What could be improved?

- What helps you feel confident that your friend/ family member is safe and well at home at night?
    - Does the Night Owls service meet these needs?
    - How?

- Do you feel more confident about your friend/ family member being at home because of the Night Owls service?
    - Why or why not?
    - Do you worry about your friend/ relative doing necessary tasks at night- e.g. using the toilet, getting something to eat or drink?

- [Additional question post-REC: If Nights Owls was not helping your relative or friend, do you think they would have needed to go to hospital or a care home?]

- Overall has the Night Owls service influenced your wellbeing?
    - Has it affected how you feel/ your mood?
    - Has it affected your health?
    - Has it affected if you feel stressed or burdened?
    - How?

- Would you recommend the Night Owls service to others?
- How likely are you to recommend the Night Owls service to others?
- Thinking about the times you received an unscheduled visit: did the service help your family member/friend to remain at home?
- Do you feel able to raise any concerns about the service?
- How many times do you use the unscheduled service? How often do you have unscheduled visits? Is there a pattern?

Appendix O: Pilot Questionnaire (English version)

NIGHT OWLS SERVICE: QUESTIONNAIRE

Thank you for reading the Participant Information Sheet about the study and the purpose of the questionnaire.

Please read each section of the questionnaire carefully. There are no right or wrong answers. Please continue writing on an additional sheet(s) of paper if you wish to include any additional information or provide longer answers.

All the instructions have been written in *italics* to help you distinguish them from the questions.

There are 14 questions and at the end of the questionnaire there is an opportunity for you to share some additional information, such as how long it took to complete the questionnaire.

If you're completing the paper version of the questionnaire, please return it in the enclosed pre-paid envelope addressed to the researcher, Naomi Boyle, by 14th March, 2023. You do not need a stamp.

If you would prefer to submit your answers online, please go to the secure online form:

https://bangor.onlinesurveys.ac.uk/night-owls-service-v20

SECTION A

1. We would like to ask you some questions to help us classify your answers.

Please complete the following:

AGE (years):
- ☐ 65 – 74
- ☐ 75 – 84
- ☐ 85 – 94
- ☐ 95 – 104
- ☐ 105+
- ☐ Prefer not to say

GENDER:
- ☐ Male
- ☐ Female
- ☐ Prefer not to say

ETHNICITY:
- ☐ White
- ☐ Black, Black British, Caribbean, or African
- ☐ Asian or Asian British
- ☐ Mixed or multiple ethnic groups
- ☐ Other (please state):
- ☐ Prefer not to say

LIVING ARRANGEMENTS:
- ☐ Live alone
- ☐ With spouse/partner
- ☐ With other family member(s)
- ☐ Other (please state):
- ☐ Prefer not to say

LANGUAGE OF CHOICE:
- ☐ Welsh
- ☐ English
- ☐ Other (please state):
- ☐ Prefer not to say

2. Had you heard about the Night Owls service before their recent visit?

☐ Yes

☐ No

If yes, please tell us how:

3. Before your most recent visit had you had any previous visits from the Night Owls?

☐ Yes

☐ No

If yes, about how many times in the past 12 months?

4. Do you receive any other care or support in your own home which allows you to maintain your independence?

☐ Yes

☐ No

☐ Prefer not to say

5. If you answered 'yes' to Question 4, please tick all the types of care and support you receive in your own home in the list below:

☐ support from family

☐ support from friends

☐ support from neighbours

☐ daytime carers

☐ personal assistant

☐ re-enablement

☐ other (please state):

☐ cleaner and/or gardener

☐ meals on wheels

☐ District Nurses

☐ Telecare (e.g., Care Connect / Galw Gofal)

☐ night-time carers (provided by another organisation or self-funded)

6. Do you receive any other help or support outside your home?

☐ day centre ☐ lunch club

☐ support group

☐ other (please state):

SECTION B

Night Owls is a service that can make unplanned home visits when a person needs assistance at home but may not need an ambulance response, for example a fall at home.

7. We would like to know the reasons why people need the Night Owls service.

Thinking about your most recent visit from the Night Owls, please tell us why you needed the service.

You may tick more than one box from the list of options below:

- ☐ a fall that did not result in an injury
- ☐ a physical injury
- ☐ a medical or health condition
- ☐ a mobility problem
- ☐ discharge from hospital or care home
- ☐ needing help with personal care
- ☐ other (please state):
- ☐ problems with managing night-time tasks e.g. getting a drink or using the toilet
- ☐ feeling anxious, lonely, or upset
- ☐ memory problems or feeling confused
- ☐ another person was concerned about me
- ☐ additional support to help wellbeing
- ☐ prefer not to say

8. Thinking about your most recent visit from the Night Owls, please read each statement below and tick the box which most reflects your experience.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a) I did not have to wait long for the Night Owls' visit					
b) The Night Owls respected my privacy					
c) I was treated with dignity					
d) I felt safe					
e) I felt reassured and comforted by the Night Owls' visit					
f) I was able to speak in my language of choice					
g) Being able to access the Night Owls service has helped me remain at home					

9. What was the most important thing about the visit you had from the Night Owls?

10. Was there anything in particular about the Night Owls that you liked?

11. Was there anything the Night Owls could have done differently?

12. How could the service be improved (if at all)?

13. On a scale of 1 to 10, with 1 being the least satisfied and 10 being the most satisfied, how satisfied were you with the care and support you received during the visit? *Please put a X on the scale*

☹ 1…….2…….3.……...4…....5.…....6...….7…….8…….9…..…10 ☺

14. If you needed to, would you be happy to use the service again in future?

☐ Yes

☐ No

☐ Not sure

PROVIDE FEEDBACK ON THIS QUESTIONNAIRE

We would like to ask you some questions about completing the questionnaire to understand if it will be of use to gather information about the Night Owls service in the future.

How long did the questionnaire take to complete?

☐ up to 5 minutes ☐ up to10 minutes ☐ up to 15 minutes

☐ up to 20 minutes ☐ up to 25 minutes ☐ up to 30 minutes

☐ over 30 minutes

If you found any questions difficult to answer, please tell us which ones and why they were difficult.

If there were questions you did not like, please tell us which ones and why.

Was there anything you were expecting us to ask that we didn't?

Please feel free to share any other comments about the questionnaire below.

THANK YOU FOR TAKING THE TIME TO COMPLETE THESE QUESTIONNAIRES

Please return the questionnaire in the pre-paid envelope to the researcher by 14th March, 2023 to:

Naomi Boyle, School of Medical and Health Sciences, Fron Heulog, Bangor University, Bangor, Gwynedd LL57 2EF

Appendix P: Pilot Questionnaire (Welsh version)

GWASANAETH ADAR Y NOS: HOLIADUR

Diolch am ddarllen y Daflen Wybodaeth i Gyfranogwyr am yr astudiaeth a phwrpas yr holiadur.

Darllenwch bob adran o'r holiadur yn ofalus. Nid oes atebion cywir nac anghywir. Parhewch i ysgrifennu ar ddalen(ni) ychwanegol o bapur os hoffech gynnwys unrhyw wybodaeth ychwanegol neu roi atebion hirach.

Mae'r holl gyfarwyddiadau wedi'u hysgrifennu mewn *llythrennau italig* i'ch helpu chi wahaniaethu rhyngddynt a'r cwestiynau.

Mae 14 o gwestiynau ac ar ddiwedd yr holiadur mae cyfle i chi rannu ychydig o wybodaeth ychwanegol, megis faint o amser a gymerodd i chi lenwi’r holiadur.

Os ydych yn llenwi'r fersiwn papur o'r holiadur, a fyddech cystal â'i ddychwelyd yn yr amlen ragdal amgaeedig sydd wedi'i chyfeirio at yr ymchwilydd, Naomi Boyle, erbyn 14eg o Fawrth, 2023. Nid oes angen stamp arnoch.

Os yw’n well gennych gyflwyno’ch atebion ar-lein, ewch i’r ffurflen ar-lein ddiogel:

https://bangor.onlinesurveys.ac.uk/night-owls-service-v20-cymraeg

ADRAN A

1. Hoffem ofyn rhai cwestiynau i chi i'n helpu ni ddosbarthu'r atebion.

Llenwch y canlynol:

OED (blynyddoedd):
- ☐ 65 – 74
- ☐ 85 – 94
- ☐ 95 – 104
- ☐ 105+
- ☐ Mae’n well gennyf beidio â dweud

RHYW:
- ☐ Gwryw
- ☐ Benyw
- ☐ Mae’n well gennyf beidio â dweud

ETHNIGRWYDD:
- ☐ Gwyn
- ☐ Du, Du Prydeinig, Caribïaidd, neu Affricanaidd
- ☐ Asiaidd neu Asiaidd Prydeinig
- ☐ Grwpiau ethnig cymysg neu luosog
- ☐ Arall (nodwch):
- ☐ Mae’n well gennyf beidio â dweud

TREFNIADAU BYW:
- ☐ Yn byw ar fy mhen fy hun
- ☐ Gyda phriod/partner
- ☐ Gydag aelod(au) arall o'r teulu
- ☐ Arall (nodwch):
- ☐ Mae’n well gennyf beidio â dweud

DEWIS IAITH:
- ☐ Cymraeg
- ☐ Saesneg
- ☐ Arall (nodwch):
- ☐ Mae’n well gennyf beidio â dweud

2. A oeddech chi’n gwybod am wasanaeth Adar y Nos cyn eu hymweliad diweddar?

☐ Oeddwn

☐ Nac oeddwn

Os oeddech chi, a fyddech cystal â dweud sut:

3. Cyn eich ymweliad diweddaraf, a oeddech chi wedi cael unrhyw ymweliadau blaenorol gan Adar y Nos?

☐ Oeddwn

☐ Nac oeddwn

Os oeddech, tua sawl gwaith yn ystod y 12 mis diwethaf?

4. A ydych chi'n derbyn unrhyw ofal neu gefnogaeth arall yn eich cartref eich hun sy'n caniatáu ichi gadw'ch annibyniaeth?

☐ Ydw

☐ Nac ydw

☐ Mae’n well gennyf beidio â dweud

5. Os mai ‘ydw’ oedd eich ateb i Gwestiwn 4, ticiwch yr holl ofal a chefnogaeth a gewch yn eich cartref eich hun ar y rhestr isod:

☐ cefnogaeth gan y teulu

☐ cefnogaeth gan ffrindiau

☐ cefnogaeth gan gymdogion

☐ glanhawr a/neu arddwr

☐ pryd ar glud

☐ Nyrsys Ardal

☐ gofalwyr dydd

☐ cynorthwywr personol

☐ ailalluogi

☐ arall (nodwch):

☐ Teleofal (e.e., Care Connect / Galw Gofal)

☐ gofalwyr nos (a ddarperir gan sefydliad arall neu hunan-ariannu)

6. A ydych chi'n derbyn unrhyw help neu gefnogaeth arall y tu allan i'ch cartref?

☐ canolfan ddydd

☐ grŵp cefnogi

☐ arall (nodwch):

☐ clwb cinio

ADRAN B

Mae Adar y Nos yn wasanaeth sy'n gallu gwneud ymweliadau cartref heb eu cynllunio pan fo rhywun angen cymorth gartref ond efallai na fydd angen ambiwlans, er enghraifft codwm gartref.

7. Hoffem wybod y rhesymau pam mae angen gwasanaeth Adar y Nos ar bobl.

Gan feddwl am eich ymweliad diweddaraf gan Adar y Nos, dywedwch wrthym pam roedd angen y gwasanaeth arnoch.

Cewch dicio mwy nag un blwch o'r rhestr opsiynau isod:

- ☐ codwm nad arweiniodd at anaf
- ☐ anaf corfforol
- ☐ cyflwr meddygol neu iechyd
- ☐ problem symudedd
- ☐ rhyddhau o'r ysbyty neu gartref gofal
- ☐ angen cymorth gyda gofal personol
- ☐ arall (nodwch):
- ☐ problemau gyda rheoli tasgau yn y nos e.e. nôl diod neu ddefnyddio'r toiled
- ☐ teimlo'n bryderus, yn unig neu'n ofidus
- ☐ problemau'r cof neu deimlo'n ddryslyd
- ☐ roedd person arall yn poeni amdanaf
- ☐ cefnogaeth ychwanegol i helpu llesiant
- ☐ mae'n well gennyf beidio â dweud

8. Gan feddwl am eich ymweliad diweddaraf gan Adar y Nos, darllenwch bob datganiad isod a thiciwch y blwch sy'n adlewyrchu eich profiad fwyaf.

	Cytuno yn gryf	Cytuno	Ddim yn cytuno nac yn anghytuno	Anghytuno	Anghytuno yn gryf
a) Nid oedd yn rhaid imi aros yn hir am ymweliad Adar y Nos					
b) Roedd Adar y Nos yn parchu fy mhreifatrwydd					
c) Cefais fy nhrin ag urddas					
d) Roeddwn i'n teimlo'n ddiogel					
e) Roeddwn i'n teimlo'n dawel fy meddwl ac wedi fy nghysuro gan ymweliad Adar y Nos					
f) Roeddwn i'n gallu siarad yn fy newis iaith					
g) Mae gallu defnyddio gwasanaeth Adar y Nos wedi fy helpu i aros gartref					

9. Beth oedd y peth pwysicaf am yr ymweliad a gawsoch gan Adar y Nos?

10. A oedd yna rywbeth yn arbennig am Adar y Nos yr oeddech yn ei hoffi?

11. A oedd yna rywbeth y gallai Adar y Nos ei wneud yn wahanol?

12. Sut gellid gwella’r gwasanaeth (os o gwbl)?

13. Ar raddfa o 1 i 10, ac 1 yw’r lleiaf bodlon a 10 yw'r mwyaf bodlon, pa mor fodlon oeddech chi ar y gofal a’r gefnogaeth a gawsoch yn ystod yr ymweliad? *Rhowch X ar y raddfa*

☹ 1…….2…….3..……...4…....5…....6...….7…….8…….9…..…10 ☺

14. Pe bai angen, a fyddech chi'n hapus defnyddio'r gwasanaeth eto yn y dyfodol?

☐ Byddwn

☐ Na fyddwn

☐ Ddim yn siŵr

DARPARU ADBORTH AM YR HOLIADUR HWN

Hoffem ofyn rhai cwestiynau i chi ynglŷn â llenwi'r holiadur i ddeall a fydd o ddefnydd i gasglu gwybodaeth am wasanaeth Adar y Nos yn y dyfodol.

Faint o amser gymerodd i chi lenwi'r holiadur?

☐ hyd at 5 munud ☐ hyd at 10 munud ☐ hyd at 15 munud

☐ hyd at 20 munud ☐ hyd at 25 munud ☐ hyd at 30 munud

☐ dros 30 munud

Os cawsoch unrhyw gwestiynau yn anodd eu hateb, dywedwch wrthym pa rai a pham eu bod yn anodd.

Os oedd yna gwestiynau nad oeddech yn eu hoffi, dywedwch wrthym pa rai a pham.

A oedd yna rywbeth yr oeddech yn disgwyl inni ei ofyn na wnaethom ni?

Mae croeso i chi rannu unrhyw sylwadau eraill am yr holiadur isod.

DIOLCH YN FAWR IAWN I CHI AM ROI O'CH AMSER

I LENWI'R HOLIADURON HYN.

Dychwelwch yr holiadur yn yr amlen ragdal at yr ymchwilydd erbyn 14eg o Fawrth, 2023 i:

Naomi Boyle, Ysgol Gwyddorau Meddygol ac Iechyd, Fron Heulog, Prifysgol Bangor, Gwynedd LL57 2EF