別表　評価基準の中で設定している項目　（設定している評価基準に○をつけて下さい）

評価分野		評価項目	詳細項目例	自己評価	訪問評価	第三者評価
日常生活援助サービス						
	(1)	食事	食堂の雰囲気づくり、食事介助のペース、など			
	(2)	入浴	身体能力に応じた入浴方法、裸を見せない工夫、など			
	(3)	排泄	排泄自立の働きかけ、深夜・早朝のおむつ交換実施、など			
	(4)	寝たきり防止	寝・食分離、寝間着から日常着への着替え、など			
	(5)	自立援助	自立生活のための自助具や補装具の準備、など			
	(6)	外出や外泊への援助	外出機会の確保、など			
	(7)	会話	利用者への言葉づかいの注意、言葉かけの配慮、など			
	(8)	レクリエーション等	利用者が参加しやすい計画、メニュー揃え、など			
	(9)	痴呆性老人配慮	問題行動の観察・分析、行動への適切な対応、痴呆性老人に対する環境整備、など			
	(10)	利用者の自由選択	髪型や服装の自由選択、テレビ・新聞等の自由利用、施設外部の団体参加、など			
専門的サービス						
	(11)	看護・介護	骨折や誤飲等への対応訓練、適切・定期的な体位変換、職員間の情報伝達体制、など			
	(12)	リハビリテーション	自助具や介助用品の工夫、リハビリテーションの立案、など			
	(13)	社会サービス	トラブルや不満についての訴えの受けつけ、経済的・社会的相談の受けつけ、など			
その他サービス						
	(14)	入退所時の説明・情報提供	パンフレットの作成、見学の自由、入所に関する説明、退所先への利用者の状態に関する情報提供、など			
	(15)	利用者との契約	適切な契約内容、適切な契約手続、など			
	(16)	在宅支援	ショートステイ等の実施、訪問活動などのサービス実施、など			
地域連携						
	(17)	協力医療機関との連携	医療機関との十分な連携、など			
	(18)	地域福祉との連携	ボランティアや実習生の受け入れ、周辺地域行事への利用者の参加、など			
	(19)	他機関・他施設との連携	市区町村・保健所・福祉事務所等との連携、など			
	(20)	広報活動	広報紙の発行、地域住民へのPR、など			
施設設備環境						
	(21)	施設設備	快適性の配慮、談話室・家族の宿泊部屋等の確保、など			
	(22)	施設内環境衛生	清潔さの確保、など			
運営管理						
	(23)	職員への教育・研修	運営理念の徹底、研修や勉強会の実施、など			
	(24)	記録・調査	業務報告日報等記録の管理・活用、利用者意見の調査、など			
	(25)	プライバシー	人権やプライバシー保護の配慮、利用者情報保護、など			
	(26)	処遇計画等	介護計画に対する利用者の意見の反映、など			
	(27)	カンファレンス（ケース会議・事例研究会等の定期開催など）	ケース会議・事例研究会等の定期開催、など			
	(28)	事故発生時の対応	事故に備えた各種訓練・保険制度の配慮、など			

上記一覧表以外に評価項目を設けている場合には、下記に記入下さい。

(29)					
(30)					
(31)					
(32)					
(33)					

Ⅳ. 資　　料

SEEKING THE CONSUMER VIEW
in
RESIDENTIAL AGED CARE FACILITIES

A Practical Guide

PART A

INTRODUCTION

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February 1999

PART A
INTRODUCTION

CONTENTS

Acknowledgements

We have greatly appreciated the advice and assistance provided to us by the many people with whom we have had contact during the course of developing this manual. These include the members of the project's steering committee - Mrs Heather Johnson, Mr Earle Lehmann, Dr Elizabeth Ozanne, Rev Dr Don Stewart, Ms Sue Mullins and Ms Sarah Simpson, representatives of key organisations and agencies as well as other researchers and academic colleagues.

In particular we wish to acknowledge the time and assistance provided by the many residential aged care facilities around Australia with whom we have had contact - this includes not only facility administrators and staff but also residents themselves and/or their relatives.

Much of the initial impetus for this project came from work relating to resident satisfaction in self care facilities for the elderly in Western Australia on behalf of Uniting Church Homes and Churches of Christ respectively. Specifically we would like to acknowledge Vaughan Harding (CEO, Uniting Church Homes) and Wayne Belcher (CEO, Churches of Christ Homes and Community Services Inc.).

Special thanks also go to Helen Ellwood, Director, Outcome Standards Section (Department of Health and Family Services) for her support for the project, particularly during the initial discussions with the Commonwealth and to the Department of Health and Family Services for providing the necessary funds.

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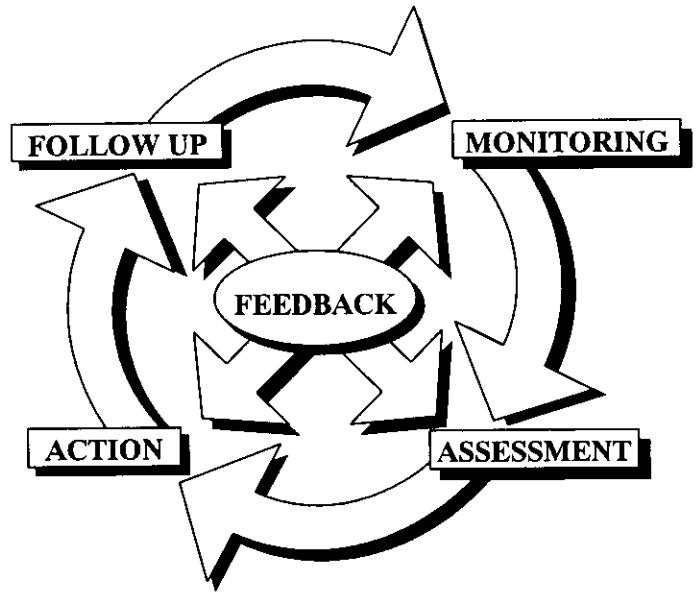
February 1999

A:1 ABOUT THIS MANUAL

A.1.1 Background and Purpose

The Commonwealth's Residential Aged Care Standards require evidence that appropriate quality management systems are in place which permit continuous quality improvement to be demonstrated across all operations. This requires that aged care facilities adopt a cycle of monitoring, assessment, action and follow-up, as illustrated in the quality circle below.



(Commonwealth Department of Health and Family Services 1998)

A particular example given of evidence of continuous improvement is that *'consumers are more informed and satisfied'* (Commonwealth Department of Health and Family Services 1998 pG-6). As such, organisation policies and practices should ensure *'that continuous quality improvement activities are responsive to input from management, staff, each* ***resident (or his or her representative)*****.....** (our emphasis)' (pS-4). More specifically, policies and practices should provide *'that the organisation's management actively seeks feedback from each resident (or his or her representative) and staff on all aspects of the services provided by the service'* (pS-7). Specific means by which this can be achieved include *'surveys, questionnaires, interviews and focus groups'* (pG-8).

This manual provides a means by which managers and administrators of aged care facilities can explore in detail the needs and concerns of their **residents**. It contains both the practical tools for doing so, in the form of an interview schedule and self-complete questionnaire, as well as guidelines for their use and interpretation, placed in the context of quality management.

In terms of the overall quality management process, the manual represents a valuable **internal quality improvement tool** for facility managers and staff. It is a means by which facilities can obtain feedback from residents (or their representatives) about a variety of issues relating to quality of care, thus providing a basis for continually improving the standard of care they are providing. Most importantly, it provides a means by which facilities can remain responsive to the needs and concerns of their consumers.

The focus, in developing the approach, has been very much on assisting facilities to identify the things that they are doing well, not just what they may **not** be doing so well, from the perspective of their residents. It also enables facilities to identify specific issues requiring attention, either in the short or longer term.

The manual has been developed for use in a wide variety of settings, such as metro/rural facilities, large to very small facilities and 'stand-alone' facilities to complexes with a range of facilities on site. Additions or modifications to the manual are also possible, so as to cater for the circumstances and needs of individual facilities. Further information relating to the development of the manual is provided in *Appendix 1*.

A.1.2 Manual Contents

The manual consists of three parts as follows:

Part A contains:

- a general overview of the manual, including information relating to its background and development.

- general advice relating to conducting resident surveys, including discussion of the advantages and disadvantages of different approaches (i.e. self-complete vs personal interview), advice regarding follow-up options and further reading suggestions.

Part B contains:

- resident and resident representative **interview schedules** (the latter to be used when residents are unable to participate directly, for example due to dementia), a summary form and reporting guidelines.

- specific guidelines for the use of the above, including advice regarding sampling and recruitment.

Part C contains:

- resident and resident representative **self-complete questionnaires** (the latter to be used when residents are unable to participate directly, for example due to dementia), a summary form and reporting guidelines.

A.2.3 Issues Explored

The survey instruments in this manual provide a means by which a number of aspects of service delivery can be explored to varying degrees of detail. The choice of areas and issues covered has been based on extensive consultations with residents as well as facility managers and staff, also taking into account variation between facilities in terms of type, size, location and so on.

Some facilities may, however, wish to explore other issues or to explore those covered by the interview schedules/questionnaires in more detail - if so, additional questions can be fairly easily incorporated. Similarly, sections can be omitted (or shortened) according to the needs and interests of individual facilities. If any additions or modifications are to be made, however, it is recommended that the facility first seek professional advice relating to, for example, question wording and the implications of such changes for the validity and reliability of the schedules/questionnaires.

A.2.4 Limitations

It is also important to be clear about what can and/or can't be achieved by the survey - for example, it may not provide facilities with 'instant solutions' to particular problems, but it may help to identify what some of the key issues are in relation to those problems, which can then be used as a basis for follow-up action. The actual choice of survey approach is particularly relevant in this regard and is discussed in more detail in *A:3: 'Choice of Survey Approach'*.

A.2.5 Timing

A number of issues relating to the 'timing' of the survey need to be taken into account. These include when it is conducted as well as how long it is likely to take to complete.

As regards the former, it is obviously better to choose a time when things are running relatively 'normally', rather than 'atypical' circumstances such as just subsequent to the implementation of major changes within the facility (when residents are more likely to be feeling unsettled) or when many residents are away or difficult to contact (for example over the Christmas-New Year period).

As regards the time taken to complete the survey, it is important to keep it within a reasonable time frame, not only from a resourcing point of view but also because if it drags on too long, people tend to lose interest or become disenchanted and the whole idea loses its impetus.

Working out a rough timeline is always a helpful means of ensuring that the project keeps within reasonable limits - this could be constructed in terms of a number of stages, for example *initial planning*, *data collection (e.g. interviewing)*, *summarising*, *interpreting/writing up*, and *feedback and follow-up*. As far as estimating how long different stages might take, it is worth noting that in many research studies a rough rule of thumb is to assume that:

> ***the time spent collecting data*** *is equal to:*
> ***the time needed to summarise, analyse and interpret the data*** *is equal to:*
> ***the time to write it up*** *is equal to:*
> ***the time it takes to circulate, discuss/follow-up and draw up an action plan.***

While it is obviously difficult to provide an estimate of how long a **specific** survey might take, a survey by interview approach involving, for example, 15 residents, could take anything between one to three months (i.e. from the initial planning stage through to reporting and feedback stages) depending on the intensity of effort. A survey by self-complete approach will most likely involve less time, for example one to two months in total. As regards the latter, it is important that sufficient time is allowed for residents to complete and return questionnaires as well as for any follow-up/reminders that may be required.

Depending on the aims and needs of individual facilities, such as the number of residents to be surveyed, whether or not a formal report is required and, if so, to what level of detail, these estimates will obviously vary but may be useful for initial planning purposes.

A.2.6 Resources

Resourcing considerations will most likely include the following;

(i) People

When making decisions about survey personnel, factors to consider may include:

- **who** has the skills and expertise needed to undertake the different tasks involved
- who within the facility/organisation has the **time** available to coordinate the survey
- how **much** time and **when** he/she/they are available.

An important first decision is who will take responsibility for the overall coordination of the survey. This role will involve a number of tasks including:

- initial planning and preparation
- selection of residents to be surveyed
- recruitment of participants
- recruitment of other survey personnel, for example interviewers, someone to summarise the results and, if required, someone to compile a report
- overseeing the distribution and collection of questionnaires if a survey by questionnaire approach is adopted.

The above also involves making decisions about whether anyone **outside** the facility/organisation needs to be recruited, particularly if the interview method is chosen.

(ii) Resident selection

The next step in the sampling process is the actual selection of residents. The simplest way to do this, bearing in mind the random requirement, is by drawing names out of a hat (or appropriate substitute). Thus, each resident's name must first be written on a separate piece of paper, all pieces of paper put into the hat and the required number of names drawn out, one by one. As each name is drawn, it should be recorded on another sheet of paper, this representing the 'interview list' such as that illustrated in *Table C.2.* Information relating to the basis on which they would be able to participate (that is, directly without assistance, directly with assistance or indirectly via a representative) should also be recorded as each name is selected, as shown.

Two points need to be noted in relation to this process. First, in the case of a couple, their names would be written on the **same** slip of paper. Secondly, to further ensure that the selection process is as random as possible, all slips of paper should be of equal size and folded before being placed into the hat (or equivalent).

Table C.2
Example Resident Selection Sheet and Form of Participation

Name	Able to participate *without* assistance	Able to participate *with* assistance	Unable to participate representative required
Mrs Morris	X		
Mrs Green			X
Mrs Paxton	X		
Mr Puzzi		X	
Mr Lee	X		
Mrs Lee	X		
Miss Taylor			
etc.	etc. ...		X

(iii) Replacing residents unable/unwilling to participate

If you have selected a resident or resident representative who for some reason, such as illness or not wishing to take part, cannot be included, then a replacement is required. This replacement should also be identified in the same way as the other participants - i.e. by drawing randomly another name from the hat, etc.

C:2 ENCOURAGING RESIDENTS OR THEIR EPRESENTATIVES TO PARTICIPATE

The way in which the survey is publicised to residents and/or their representatives is obviously crucial to its success, particularly in terms of motivating them to participate. It is therefore recommended that a cover letter introducing and explaining the survey be prepared and attached to the questionnaires when the latter are distributed. Separate letters should be prepared for residents and resident representatives respectively, however each should contain similar basic information. Listed below are some key considerations:

- suggested contents: explain purpose of survey, neutralise any doubts or mistrust respondents may have about it, explain the selection process if relevant (for example, that a number of residents have been selected randomly), encourage participation but stress that people are not obliged to and that there will be not be any negative consequences if they prefer not to, and nominate who can be approached if there are any queries. It is also important to stress the confidentiality and anonymity of the survey. Add a request that any couples included in the survey complete the questionnaire together. In the letter to residents it may also be worthwhile mentioning that assistance to complete the questionnaire for those unable to do so, for example because of impaired vision, will be arranged if necessary.

- keep the letter as clear and concise as possible.

- consider producing the letter in large/bold print.

- give some thought to the way the resident/representative is addressed - such as *'Dear Resident', 'Dear Sir/Madam', 'Dear (resident's/representative's name))* and about the general style and format of the letter - these are known to be important factors in motivating potential respondents to participate.

- include instructions for returning completed questionnaires - that is, how, where, and by when.

C:3 CONDUCTING THE SURVEY

This section contains some general advice relating to the planning and conduct of the survey. As stated elsewhere, whilst many of the issues discussed may seem fairly obvious, they are included for completeness.

C.3.1 Overall Coordination

In order to ensure the smooth running of the survey, it is advisable that someone within the facility/organisation, who has the time and expertise, takes responsibility for its overall coordination. This role would include:

- making arrangements for printing/photocopying sufficient numbers of questionnaires;
- selecting residents to be surveyed (i.e. if a sample rather than all residents are to be surveyed);
- organising the distribution and collection of questionnaires;
- following up non-responses;
- summarising the information from the questionnaires and;
- acting as a general contact person for the survey.

The coordinating role could also, perhaps, be shared between facility staff, for example the supervisor/manager, administrative assistant and/or receptionist.

C.3.2 Distribution and Collection of Questionnaires

(i) Distribution

Questionnaires should be enclosed in a sealed envelope and addressed appropriately as suggested in *Section C:2* above. Depending on the collection arrangements, a sealable return envelope in which completed questionnaires can be placed could also be enclosed. Any couples included in the survey should receive **one** questionnaire only, with a request that it be completed on behalf of both partners and preferably together.

Options for distributing the questionnaire to residents include:

- delivering it personally - there is some evidence to suggest that questionnaires are more likely to be completed if they are personally delivered as well as personally collected on an pre-arranged date; requesting residents to return the questionnaire in an enclosed sealable envelope should help allay any anxieties they may have regarding confidentiality and anonymity, particularly if the person collecting the questionnaires is a member of staff;

- via a general 'mail out' - that is, placed in residents' pigeonholes, mail boxes or equivalent.

Options for distributing the questionnaire to resident representatives would be similar, that is:

- handing it personally to him/her, for example during a visit, and enclosing a sealable return envelope;

- posting it to his/her home address, with a sealable return envelope enclosed.

(ii) Collection

Options for questionnaire collection include:

- a 'ballot box' style collection box or boxes placed conveniently in the facility;

- personal collection. In this case it is important to ensure that return envelopes have been distributed with the questionnaire;

- handing in at the office, for example to the receptionist for placement in a collection box, again with a return envelope having been supplied with the questionnaire;

- in the case of resident representatives, by mail. Enclosing a return and preferably stamped envelope should also increase the chances of the questionnaire being returned.

C.3.3 Non-Response and Follow-up

Non-response is often a major problem with this type of survey. Not only does it result in valuable information being lost but it also affects the degree of 'representativeness' of the sample.

The reasons for non-response are many and varied - some of those more relevant to the aged care facility setting include: inability to participate due to, for example, mental status or physical limitations such as limited vision, frailty or ill health; unavailability (for example away on holiday or in hospital); and lack of interest or cynicism (*'will it really change anything?'*; *'we've been through this before but nothing ever changes'*, *etc.*). Lack of time, misplacing the questionnaire or a questionnaire that is too long and/or complicated are other possible reasons.

Although achieving a 100% response rate is rare, there ***are*** ways that the non-response can be minimised and thus the response rate improved. 'Preventive' measures include a carefully prepared and designed cover letter and personal delivery and collection of questionnaires. 'Post survey' measures include sending reminder letters to all respondents urging them to complete and return the questionnaire, again impressing upon them the importance of the survey.

It has been suggested that two to three reminders in a survey of this type are sufficient, with any further attempts not likely to be successful. In a facility setting, however, this may be considered 'overkill', with perhaps one or at the most two reminders being sufficient. A further option would be via announcements (such as at meal times), resident newsletters or by placing a notice on the noticeboard(s).

The specified return date is another consideration - it should not be too soon but nor should it be too far away either - in a residential aged care facility setting, one week with a reminder after a further week might be a reasonable time frame. For resident representatives, however, it may be more appropriate to adopt a slightly longer time frame - for example, a specified return date of two weeks from the time the questionnaire is distributed, with a reminder one week after the deadline.

C:4 GUIDELINES FOR USE OF THE QUESTIONNAIRE

C.4.1 Overview of the Questionnaire Content and Format

This section provides a brief overview of the survey questionnaire(s) in terms of content and format. Also included as a reference are a few examples of completed questions (see *C.4.2).*

(i) Topics covered

The questionnaires which are included in *Appendices C:1* and *C:2* consist of 12 sections plus a suggested cover sheet/introduction. *Sections 1-10* relate to specific aspects of life such as the initial move to the facility, the physical environment (rooms, building), social life, services and staff care, *Section 11* allows for additional comments about living in the home and *Section 12* seeks basic demographic data.

Within each section, specific issues relating to the general subject area, for example the resident's room, are explored in more detail. In addition, at the end of each section, respondents are asked to give an overall rating using a scale ranging from *'excellent'* through to *'poor'.*

(ii) Question format

Most questions are of the multiple choice type, with responses coded in a *'yes', 'no' depends'* type format or in terms of ratings on a four or five point scale (for example ranging from *'excellent'* through to *'poor'*). Some sections also contain some open-ended questions - such as *Section 1, Question 1a,* regarding any difficulties settling into the facility; *Section 2, Question 2i* regarding any suggested changes to rooms and so on. As mentioned above, most sections also finish with a question inviting the respondent to give an overall rating for that section with space for additional comments.

Some questions (*e.g. 3e, 3f, 7h, 7i*) also allow for the exploration of other amenities or services as appropriate.

C.4.2 Examples of Completed Questions

10. OTHER ISSUES

(please tick in box)

	Yes	No	Depends
a) Do you have enough freedom living here?	☑	☐	☐

If *'no'* or *'depends'*, please explain: .....

.....

.....

	Yes	No	Depends
b) Is noise ever a problem? *(e.g. doors, trolleys, other residents or staff)*	☐	☐	☑

If *'yes'* or *'depends'*, please explain: *Some staff noisy - mainly*

night staff talking loudly.

.....

	Yes	No	Depends
c) Do you feel safe in the home?	☑	☐	☐

If *'no'* or *'depends'*, please explain: .....

.....

.....

	Yes	No	Depends	Unsure
d) Are people's spiritual/religious needs well catered for here?	☑	☐	☐	☐

If *'no'* or *'depends'*, please explain: .....

e) What is the **best** thing about this home?

The company

My room

f) Is there anything you **really** dislike about it?

Yes	No
☐	☑

If *'yes'* please indicate:

11. OVERALL VIEWS OF THE HOME

a) Taking *everything* into account, how would you rate the home overall?

Excellent	Good	Fair	Poor
☐	☑	☐	☐

If you have any other comments to make about the home please write them below.

I'm grateful to be here.

C:5 SUMMARISING THE RESULTS

C.5.1 Overview of the Summary Forms

As a means of entering the information contained in each questionnaire, a summary form has been developed and is included as *Appendix C:4.*

It is likely that in most cases the information from the questionnaires will be entered manually onto the summary form although some facilities may choose to do this electronically (i.e. on a computer). Even with relatively large respondent numbers however, a manual recording approach should not prove particularly burdensome given that the majority of information obtained will be in quantitative form and will thus involve simply counting response categories.

As can be seen, the summary form provides a basis for summarising the quantitative information obtained from the questionnaires - that is, in terms of how many respondents answered, for example, *'excellent', 'good', 'fair', 'poor',* or *'unsure'* - as well as for entering any qualitative information such as comments or suggestions for improvement.

It should be noted that the form does not make any specific provision for the calculation of *percentages* (i.e. percentage rather than actual number of respondents who answered *'excellent', 'good', 'fair', 'poor',* or *'unsure'*) from the number totals, the decision about whether to do so being left to the discretion of facility managers. It should also be noted that in smaller facilities the calculation of percentages would not be particularly meaningful anyhow.

The form allows for data from both resident and resident representative (if applicable) questionnaires to be entered. It is suggested, however, that any *comments* made by the latter be identified with a *(RR)*. In cases where couples have completed the questionnaire, demographic data for both should be recorded on the form as per the questionnaire. An example of how responses would be summarised is provided in *C.5.2.*

As shown in the examples of summarised responses in *C.5.2*, it is suggested that numbers for responses for each response category are recorded on the dotted lines below the codes and totals entered into the relevant boxes.

C.5.2 Examples of Summarised Responses

10. OTHER ISSUES

	Yes	No	Depends	Unsure	Missing
a) Do you have enough freedom living here?	HHT ///	/			/
TOTAL	= 8	= 1	=	=	= 1

Problems/comments	Number
Don't like having to go outside for a smoke - cold in winter	/
Free to come and go as we please	///

	Yes	No	Depends	Unsure	Missing
b) Is noise ever a problem?	//	HHT //	/		
TOTAL	= 2	= 7	= 1	=	=

Problems/comments	Number
Some staff noisy - (mainly night staff talking loudly - (1))	//
Neighbour's T.V. - often too loud	/

10. OTHER ISSUES *(cont'd)*

	Yes	No	Depends	Unsure	Missing
c) Do you feel safe	~~////~~ ////				/
TOTAL	= 9	=	=	=	= 1

Problems/comments	Number
Have security screens on all windows	//
Good having secure area outside	/ *(RR)*

d) What do you like <u>most</u> about this home?

Problems/comments	Number
The company	/
Room	/
The staff - caring, friendly	////✓
The gardens	/
Knowing I will be looked after	/
Everything	//
The food	/

C:6 INTERPRETING AND REPORTING THE RESULTS

The self-complete questionnaire summary form presents the combined views of residents about various aspects of facility care in a readily accessible format. In terms of understanding its overall significance for the facility, particularly whether certain issues require for further exploration and/or action, facility managers (and other key staff) are obviously in the best position to interpret this information and to place it within some kind of 'context'.

As regards the quantitative information (i.e. results for different rating scales), it is important to note, however, that traditionally, older people in surveys of this kind tend to give **overly positive** responses. This may be, for example, because they are reluctant to criticise the services upon which they are dependent and/or don't wish to offend staff. This fact has obvious implications for how different results are interpreted. Thus for a rating scale of *'excellent'* to *'poor'* for example, reasonably high proportions of responses in the *'good'* to *'fair'* (or lower) categories, rather than *'excellent'* to *'good'*, suggest that residents do have some concerns about that particular aspect of service delivery.

A good rule of the thumb in interpreting the ratings, therefore, would be to consider **anything less than 'good' to 'excellent' but particularly when there is a reasonable spread of scores across *all* categories**, as an indication that there are issues associated with that particular aspect of service delivery. Obviously, a high proportion of responses in the lower categories (i.e. *'fair'* to *'poor')* is a definite indication that there are problems.

While, as noted, the summary form represents a kind of 'master document' which can be readily consulted, some facilities may wish to use this document as a basis for preparing a summary report. An example report based on a survey by self-complete questionnaire approach is included in *Appendix C:5.* Ultimately, of course, decisions about the format and level of detail of the report will be largely determined by the aims and scope of the survey and are left to the discretion of facility managers.

An important issue to note in reporting, particularly in cases where only a relatively small number of residents are involved, is that anonymity be maintained - in other words respondents should not be able to be identified via any views or comments that are mentioned in the report. This is particularly relevant when, for example, only one or two resident representative questionnaires have been completed, in which case it would not be appropriate to separately identify their responses/comments as 'resident representative' views; this would also apply in cases where only one or two males and/or couples were included in the survey.

Ultimately, it is largely a matter of discretion on the part of the person compiling the report as to what is or is not appropriate to identify. The suggestion is, however, that when in doubt, it is better to err on the side of caution and not to identify the response or comment separately.