

Developing Outcome Measures for Homeshare UK

November 2021

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About this Report:

Homeshare UK commissioned LJMU to develop a more consistent and robust approach to evaluating its work and its value to participating householders, sharers and a range of key stakeholders including future commissioners. In the first instance, this included a commission to develop an outcomes framework for the organisation.

This report details the key outcomes experienced by the beneficiaries of Homeshare UK. The report provides a theory of change to describe how these changes are achieved and details of the key stakeholders who experience short, medium and longer-term outcomes. The report also presents information about key indicators that can be used to measure outcomes and recommendations for protocols and the process for collecting outcome data from key stakeholder groups.

Acknowledgements:

The research team would like to thank the following for their support with this project:

- Representatives from Homeshare UK (including Deborah Fox, Ben Dunne, Tina Morrow, and Ramona Amuza [Homeshare Gloucestershire Manager]) for their support in organising the stakeholder workshops and identifying participants to recruit to this study;
- All stakeholders who participated in workshops and interviews;
- All of the sharers, householders and family members who shared their experiences of Homeshare UK.

Glossary of terms:

Homeshare UK: the national umbrella organisation overseeing all Homeshare programmes in the UK

Homeshare organisations: local providers of Homeshare programmes, responsible for setting up and day-to-day running of programmes

Homeshare programmes: local schemes matching householders with sharers in shared living arrangements

Householders: homeowners participating in Homeshare programmes

Sharers: individuals who share the householders' homes

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Executive Summary

Home sharing is an increasingly popular, community-based approach to supporting older people to live independently for longer, while simultaneously meeting a range of social objectives for individuals and families, including reduced isolation, improved wellbeing and enhanced economic security via the provision of affordable housing and domestic support. As such, there are a number of different, reputable home sharing programmes internationally, run by a range of public and third sector organisations, including intergenerational home sharing and more care-based shared living schemes. Despite the proliferation of such initiatives in recent years, the evidence base on the impact and value of home sharing, particularly in health and social care contexts, remains sparse.

Homeshare UK responded proactively to the evidence gap in the sector in early 2021, by initiating a research partnership with Liverpool John Moores University (LJMU) to inform its own robust research and evaluation strategy and practice. Through initial conversations with members of LJMU's research and enterprise development department, an interdisciplinary research team was formed to take this work forward, including academics with evaluation expertise from health psychology, public health and cultural policy fields. The following objectives for the project were agreed between the research team and Homeshare UK as its commissioners:

1. Conduct desk research on existing, available evidence (internationally) on the outcomes of shared living, including any evaluation studies, considering current evidence on its impact and value; approaches to evaluating shared living schemes; and the quality and efficacy of those approaches.
2. Run a series of stakeholder consultation activities, to include a representative sample of Homeshare UK delivery organisations (including charities, not-for-profit community interest companies and local authorities) and key stakeholder organisations in their relevant geographic networks. Each activity should be designed to:
 - Further explore and test indicative outcomes identified in the Homeshare UK annual report and other available evidence on shared living;
 - Identify and discuss additional outcomes with participating stakeholder groups;
 - Gauge opinion on preferred methods and approaches for outcome measurement/data collection and their practical feasibility;
 - Discuss presentation, use and application of outcomes/evaluation data, including likely audiences and preferred communication methods.
3. Develop an outcomes framework and theory of change model for Homeshare UK, including agreed outcomes and associated indicators; suggest methods for formative outcome measurement and data collection; make recommendations on appropriate tools and processes for an embedded, systematic approach to evaluation within the organisation, moving forwards.

The full research report that follows summarises each of these iterative project stages in detail. Stakeholder consultation activities included a 90-minute research development workshop, held online in July 2021, with 12 delivery organisations from the Homeshare UK network along with 3 representatives from Homeshare UK. This was followed by a series of research interviews, each conducted by telephone, with householders, sharers and householder's family members. Finally, findings from these activities were shared as part of a second research development workshop held in October 2021, to gauge feedback and facilitate further contributions from additional Homeshare UK network members.

This has established a set of thematic outcomes for Homeshare UK, relating to safety and independence; reduction in loneliness, increased companionship and social connectedness; enriched lives of householder and sharer; and financial benefits. A theory of change and logic model was subsequently developed, establishing causal pathways between the work and activities that go into Homeshare programmes and the anticipated thematic outcomes, including examples of how such outcomes may be experienced. The logic model creates a visual roadmap of 'inputs' (e.g. support for 23 Homeshare organisations, nationally); 'activities' of Homeshare organisations (e.g. links with referral services) and householders and sharers (e.g. companionship); 'short-term outcomes' (e.g. increased safety at home, especially overnight); and 'longer-term outcomes' (e.g. reduced pressure on statutory and other community-based services).

Recommendations for a more embedded, responsive and systematic approach to evaluation research at Homeshare UK include the design and presentation of a bespoke, accessible evaluation tool to capture thematic outcomes described throughout the report, including quantitative and qualitative data. The former includes scaled items adapted from reliable, standardised measures of subjective wellbeing, quality of life, physical health, and loneliness. The tool also provides space for householders and sharers to prioritise (rank) outcomes that are of most value to them and to provide qualitative feedback on their scaled responses or any additional comments on their experience of home sharing. Further recommendations are made regarding the development of case studies through additional, regularly scheduled collection of more in-depth qualitative data, using critical incident analysis for the effective attribution of any described outcomes to the actual experience of taking part in Homeshare programmes. This will help to provide a more holistic, narrative evidence base on the lived experience of home sharing, especially when enriched with available secondary data sources, including Homeshare UK social media platforms.

1. Introduction

1.1 Background and Context

Housing is widely recognised as a social determinant of health (Krieger & Higgins, 2002). Health outcomes are affected by housing affordability, stability, quality and the emotional link to housing, along with the physical and social characteristics of neighbourhoods (Novoa et al., 2014). The National Strategy for Housing in an Ageing society suggests that good housing is imperative for well-being later in life and is critical in managing the growing pressures of health, care and support expenditure. Research suggests that communal living arrangements may reduce feelings of loneliness and increase perceived wellbeing among the elderly population compared with residents living in single households (Cramm & Nieboer, 2015; Norstrand & Glicksman, 2015).

Life expectancy in the UK continues to grow and it is projected that there will be an additional 7.5 million people aged 65 and over in 50 years' time (Office for National Statistics, 2021). With this increase, more adults are living alone in later life which may have adverse health and wellbeing consequences. Research has found that older people who live alone are more likely to have long term conditions, mental health conditions and are more likely to visit their GP or A&E (Dreyer et al., 2018). Loneliness may be one explanation for poor health and currently 1.4 million elderly people in England are lonely, a figure which has remained constant since 2006 (Age UK, 2018). Additionally, older people may require more assistance from the NHS when they fall ill due to a lack of immediate support at home. Because of this, there is an ongoing concern within the UK population that family and friends may no longer be able to meet the needs of the elderly such as companionship, security and required help. It has been reported that older people intend to stay in their homes, or 'age in place' for as long as possible, regardless of changes in their health (Gitlin, 2003). Ageing in place allows older adults to remain independent, autonomous and connected to their social network (Callahan, 2019), and thus methods to further enable this need to be explored. The home environment has the potential to play a critical part in health and well-being; by tackling factors that impact people living on their own, such as loneliness and social isolation, there is the possibility to reduce pressure on A&E departments and GP services.

A range of co-living schemes such as Homeshare, Shared Living and co-housing have all been developed to utilise the home to promote health and wellbeing. Co-housing and co-living models originated in Scandinavian countries in the late 1960s but have since become increasingly popular in Europe and the USA (Fernandez Arrigoitia & Scanlon, 2015), due to the growing interest in utilising the schemes for older people. In the UK, as in many other countries, the expansion of co-living arrangements for older people challenges traditional housing solutions and they are often provided either by Local Authorities, charities or specific private care homes (Fernandez Arrigoitia & Scanlon, 2015), and can further enable 'ageing in place' for older adults.

Previous Literature on Outcomes

The outcomes and impacts of co-living schemes have begun to be measured, however there is a lack of consistent evaluation of both their short and longer-term impacts. Evaluation of co-housing has mainly been studied within USA community housing schemes, with both quantitative and qualitative data being gathered. Studies aimed to understand individual's motivations for moving and the impact of their living situation on their lives. Quality of life (QoL) and loneliness were assessed via quantitative measures, such as the WHOQOL-BREF (WHOQOL-BREF Group, 1998) and the UCLA loneliness scale (Hughes et al., 2004). Interviews were also used to gather more in-depth answers about their

experiences and motivations for co-housing (Glass & Vander-Plaats, 2013; Glass, 2020; Puplampu et al., 2020).

Shared Living is another example of co-living that is often a regulated care service. Shared Lives programmes always take place in the home of the Shared Lives carer and aim to provide caring support to vulnerable individuals, for example adults with learning difficulties, mental health issues or dementia (Brookes et al., 2016; Harflett & Jennings, 2016; Shared Lives Plus, 2017). These schemes have been mainly evaluated in the UK. Quantitative measures include questions taken from the Adult Social Care Outcomes Toolkit (ASCOT) to measure current social care-related quality of life (Brookes et al., 2016; Harflett & Jennings, 2016), and QoL questionnaires (Rhoades & Mcfarland, 2000). Semi-structured interviews were often used in combination with quantitative measures to gather further insight into outcomes such as independence and control (Harflett & Jennings, 2016). Hospital admissions and health care costs are also key outcome measures that the shared living schemes assess. The time scale of the evaluations varied; some schemes assessed the outcome measures every six months (e.g. Rhoades & Mcfarland, 2000), whilst others were a one-time assessment of their outcomes.

Finally, Homeshare programme outcomes have been assessed, but still only on a small scale. Intergenerational Homeshare schemes in the USA, and general Homeshare pilots in the UK, Spain and Canada have begun to be evaluated. Outcomes assessed were QoL, well-being, independence, social support and financial benefits. Quantitative measures used to assess these outcomes included the WHOQOL-BREF and EQ-5D (Coffey 2010), WEMWEBS (Bagnall, 2020), the CASP-10 scale (Bagnall, 2020) and the UCLA loneliness scale (Macmillan et al., 2018). The outcome measures were often assessed at baseline (e.g. prior to Homeshare commencing) and then within six months of the Homeshare commencing. Semi structured interviews have also been used to assess Homeshare outcomes; using in-depth, open-ended questions to explore the impact of Homeshare on both householders and sharers, with questions focusing on wellbeing, security and loneliness (Labit & Dubost, 2016; Bodkin & Saxena, 2017; Legge, 2014; Sanchez et al., 2011).

Other available literature includes advocacy work on the organisational *values* that underpin shared living schemes and how these inform and develop any (actual and desired) outcomes and impact. As part of a wider programme on collective wellbeing for example, the Kindness Leadership Network (KiLN) pioneered by Carnegie UK focuses on kindness in organisations and services, founded on the principle that 'relationships are at the heart of improving outcomes for organisations and improving wellbeing for individuals and communities' (Thurman, 2021). Shared Lives Plus is a constituent member of KiLN, as one of 12 organisations working across England and Scotland in a programme of practice-based learning and leadership development. This builds on successive reports on the *place* of kindness in combating isolation and loneliness via evidence-based policy-making (Ferguson, 2017) and the *practice* of kindness in organisations and communities (Ferguson and Thurman, 2019). Members of KiLN have now made a 'commitment to kindness', encompassing six specific organisational goals including active listening; building a shared understanding; giving permission; being systemic; enabling reflection; and capturing learning.

1.2 Homeshare UK

Homeshare UK (part of umbrella organisation [Shared Lives Plus](#)) brings together older people and others who need support to stay in their homes (known as householders), with younger people (known as sharers). The sharers provide companionship and at least 10 hours per week of low-level practical support, in return for an affordable place to live. Homeowners in shared living arrangements are usually older people who have developed some need for support or have become isolated and

anxious about living alone (Fox, 2010), and thus the initiative offers a solution to enabling elderly people to age in place. The tasks required are dependent on the requirements of both parties, and may include shopping, gardening, cooking or cleaning, but do not include personal care. The overall aim of Homeshare UK is to improve wellbeing and quality of life, and reduce social isolation and loneliness in older people, while providing affordable housing for younger people and developing intergenerational links.

There are currently a range of Homeshare schemes up and running in both the UK and worldwide; 16 countries currently run the Homeshare programme. In the UK there are currently more than 20 Homeshare programmes, each run by non-for-profit organisations such as: charities, local authorities and community interest companies (CICs) on behalf of Homeshare UK.

1.3 Developing Outcome Measures for Homeshare UK

Given the lack of consistent evaluation of both the short and longer-term impacts of co-living, Homeshare UK requested Liverpool John Moores University (LJMU) to carry out research to develop a more consistent and robust approach to evaluating its work and its value to participating householders, sharers and a range of key stakeholders including future commissioners. In the first instance, this included a commission to develop an outcomes framework for the organisation.

Homeshare UK has already engaged the services of a technology company to develop an evaluation tool based on the results of this project. The aim of this tool is to enable Homeshare UK, as a national organisation overseeing local Homeshare programmes, to collect data directly from householders and sharers in order to evaluate the impact of these programmes in a centralised and consistent way.

The project has encompassed the following:

- Identifying which stakeholders we should/could be collecting outcomes data from;
- Identifying the key outcomes for each stakeholder group;
- Identifying outcome indicators;
- Developing protocols and the process for collecting the outcomes information from key stakeholder groups;
- Supporting the Homeshare UK Team to identify suitable tools for the collection of data and support the development of a bespoke tool.

A project steering group was developed to inform the development of the engagement methods and identify key stakeholders to involve in the project.

2. Methodology

This project used a collaborative approach to co-produce the framework for Homeshare UK. A series of stakeholder engagement activities were deemed the most appropriate method to collect information about the outcomes that should be included within the measurement framework. The activities consisted of two stakeholder workshops, complimented by individual interviews with householders, sharers and their families to allow for further personalised insights into the impacts of Homeshare on these individuals. This information was then used to develop a logic model and theory of change for Homeshare UK.

Throughout the process, the research team worked closely with the Homeshare UK team, amending the project plans in an iterative way in response to feedback and to ensure the project met their needs.

2.1 Stakeholder Engagement Workshop 1

The first 90-minute workshop was carried out online, via Zoom. The workshop was facilitated by the research team. Homeshare UK steering group representatives introduced and chaired the workshop, providing important context about the purpose of the workshops from a Homeshare UK perspective (see Appendix B for a copy of the workshop structure).

Members of the project steering group identified the stakeholders to invite to each workshop, this included Homeshare UK delivery organisations including charities, not for profit CICs and local authorities. 12 Homeshare providers attended the workshop, along with 3 representatives from Homeshare UK.

The first workshop, held in July 2021, explored:

- The inputs and activities that stakeholders contribute to Homeshare UK;
- The anticipated and actual outcomes of Homeshare UK programmes experienced by participating stakeholder groups;
- Any data currently collected by members of the Homeshare UK network;
- The opinions of stakeholders on preferred methods and approaches for outcome measurement and their practical feasibility;
- The use and application of outcomes/evaluation data, including likely audiences and preferred communication methods.

Responses from stakeholders were collated using digital technology, and placed into a draft logic model, consisting of inputs/activities, outputs, and short- and long-term outcomes, by the research team.

2.2 Stakeholder Interviews

Six interviews were carried out via phone, which were facilitated by one member of the research team. The interviews included: 2 family members, 2 sharers and 2 householders, all of which were initially contacted and recruited via a Homeshare provider (Age UK Gloucestershire). The interviews lasted between 10-20 minutes and were centred around 3 main themes: their Homeshare journey, the individual impact of Homeshare, and the wider impacts (see Appendix C for the full interview questions). The interviews were not audio recorded but the interviewer took extensive notes during each interview to ensure that the rich data was captured accurately.

Ethical approval for the interviews was given by Liverpool John Moores University's research ethics committee, reference **21/PSY/028**.

2.3 Online survey

A brief online survey was created in order to gather the views of a wider group of householders and sharers involved in Homeshare programmes. This invited respondents to indicate their three main priorities and to rate the importance of a list of 10 potential impacts of Homeshare that had been derived from the stakeholder workshops and interviews.

This survey was circulated by Homeshare UK through their existing network. Unfortunately, no responses were received.

2.4 Analysing and Reporting

Data collected from the workshops and interviews were analysed thematically, then triangulated to identify gaps and synergies. These findings were then used to develop a theory of change for the

Homeshare programme. A theory of change describes the outcomes that occur as a result of an initiative or intervention and how these outcomes are achieved. Crucial to this project, the development of a theory of change supports the identification of key indicators for monitoring, helps to identify where data is currently collected and helps to prioritise where additional data collection is required.

2.5 Stakeholder Engagement Workshop 2

A second 90-minute stakeholder engagement workshop was held in October 2021, also on Zoom. This was attended by a smaller group of stakeholders chosen by the Homeshare UK team and consisting of representatives from Homeshare organisations and Design Integrity. During this workshop, which was chaired by a member of the Homeshare UK team, the research team presented their findings, draft logic model, and the theory of change, and invited questions and comments from all present.

Most workshop attendees contributed questions or comments, clarifying elements of the logic model and theory of change, and suggesting both additional outcomes and measurement tools. The points raised during the workshop were used to further amend the logic model and theory of change, and to shape this report and its recommendations.

3. Findings

There were similar findings from both the workshops and the interviews when identifying the main impacts of Homeshare. The key themes include:

- **Safety and Independence:** Householders in particular felt increasingly safe overnight due to the presence of a sharer. For the householders interviewed this was often the main motivator for joining the Homeshare programme as they had previously felt unsafe being alone in the house overnight. Help with practical tasks around the home, such as help with hot pans and ovens, also related to increased physical safety in the home for householders. With the sharers providing this element of safety in the home, this enabled householders to stay in their home for longer and aided their sense of independence. This was also a key outcome for family members of the householders, who had increased peace of mind and reduced worry knowing that their relative was safe in their home.
- **Reduction in loneliness/increased companionship:** For both the householder and sharer knowing someone will always be around at home is beneficial for reducing loneliness. Sharers and householders reported often spending time together in the evenings watching TV and chatting about their days. This is particularly valuable for those householders who don't see many other people.
- **Enriching the lives of both the householder and sharer:** Sharing skills, experiences and developing different connections added to the enjoyment of their day to day lives. It allows them both to make new friends and experience new things that they may have not previously been exposed to. For example, one sharer had a pet that added excitement and joy to the householder's day, whilst also benefitting the sharer by providing pet-friendly accommodation and help with meeting the pet's needs. The householder would not be able to have a dog on her own so having the sharer enabled her to experience the joy of having a pet without the commitment and responsibility of independent ownership. Another Homeshare partnership described how they recently both held a charity coffee morning in their home, in which they both supported each other in facilitating the event; they described feeling more involved with the community and how they were both able to experience new events as a result of being a part of the Homeshare programme.

- Financial benefits:** A main motivator and impact of Homeshare on sharers specifically were the financial benefits; it provides cheaper accommodation that allows sharers to be more flexible in their work and accommodates their own personal circumstances. For example, the interviews demonstrated how the Homeshare programme provided more financial freedom for sharers: one sharer described how they were saving over £400 per month by being involved. Additionally, the programme allowed the sharers to be more flexible in their jobs knowing they weren't always tied to paying a high price for accommodation; allowing them to be more flexible with their career choices, such as going freelance with their business or taking the time to complete more training courses. For householders having a sharer benefits them financially by providing a cheaper alternative to carers visiting their home. One householder said they were quoted £500 a week for a carer to come and stay overnight. Therefore, having a sharer provides a cheaper option of having an extra presence and security overnight. This benefits family members too; often the cost of care falls to family members and removing this reduces their stress and might improve the circumstances and relationships between householders and families.

The main impacts identified via the workshops and interviews were primarily individual level outcome indicators. However, the Homeshare organisations also outlined some (anticipated) wider long-term outcomes as a result of Homeshare. These included reduced pressure on housing services (through better use of existing housing stock), reduced visits to GP/A&E (through increased safety in the home) and less pressure on community and health and social care services (through enabling householders to remain or return home).

4. Theory of Change

The outcomes gathered through the stakeholder engagement have been analysed collectively and used to map a Theory of Change for Homeshare UK. The Theory of Change depicts the overall outcomes and impacts of Homeshare UK, as described by the key stakeholders. These findings were also reviewed with reference to the desk-based review of the evidence to ensure consistency. The Theory of Change describes the connections between Homeshare UK and the overall outcomes and impacts. It also helps to highlight the assumptions and risks associated with delivering Homeshare programmes in the UK and provides a framework for ongoing monitoring and evaluation.

4.1 Context

The contextual factors explored through the qualitative interviews and stakeholder engagement provide an understanding about how and why Homeshare achieves the outcomes it does, with reference to the quality and quantity of the service delivery model. The activities carried out by Homeshare organisations in vetting and matching individuals is one of the key reasons why the service achieves successful outcomes; this activity is fundamental to the success of the model and one which the outcomes are dependent upon.

4.2 Inputs and activities

The inputs represent the money, time and expertise that stakeholders have invested into Homeshare (Table 1).

Table 1. Summary of Homeshare UK Stakeholder Inputs

Stakeholder	What do they invest
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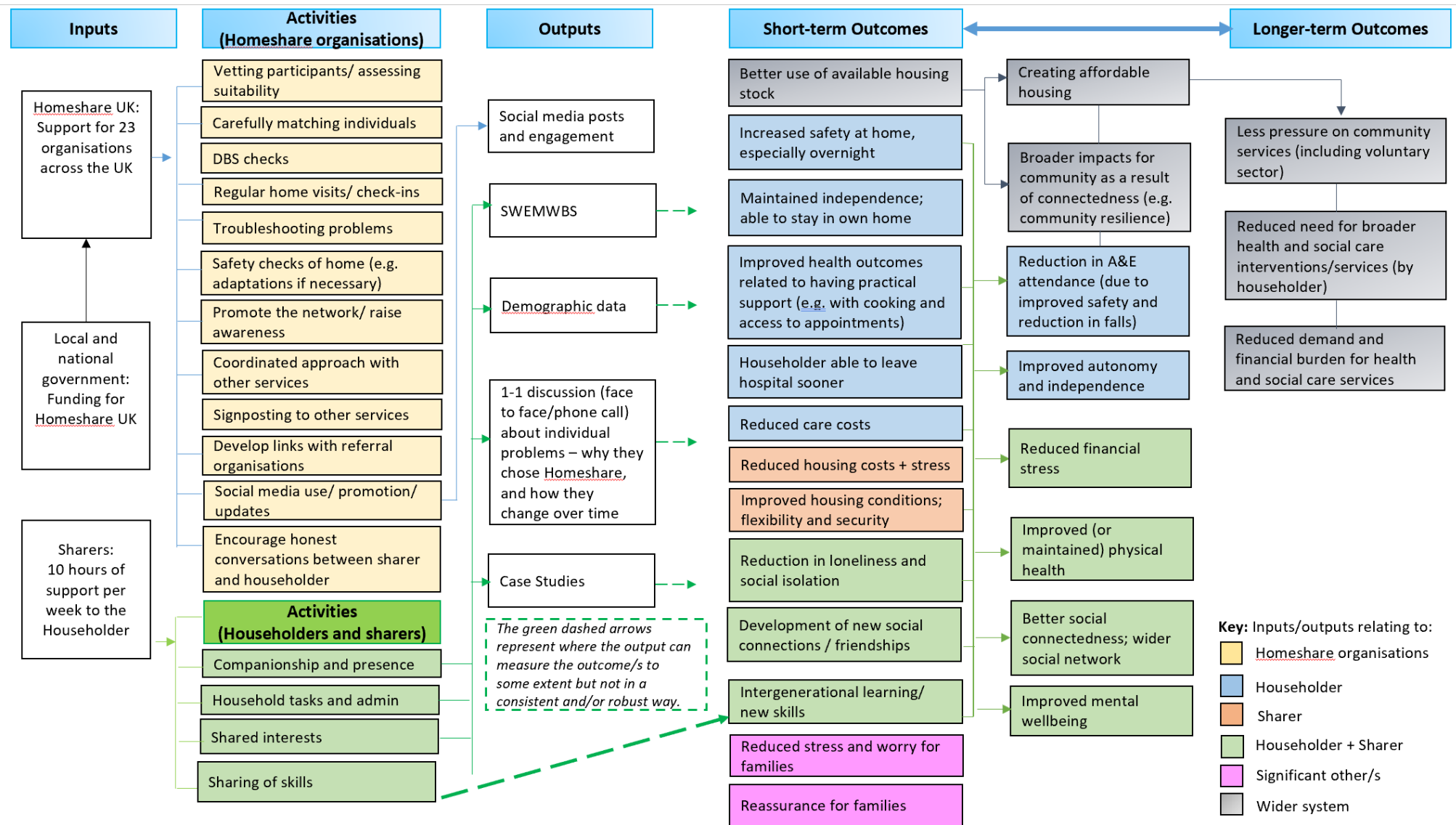
Homeshare UK	Support for 23 delivery organisations across the UK.
Sharers	10 hours of support per week to the Householder.
Householders	Welcome of sharer into their home.
Referrers into the service	Time and resource in terms of developing an understanding about Homeshare UK, building partnership working and signposting/supporting Homeshare UK service users
Family (partners, children, relatives)**	Having a better family relationship with the key beneficiary (service user)
Local and national government	Funding for Homeshare
Wider health and social care system e.g. primary/secondary health care and social care**	A healthier client population means that there will be changes in the use of services such as GP visits, A&E attendances and hospitalisations.

4.3 Outcomes and impacts

The inputs, outputs and outcomes have been used to map a Theory of Change. The Theory of Change depicts the overall outcomes and impacts of Homeshare, as described by the key stakeholders. There were multiple changes experienced. The Theory of Change describes the connections between Homeshare and the overall outcomes and impacts.

Figure 1 shows the Theory of Change in the form of a logic model; this provides an illustration of the key components that comprise the Homeshare UK Theory of Change.

Figure 1. Homeshare UK Logic Model



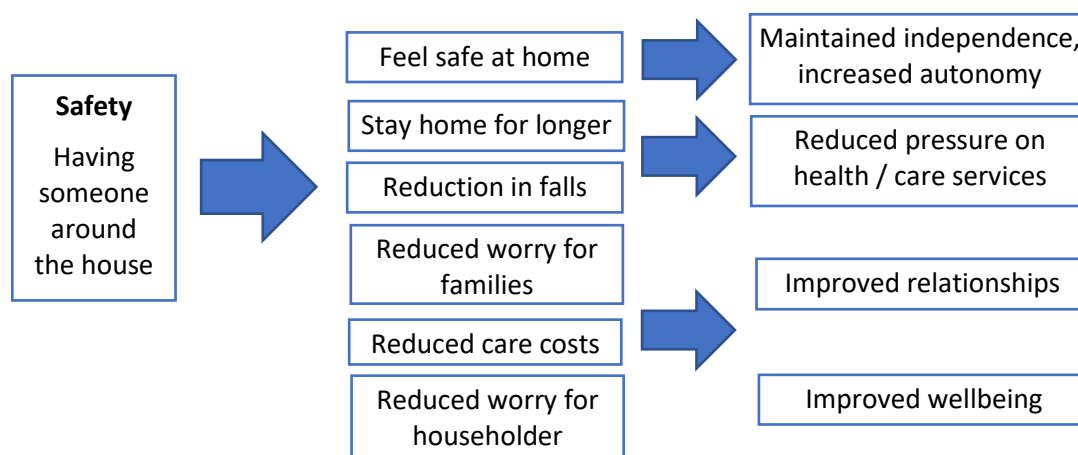
4.4 Causal pathways and mechanisms

The processes put in place to ensure the success of individual householder-sharer pairings underpin the success of Homeshare programmes as a whole, whether this be the support that Homeshare UK offers to local organisations providing Homeshare programmes, or the extensive vetting/matching processes and support offered by Homeshare organisations. Together, these lead to two key elements of Homeshare programmes that can influence change in the individuals involved: safety and independence, and companionship and social connectedness. Each of these leads to a range of short- and long-term outcomes through a range of causal pathways and mechanisms which are supported not only by the findings of this project but also relevant published literature.

4.4.1 Safety and independence

Maintaining independence and control or autonomy over one's circumstances is important for older adults. Safety, alongside financial stability, physical health, and good family relationships, have been identified as key requirements for enabling older adults to 'age in place' (i.e. stay in their own home rather than move into a residential facility or supported accommodation) (Bosch-Farré et al., 2020). Having someone living in the house enables the householder (and even, possibly, sharers) to feel safe at home – both at night and in carrying out everyday tasks – and potentially enhances their feelings of competence and self-efficacy, and that they can continue to live at home. This might ultimately lead to a reduction in falls and reduced pressure on health and social care services. Additionally, increased safety might lead to reduced stress and worry for both the householder and their families – leading to stronger relationships between them and improved wellbeing for all. These causal pathways are illustrated in Figure 2 below.

Figure 2: Causal pathways for safety

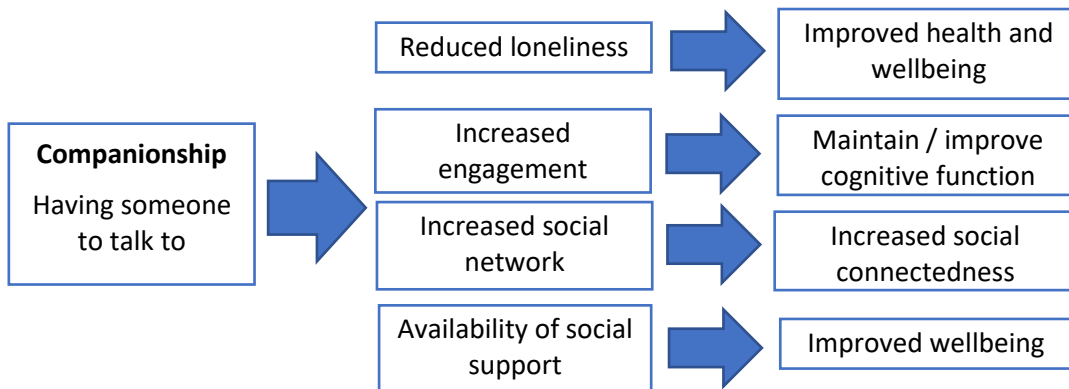


4.4.2 Companionship and social connectedness

Social connectedness is a fundamental human need (Haslam et al., 2015). Social isolation, low engagement in social activity, and having a smaller social network are related to poorer cognitive function in later life (Evans et al., 2019). Loneliness – the subjective feeling arising from a gap between one's desired and actual level of social contact – is highest in the UK amongst the under 25s and over 65s. It has been linked to a range of negative outcomes including poorer physical and mental health (Holt-Lunstad et al., 2010; Steptoe et al., 2013). Factors that have been shown to protect against loneliness include social support, being married/co-habiting, and living with a great number of adults (Groarke et al., 2020). Homeshare programmes, therefore, have the potential to reduce loneliness and enhance social connectedness for both householders and sharers through companionship within the home and involvement in a wider social network. This can also increase social support, which has

been shown to enhance wellbeing (Cohen & Wills, 1985). Householders and sharers – as illustrated in the interview data collected for this project – might also encourage and enable one another to become more engaged with their local communities, widening the benefit of Homeshare programmes. Even within the home, simply engaging in social interaction with others can help to maintain or improve cognitive function, particularly in older people (Hultsch et al., 1999; Zhaozang et al., 2021). The potential causal pathways are illustrated in Figure 3 below.

Figure 3: Causal pathways for companionship / social connectedness



4.4.3 Other factors

The financial benefits for both householder and sharer were highlighted as a further key element of Homeshare programmes. For sharers, these can potentially result in considerable short- and long-term outcomes such as reduced stress (leading to improved wellbeing) and greater flexibility in terms of employment (potentially leading to greater engagement with community activities, hobbies, or more time to spend with the householders).

A further causal pathway present in the logic model is that of “Intergenerational learning / new skills”, however there is no clear activity that links to this as an outcome. More detail is needed here to determine what type of learning and skills are being developed and who by (e.g. this could be householders and/or sharers developing cooking, gardening, and other skills around the home or it could be more formalised skill development such as adult education).

4.5 Assumptions

There are a number of conditions that need to be in place in order for the Theory of Change to work. These include:

- continued (and appropriate) referrals to the service from services/organisations and self-referrals;
- understanding and awareness about Homeshare amongst organisations within the wider system;
- the delivery of the Homeshare model as intended for use (ensuring fidelity to the model); and,
- the sharers being committed to engage in the programme and its evaluation.

5. Development of Outcome Indicators

This research has identified the outcomes and potential indicators that should be included within the development of a routine monitoring and evaluation plan for Homeshare UK. Within the logic model, the outputs represent that data/evidence currently collected by Homeshare UK. The green dashed arrows represent the fact that whilst these go some way to evidencing the impact of Homeshare UK,

the outcomes are not measured in a robust or consistent way. The research has demonstrated the breadth of outcomes that are achieved by Homeshare UK across individual, familial and wider social levels.

From a monitoring perspective, those individual-level outcomes would be simplest to measure, and it is these that we would recommend focusing routine monitoring activities on. However, recommendations for potentially capturing data at the level of the family are made in the recommendations section, and suggested methods for collecting data on wider level outcomes are included in Appendix D.

To enable the development of recommendations for outcome measures, a list of key indicators/descriptors has been developed for each of the identified outcomes. As part of the desk-based review, the team have collated a number of standardised measures and tools, some of which have been used in previous evaluations of shared living programmes. These are presented in Appendix E.

Table 2. Individual-level outcome categories and potential indicators (relevant to both sharers and householders)

Safety	<ul style="list-style-type: none"> • Reduction in falls • Feeling safe during the night • Feeling safe completing household tasks
Physical health	<ul style="list-style-type: none"> • People able to live independently for longer • Improved physical health outcomes • Reduction in falls and immediate support likely to improve health outcomes
Mental health & wellbeing	<ul style="list-style-type: none"> • Improved mood • Improved confidence • Improved self-esteem
Lifestyle	<ul style="list-style-type: none"> • Support with cooking and other everyday tasks • Support accessing medical appointments • Support accessing other appointments • Introduction to new leisure interests and activities
Connectedness	<ul style="list-style-type: none"> • Attending community events • Making friends and increasing social network • Leaving the house • Improved relationships with others, including family • Developing a support network • Improved communication (and cognitive) skills • Feeling less isolated/lonely
Money / Finance	<ul style="list-style-type: none"> • Benefits – access to appropriate benefits, reduced reliance on benefits • Managing bills • Lower outgoings (rent / bills / carers) • Reduced debt
Housing	<ul style="list-style-type: none"> • Maintained accommodation • Reduced risk of needing to move into residential care • Improved housing – safety and quality • Ability to manage home
Family	<ul style="list-style-type: none"> • Improved relationship with family

6. Development of the Homeshare UK Monitoring Tool

This research has identified the importance of ensuring a mixed-methods approach to enable Homeshare UK to capture and quantify qualitative outcomes. This research has also highlighted the importance of evidencing the outcomes of Homeshare UK for both the sharers and the householders. The research team have developed a (suggested) bespoke tool¹ that includes the key outcomes identified as central to Homeshare UK (for both sharers and householders) and that enables the collection of both qualitative and quantitative data. This can be used routinely with, or on behalf of, people who use Homeshare UK (including both sharers and householders).

The tool allows individuals to define which outcomes are a priority to them and to indicate how they feel about a range of pre-defined outcomes at the time they complete the tool. This information can then be quantified to evidence outcomes and changes experienced. The tool also provides space for individuals to describe their priority outcomes, which may differ from those included within the tool.

This section outlines the development of the bespoke Homeshare UK monitoring tool, along with recommendations/justifications for each of the topics included within the tool. A mock-up of the tool is included in Appendix A as an example of what it could look like¹.

6.1 Justification for Selected Topics and Questions

6.1.1 General principles of questionnaire design

The ideal question in a questionnaire accomplishes three goals: it measures the underlying concept or idea it is intended to measure, it doesn't measure anything else, and it means the same thing to all respondents. This last point is particularly important when considering measures of wellbeing, for which there often appear to be almost as many definitions as there are researchers in the field. A recent review, for example, identified 99 separate, validated, measures of wellbeing (Linton et al., 2016). It is always recommended, therefore, to use standardised and well-validated measures, for two principal reasons. First, they have been through a rigorous process of psychometric validation, often involving large numbers of individuals. Second, they can provide useful comparison data, particularly if they have been used in large-scale population surveys. However, it is also important to use measures that capture the outcome of interest for the current project, research, or evaluation and using questions that are likely to be meaningful for respondents.

Bowling (2005a) describes four stages that are involved in answering a questionnaire:

1. Understanding of the question
2. Recall of the requested information from memory
3. Evaluation of the link between the retrieved information and the question
4. Communication of the response.

This is known as the 'cognitive burden' – i.e. how difficult it is for people to answer the question – and is impacted by how the question is worded, what response options are given, and how the question is presented. There are ways to reduce the cognitive burden of questionnaires, reduce the possibility of differing interpretations between respondents, and increase the validity of the responses. Ensure question wording is simple, short, asks one thing per question, avoids double negatives (positively worded is best) and defines any terms used (Lietz, 2010). Provide reference frames (e.g. 'in the last

¹ The final product will be developed by the technology company that have been commissioned by Homeshare UK.

week', 'in the past four weeks') to aid memory and improve consistency (i.e. to avoid one person answering based on the last year and another on just yesterday) – questions focussing on current attitudes or recent behaviour often produce the most reliable results (Lietz, 2010). Provide clear response options that do not overlap and with suitable 'anchors' (strongly agree, strongly disagree) that make sense for the question. 7 options are most reliable (Taherdoost, 2019) although 5 is perhaps most common in standardised measures. It is important always to offer a middle, 'Don't know' option for any questionnaires measuring attitudes (Lietz, 2010). Visual analogue (or slider) scales, requiring people to indicate their response on a solid line, are perhaps more engaging and provide more complete data but can be more challenging in terms of cognitive load, particularly for those with lower education completing questionnaires online (Funke et al., 2011; Roster et al., 2015). Multi-item measures are generally preferred as they have greater sensitivity, reliability, and validity – and they are particularly popular in psychology, where most concepts or constructs are multi-faceted and complex. However, some single item measures have extremely good predictive validity – for example, self-rated health, measured with a single item, has been shown to consistently predict mortality (Idler & Benyamini, 1997) and is more reliable than multi-item or objective measures of health (Bowling, 2005b).

6.1.2 Recommendations and Justification for Selected Topics and Questions

There are a number of well-validated and highly regarded measures of wellbeing, social connectedness, and quality of life that could be used to capture the range of outcomes that are relevant to Homeshare programmes. Quality of life measures, in particular, capture an individuals' opinions and feelings about their circumstances, incorporating measurement of physical health, functional ability, access to services, satisfaction with personal relationships and life circumstances, and the impact that physical and mental health difficulties have on their daily life. The WHOQOL-BREF is one such measure (WHOQOL-BREF Group, 1994, 1998), and is the result of an international collaboration led by the World Health Organisation to create a brief yet comprehensive cross-cultural measure of quality of life for use in research studies (Skevington et al., 2004). It consists of 26 self-report questions and provides a measure of quality of life across 4 domains: physical, psychological, social, and environmental. Should Homeshare UK wish to conduct a more in-depth evaluation of the quality of life of householders and sharers, this measure is recommended. Another excellent and internationally-validated tool is the 36-item Short Form Health Survey (SF-36), developed as part of the RAND Medical Outcomes Study as a self-report measure of quality of life that primarily focusses on physical health and functional ability (Ware & Sherbourne, 1992).

However, the construct of subjective wellbeing and particularly what is known as affective wellbeing – how people feel about their lives in general – is not captured in quality of life measures. The What Works Centre for Wellbeing has produced extensive user-friendly guides to the measurement of wellbeing (and its determinants, such as loneliness), including a bank of suitable measures for use in evaluations of community-led programmes and interventions (Huppert, 2017; What Works Wellbeing, n.d.).

Most of the scales mentioned above consist of multiple items, many of which do not specifically measure outcomes identified as being particularly relevant for Homeshare UK. In order to reduce the cognitive burden on respondents and maximise response rates, while also capturing the required outcomes, a shorter tool is required. Therefore, for the purposes of the Homeshare outcomes tool, the research team recommends using a bespoke tool which combines validated measures or questions (for comparison with national data), modified versions of questions used in validated measures, and some questions developed – using the principles outlined above – specifically for this tool. The recommendations – including some alternatives – for each outcome are outlined below. For the

majority of items, we recommend providing response options on a 5-point scale from 1 = Not at all to 5 = Completely. For the majority of questions, higher scores indicate more positive or better outcomes. The exception to this is self-rated health, as outlined below. A mock-up of the tool is in Appendix A.

Demographics:

In order to enable comparison with nationally-collected data, respondents should be asked to indicate their gender (Male / Female / Other / Prefer not to say) and age (using recognised age bands to reduce identifiability). The team also recommends asking respondents to identify whether they are a householder or sharer, so that the results can be compared between the two. All demographic information needs to be justified in its conclusion and ensure complete anonymity (e.g. not asking for precise geographical location).

Safety:

Feeling safe in one's daily life is included as an item within the WHOQOL-BREF measure of quality of life (*"How safe do you feel in your daily life?"*). However, for the purposes of Homeshare we recommend that this be changed to reflect the purposes of Homeshare programmes, to *"How safe do you feel in your home?"*

Physical health:

As mentioned earlier, the single item of self-rated health is a strong predictor of a range of health and other outcomes (Idler & Benyamini, 2004; Bowling, 2005b). The wording for this question is taken from the SF-36: *"In general, would you say your health is..."*, with responses on a five point scale as follows: 1 Excellent / 2 Very good / 3 Good / 4 Fair / 5 Poor.

Mental wellbeing:

As mentioned above, wellbeing is a multi-faceted concept with at least 99 separate validated measures in existence in the literature (Linton et al., 2016). Over recent years, the conceptualisation of subjective wellbeing has coalesced around three theoretical constructs, on which most measures are based. The first two are known as the 'tripartite' model of wellbeing and incorporate 'cognitive appraisal' (what people think about their lives) and 'affective wellbeing' (how people feel about their lives) – which is divided into positive affect and negative affect (Diener, 2006). The third is known as 'eudaemonia' and incorporates meaning and purpose, living the 'good life', and flourishing (Ryan & Deci, 2000; Seligman, 2011).

The Warwick-Edinburgh Mental WellBeing Scale (WEMWBS; Tennant et al., 2007) and its short version are popular choices as they measure positive mental wellbeing over the last week and focus on affective elements of wellbeing (i.e. how people feel about their lives). However, the Homeshare UK team reported mixed success using this tool previously, and its theoretical underpinnings in terms of the structure of subjective wellbeing are unclear.

The team therefore recommends using the Office for National Statistics measurement of wellbeing, which consists of four questions known as the ONS4 (Tinkler & Hicks, 2011; What Works Centre for Wellbeing, Measures Bank, n.d.). These questions are used in regular surveys of the UK population and would, therefore, enable direct comparison between data collected by Homeshare UK and the general population of the UK. The four items relate to different aspects of wellbeing, including long-term cognitive appraisal, short-term affective wellbeing, and eudaemonic wellbeing (feeling that life is worthwhile). The ONS4 are measured on a 0-10 scale, which the team recommends is retained for the Homeshare UK tool to enable comparison. The items measure life satisfaction (*"Overall, how satisfied are you with your life nowadays?"*, meaning *"Overall, to what extent do you feel that the*

things you do in your life are worthwhile?”, happiness (*“Overall, how happy did you feel yesterday?”*) and anxiety (*“On a scale where 0 is ‘not at all anxious’ and 10 is ‘completely anxious’, overall, how anxious did you feel yesterday?”*).

Lifestyle – Independence and autonomy:

There are a large number of measures of functional ability, that is, the extent to which individuals can complete activities of daily living. These can be completed either by self-report or facilitated by a healthcare professionals, and often involve asking respondents to rate their ability to complete various specific tasks such as tying shoelaces and climbing stairs (for examples, see the Activities of Daily Living Scale, Townsend, 1979 or the SF-36, Ware & Sherbourne, 1992). These sorts of measures were not deemed suitable for the Homeshare UK outcomes tool due to their focus on personal care and activities. However, maintaining independence was identified as a key outcome for Homeshare UK. Therefore, the recommendation is to use a single item that encompasses respondents’ ability to cope in their own home such as the WHOQOL-BREF item *“How satisfied are you with your ability to perform your daily living activities?”*. In the WHOQOL-BREF, this forms part of a bank of questions asking about satisfaction and is scored on a 5-point scale from ‘Very dissatisfied’ to ‘Very satisfied’. However, to retain consistency within the tool and minimise cognitive burden, the recommendation is that this remains on a 5-point scale but with the anchor points of ‘Not at all’ to ‘Completely’ that are used for many of the other questions.

Autonomy – having choice and control over one’s everyday life – was also identified as both a short- and long-term outcome for Homeshare UK and has been shown to be an important element of ‘ageing in place’ in older adults (Wiles et al., 2011; Callahan, 2019). The recommendation is to measure this using an item modified from the Office for National Statistics’ autonomy measure (Burchardt et al., 2010), and using the same reference frame (4 weeks) as the WHOQOL-BREF: *“During the past 4 weeks, to what extent do you feel you have had choice and control over your everyday life?”*.

A related concept is that of self-efficacy – an individual’s belief in their capacity to carry out desired behaviours. It might be that elements of this are relevant for Homeshare UK in that both householders and sharers might increase their self-efficacy as a result of the skills and experiences they gain through participation in Homeshare programmes. The most well validated measure of self-efficacy is the Generalised Self-Efficacy Scale (Schwarzer & Jerusalem, 1995), however the wording of the questions (e.g. *“I can always manage to solve difficult problems if I try hard enough”*) was deemed less relevant for Homeshare UK’s purposes, and some of the wording was perhaps slightly too complex. Therefore, the team does not currently recommend use of this measure, however the Homeshare UK team might like to consider some of the questions for future tools if self-efficacy is of particular interest.

Connectedness:

Social connectedness is measured using a number of unique but related concepts, including social isolation, loneliness, social network size, social support, and general social connectedness. Loneliness in particular has been shown to be related to a number of negative outcomes including poor physical and mental health and has therefore experienced a great deal of attention in the research literature. Consequently, a number of well-validated international measures of loneliness exist (see Goodman et al., 2015, for an excellent and user-friendly review). For example, the Office for National Statistics uses the UCLA 3-item scale for loneliness (Hughes et al., 2004), supplemented by an additional single item *“How often do you feel lonely?”* (What Works Centre for Wellbeing, Measures Bank, n.d.).

However, the recommendation for the Homeshare UK tool is to use the measure developed by the Campaign to End Loneliness (Goodman et al., 2015). This 3-item measure is positively worded, encapsulating personal relationships, satisfaction, and social support, and was developed primarily as

a tool to measure change resulting from interventions to address loneliness – particularly in older adults. The questions are: *“I am content with my friendships and relationships”*, *“I have enough people I feel comfortable asking for help at any time”*, and *“My relationships are as satisfying as I would want them to be”*, answered on a 5-point scale from ‘Strongly disagree’ (4) to ‘Strongly agree’ (0). Scores on all four items are added together to give a possible range of 0-12, where 0 indicates the least lonely and 12 the most. This scale does not, however, ask about loneliness itself, and if this is of particular interest to Homeshare UK, the recommendation is to use the single item from the ONS (*“How often do you feel lonely?”*).

Money:

The financial benefits of participating in Homeshare programmes was highlighted as an important outcome for both householders and sharers. In order to capture this using validated methods and maintain consistency in response options, the recommendation is to use item 12 from the WHOQOL-BREF: *“Have you enough money to meet your needs?”* Although this does not capture the impact that Homeshare has had on respondents’ financial situation, measuring this question repeatedly would enable comparison between time points and form a proxy measure of the impact of shared living.

Housing / Family:

In order to measure the impact of Homeshare programme on respondents’ housing needs, the recommendation is to ask a single question: *“To what extent are your housing needs being met right now?”*. This item has been developed for the Homeshare tool in the absence of suitable alternatives. The WHOQOL-BREF, for example, asks about living conditions, which the team felt might be open to a range of different interpretations on the part of respondents, some of whom might focus on facilities and comfort of their current home rather than their broader housing needs.

Relationships with family was identified as a key outcome for householders, sharers, and their families, possibly due to a reduction in stress and worry resulting from an increase in feelings of safety in the home. It was felt that this was captured by the questions regarding satisfaction with relationships in the earlier section on Connectedness, which has relevance to all respondents, including those who have no family.

Measuring the impact of Homeshare on these outcomes:

In addition to the recommendations in section 6.1.5 below regarding longitudinal data collection and tracking individuals over time, the team recommends that Homeshare UK collects some qualitative data from respondents to expand upon their answers, provide additional explanation, or talk in more general terms about the impact that Homeshare has had on their lives. Rather than provide space after each question – which is likely to be off-putting for some and increases the cognitive burden required to answer the questionnaire because respondents may feel the need to switch focus in-between questions – the team recommends providing space at the end of the questionnaire for respondents to add their own comments. This question should be optional so that respondents who are short on time, or answering on a mobile device, are still likely to provide answers to the primary quantitative questions. The recommended wording is: *“Is there anything else you would like to say about your answers to these questions, or in relation to Homeshare in general?”*. Respondents should be provided with a text box in which to write their answers. Responses can then be analysed using content analysis, and quotations (which will be entirely anonymous) could be used in Homeshare UK reports.

6.2 Recommendations for Completing the Tool

For ease of implementation, the tool includes outcomes relevant to both sharers and householders and we have suggested that the one tool could be completed by both groups. It is hoped that producing one tool (rather than two bespoke tools for each participant group) will reduce the risk of individuals completing the wrong tool and the risk of error during data analysis/interpretation.

We would suggest that sharers and householders complete the tool individually, with the option of sharers supporting householders to complete the tool if required (e.g. by reading out the questions, for example). Whilst the issue of potential bias is acknowledged (e.g. a householder may provide a response that would be different if they completed the tool alone than with support), the nature of this project is such that the sharers and householders would have a trusted relationship. We would not expect either participant group to use this tool to feed back any issues or problems (see Section 6.2.3 for more details about ethical considerations).

6.2.1 Frequency of Data Collection

We would recommend that Homeshare UK collect data on a quarterly basis (once at baseline, then every 3 months thereafter). This would enable Homeshare UK to have a consistent approach to data collection. However, we recognise that it may not always be possible to collect data this frequently, therefore recognise that flexibility may be required. Here, it would be at the discretion of the sharers/householders to decide when would be the best time to collect data (e.g. this may be before or after the 3-month period has elapsed). We recommend each completed tool is date-stamped, which will enable analysts to identify the period of time between data collection (see Section 6.1.5 for more details about using individual identifiers).

6.2.2 Tracking Individuals Over Time

We would recommend requesting individuals to provide information that would enable their completed tools to be tracked over time, whilst ensuring anonymity. Previous studies that have used this approach have requested for information such as:

- Day and month of birth;
- Initials; and,
- First OR second part of postcode

This information would be entered, alongside the date the tool was completed and the scores for each question². It is important that the ID be provided by participants and include information that does not change over time but is sufficiently unique as to ensure individuals can easily be identified over time using automated matching techniques. Day and month of birth and initials are ideal – postcode is less ideal as this might change over time (e.g. if respondents change their Homeshare arrangement), and might potentially identify the respondents' geographical location and, therefore, local Homeshare organisation. Provide an example (such as is given in the mock-up tool in Appendix A) to ensure respondents understand and are consistent in their response.

6.2.3 Ethical Considerations

It is important that all sharers and householders are aware of the purpose of completing the outcomes tool (and any other data collected by Homeshare UK). We would recommend Homeshare UK provide details about the evaluation tool upon commencement of their journey with Homeshare UK but

² The feasibility of entering and storing this information so that responses could be matched would need to be considered by the technology company supporting with tool development/design.

ensure it is clear that this is an optional aspect of their involvement. It is particularly important that respondents are aware that their responses will not be shared with the local Homeshare organisations with whom they have a day-to-day relationship, and that their participation will in no way impact on their involvement in the Homeshare programme (for example, if they report negative outcomes).

We recommend that information about the specific use of the evaluation tool and evaluation findings be included within any relevant GDPR/data sharing arrangements that are already held by Homeshare UK.

Upon distribution of the evaluation tool, we would recommend that all sharers and householders are reminded not to provide feedback about any matters that may need immediately resolving by Homeshare UK (such as problems with their current arrangements), and that they should in that case contact their local Homeshare organisation.

6.2.4 Additional Evidence

Alongside the use of the tool we would also recommend Homeshare UK continue to gather demographic data on the people who use Homeshare, and collect case study examples to understand the longer-term outcomes of Homeshare UK in more depth. Case studies can be developed for example through use of additional qualitative data collection activities that enhance and expand upon data that is routinely collected through use and application of the bespoke tool. The research team is mindful that this adds another task and level of responsibility as part of a centralised monitoring and evaluation process managed by Homeshare UK. It has been clear throughout our discussions however that some members of the Homeshare UK network, including those representing individual delivery organisations/programmes, have a particular interest in and enthusiasm for innovative service evaluation. The formation of an evaluation operations or working group (e.g. Homeshare UK Evaluation Champions) is recommended therefore to harness these resources, creating a platform for evaluation development and delivery and, in turn, providing opportunities for the professional development of interested staff within and across the full Homeshare UK network.

Any additional qualitative data collection activities should prioritise the collection of detailed evidence relating to specific outcomes, and focus on the extent to which such outcomes can be *directly attributed* to the experience of home sharing. This can also help to create a compelling narrative on the holistic value of the programme, from multiple perspectives, when presented as multiple case studies that support a discernible theory of change. When thinking about attribution, the use of critical incident analysis (CIA) is useful in encouraging evaluators and those taking part in evaluation research to think about specific aspects of an experience and *how* these facilitated change or particular impacts. There are certain prompts that we can use in qualitative methods, including for example research interviews or the use of reflective journals, to help us apply CIA and to think more critically about particular experiences (or 'incidents') and their relative value. These include:

- What happened, where and when?
- What made this particular incident or experience notable and/or impactful?
- What were your immediate thoughts and responses to this experience?
- What are your thoughts now? What has changed or developed your thinking?
- What have you learned about [yourself, e.g. professional practice] from this experience?
- How might [e.g. your professional practice] change and develop as a result of this experience and learning?

Given the trend in using research interviews in previous evaluation studies summarised above (section 1.1), this may be the most accessible and applicable method to incorporate into Homeshare UK evaluation processes, either as a regularly scheduled activity with volunteer interviewees or as an occasional 'follow-up' to points of interest raised via the use of the bespoke tool in routine monitoring activities.

It is also recommended that any ongoing evaluation process should incorporate, where possible, secondary qualitative data that is available through the Homeshare UK network's social media platforms. Twitter accounts for example provide ready-made sources of feedback and narrative data, including for example the recent 'takeover' initiative by Homeshare UK households via @MeetTheSharers. The use of social media accounts as data resources has two main benefits. Data can be analysed (using 'sentiment analysis') as evidence of impact and value, by coding Tweets that could be described as positive affirmations of home sharing, including for example celebratory phrases ('congratulations'; 'well done'), emotive responses ('excited'; 'proud') or phrases that positively communicate characteristics of the programme ('connecting'; 'community'). Secondly, social media can be a useful barometer for public engagement with an organisation or service (for example numbers of followers or analytics data relating to engagement with specific posts). This can further inform the use of social media in an advocacy capacity including the dissemination and promotion of evaluation findings and reports.

7. Conclusions and next steps

The desk-based literature review highlighted the benefits of shared living programmes such as those provided and facilitated by Homeshare UK and Homeshare organisations for the health and wellbeing of all involved. The findings mirror those of a previous review in identifying a lack of robust and consistent evidence (Quinio & Burgess, 2018). The theory of change developed using findings from the stakeholder engagement workshops and interviews identified a number of short- and long-term outcomes, mechanisms, and potential causal pathways. The proposed Homeshare UK evaluation tool captures primarily individual outcomes for householders and sharers, using a mixture of standardised and bespoke questions to collect information that can, in many cases, be directly compared with national datasets from organisations such as the Office for National Statistics, while also providing space for respondents to identify their own priorities. It is strongly recommended that Homeshare UK pilot the tool with both householders and sharers before its use, to ensure its usability, feasibility, and acceptability.

The research team recommends that this tool be used in conjunction with demographic information already collected, and enriched by the collection of qualitative data from a sample of householders, sharers, and their families. This would enable Homeshare UK to paint a complete picture of the impacts of Homeshare programmes on individuals and the wider community and address some of the 'why' and 'how' of these impacts.

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Appendix A: Mock-up of Homeshare UK outcomes tool

[General introduction to purpose of the tool and what will happen to the information they provide]

YOUR PRIORITIES

What three things are most important to you at the moment?

1.
2.
3.

[OPTIONAL] Please tell us why

YOUR EXPERIENCES

We are interested in how things are for you at the moment. Please read each question and then choose one number for each category that best describes how you feel about your situation.

Please read each question carefully before answering honestly.

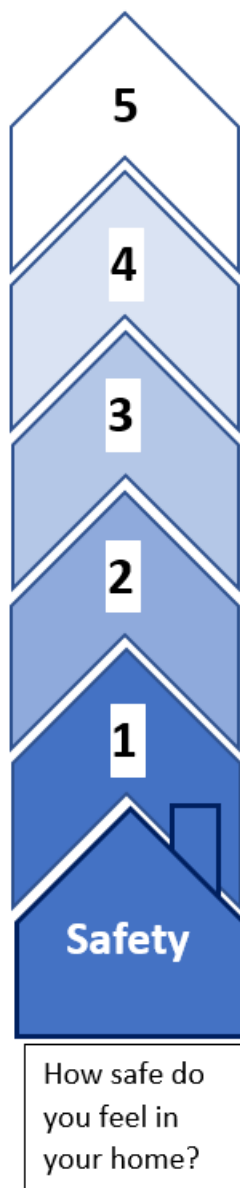
	Not at all	Slightly	Somewhat	Mostly	Completely
How safe do you feel in your home?	1	2	3	4	5
How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
To what extent are your housing needs being met right now?	1	2	3	4	5
Have you enough money to meet your needs?	1	2	3	4	5
During the past 4 weeks, to what extent do you feel you have had choice and control over your everyday life?	1	2	3	4	5

An alternative and more visually appealing method of presenting these questions might be:

We are interested in how things are for you at the moment. Please read each question and then choose one number for each category that best describes how you feel about your situation. Please read each question carefully before answering honestly.

The response options are as follows:

- 1 = Not at all
- 2 = Slightly
- 3 = Somewhat
- 4 = Mostly
- 5 = Completely



The following three questions ask about your social relationships. Please read each statement carefully and choose one option that most closely reflects how much you agree or disagree.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I am content with my friendships and relationships	4	3	2	1	0
I have enough people I feel comfortable asking for help at any time	4	3	2	1	0
My relationships are as satisfying as I would want them to be	4	3	2	1	0

YOUR HEALTH AND WELLBEING

In general, would you say your health is...

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

Next we would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions we'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

	Not at all										Completely											
Overall, how satisfied are you with your life nowadays?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Overall, to what extent do you feel that the things you do in your life are worthwhile?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
Overall, how happy did you feel yesterday?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10

Is there anything else you would like to say about your answers to these questions, or in relation to Homeshare in general?" – Text box entry (OPTIONAL)

ABOUT YOU

1. Please provide an ID number that is unique to you and will not change over time and will help us to link your responses to this survey with future surveys. We suggest that this consists of your day and month of birth and your initials. For example, if you were born on 1st January and your name was Jane Mary Doe, you would put: 0101JMD.

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2. What is today's date? MMDDYYYY

3. Are you: Male Female Other Prefer not to say

4. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

5. Are you: Householder Sharer

[INSERT DEBRIEF:

- Thank people for their time
- Reiterate the purpose of the survey
- Remind them that their responses are completely anonymous and will not be shared with local Homeshare organisations
- Remind them to contact their local organisations if they need support with their Homeshare arrangement
- Provide contact details for Homeshare UK should they have any questions]

Appendix B – outline of stakeholder engagement workshop 1

Developing an Evaluation Framework for Homeshare UK

Homeshare UK Network Workshop

Wednesday 21st July 10am-11.30am, via Zoom

Purpose of the workshop:

[Homeshare UK](#) is currently working with a team of researchers at Liverpool John Moores University (LJMU) to develop a more consistent and robust approach to evaluating its work and its value to participating householders, sharers and a range of key stakeholders including future commissioners. In the first instance, this includes a commission to develop an outcomes framework for the organisation.

As part of this, a series of [stakeholder workshops](#) are being delivered to include a representative sample of Homeshare UK delivery organisations (including charities, not for profit CICs and local authorities) to:

- Identify and discuss the outcomes of Homeshare UK with participating stakeholder groups;
- Gauge opinion on preferred methods and approaches for outcome measurement and their practical feasibility;
- Discuss use and application of outcomes/evaluation data, including likely audiences and preferred communication methods.

This project will result in the development of an outcomes framework and theory of change model for Homeshare UK. The [stakeholder workshops](#) will run for approximately 90 minutes and be facilitated online by LJMU researchers.

Agenda:

10am	Welcome and introductions To include an introduction to the project by Homeshare UK
10.10am	Introduction to logic models
10.20am	Defining the outcomes https://padlet.com/cebrett1/eyclh6gk5kqd08s4 <ul style="list-style-type: none">• Identify the key outcomes of the Homeshare programme you (or your organisation) aim to achieve.• Where possible, think about <i>short</i> and <i>longer-term</i>, <i>expected</i> and <i>desirable</i> outcomes.• As a group, we will discuss emerging similarities (e.g. agreed outcomes) and priorities.
10.40am	Understanding the process https://padlet.com/FHETELTeam/ckxoa4rvpts4ktev <ul style="list-style-type: none">• Describe the Homeshare activities that you and your organisation deliver and/or support.• Discuss how these connect with expected and desired outcomes.

	<ul style="list-style-type: none"> • Identify any other resources and environmental factors required for outcomes to be achieved.
11am	Evidencing the outcomes https://padlet.com/FHETELTeam/2lXk07gyc8bwolu7 <ul style="list-style-type: none"> • Describe the data that you currently (or can easily) collect and what activities these may relate to. • Review and discuss the efficacy of available data and outputs. • Identify any gaps and the types of evidence (data) required to connect activities and expected/desired outcomes.
11.20am	Summary and next steps

Appendix C – Interview questions

Their Homeshare journey

- 1) Please can you tell us a bit about your involvement with Homeshare UK?
 - How long have you been sharing / Has your family member been sharing?
 - How did you get involved in Homeshare?

Impacts of Homeshare

- 2) What have been the main impacts of your involvement with Homeshare?
 - What's changed for you since being part of Homeshare?
 - What do you think might change for you in the future?

[Householders and sharers only]

- 3) What has the main impact of your involvement with Homeshare been on your friends and family?
- 4) What do you think are the wider impacts of shared living projects like Homeshare?
 - On local communities?
 - On neighbourhoods?
 - On the wider community?

Appendix D – Examples of wider level outcomes

Impact on Communities	Data Source/Evaluation Method
<p>Explore financial and non-financial contributions and support made to the VCSE sector.</p> <p>Explore changes in infrastructure and resilience amongst community groups and the VCSE sector. e.g.</p> <ul style="list-style-type: none"> • Changes in the numbers of volunteers, • Capacity to manage referrals, • Views on how to make asset based community development activity sustainable. 	<ul style="list-style-type: none"> • Longitudinal research with key stakeholders within Wirral communities. • Information collected by service provider. • NHS England are co-producing and testing a short confidence survey for local community groups.

Impact on the health and care system	Data Source/Evaluation Method
<p>Impact on healthcare utilisation, including:</p> <ul style="list-style-type: none"> • Change in numbers of GP consultations as a result of a referral to Community Connector scheme. • Change in A&E attendance as a result of a referral to a Community Connector. • Change in the number of hospital bed days as a result of a referral to a Community Connector. • Change in volume of medication prescribed as a result of a referral to a Community Connector. <p>Impact on wider outcomes, including:</p> <ul style="list-style-type: none"> • Criminal Justice System • Employment • Welfare Receipt <p>Impact on partnership working, including:</p> <ul style="list-style-type: none"> • To what extent do stakeholders recognise the role they play within the system • What are the strengths in the system to addressing health inequalities • What are the barriers and challenges 	<ul style="list-style-type: none"> • Re-visit the possibility of collecting data from GP Practices involved in the programme. Data could be run by Practices (depending on codes used to capture referrals from Primary Care). • Facilitate annual stakeholder engagement events to explore impacts on wider system. • An online exercise will be carried out to prioritise who the stakeholders/partnership work should focus on. • Extra questions could be added to routine monitoring e.g. Recording of criminal offences, Recording of welfare benefits received.

Appendix E: Table of standardised and previously-used outcomes measurements

Outcome	Potential Measurements	Homeshare/co-housing evaluations
Mental Wellbeing	<ul style="list-style-type: none"> - SWEMWEBS (7 item scale. A subset of items from WEMWBS emphasising psychological functioning. All items positive) - WEMWEBS (14 item scale. Positive emotions and psychological functioning including: happiness, relaxed, confidence, agency, autonomy, energy, optimism and positive relationships All items positive) - WHOQOL-BREF (26 questions. Four domains: physical health, psychological well-being, social relationships and environmental influences on QoL) - CASP-19 (19 likert scale items. Linked to QoL and ageing. Four domains: control, autonomy, self-realisation and pleasure) - EQ-5D (Five dimensions: mobility, self care, usual activities, pain or discomfort, anxiety or depression. Linked to health related quality of life) - ONS4 (life satisfaction, worthwhile, happiness & anxiety) - WHO-5 (5 questions: cheerful, calm, active, rested and interested) - Satisfaction with life scale (5 items: eg 'the conditions of my life are excellent' 'if I could live my life over I would change almost nothing') - Multicultural Quality of life index (MQLI) (used to assess ten dimensions of life satisfaction: physical well-being; psychological/emotional well-being; self-care and independent functioning; occupational functioning; interpersonal functioning; social emotional support; community and services support; personal fulfillment; spiritual fulfillment; and overall quality of life) - The flourishing scale (Diener et al, 2009) (8 items provide single psychological wellbeing score) 	<p>Bagnall (2020) used WEMWEBS.</p> <p>Coffey (2010) = EQ- 5D and WHOQOL-BREF</p>
Physical Health	<ul style="list-style-type: none"> - SF-12 (designed to measure general health eg bodily pain, limitations in activities due to physical health, mental health etc). - Multicultural Quality of life index (MQLI) (used to assess ten dimensions of life satisfaction: physical well-being; psychological/emotional well-being; self-care and independent functioning; occupational functioning; interpersonal functioning; social emotional support; community and services support; personal fulfillment; spiritual fulfillment; and overall quality of life) 	
Loneliness/Isolation	<ul style="list-style-type: none"> - UCLA loneliness scale (Russell et al., 1978) (20 item scale. Feelings of loneliness and isolation. 4 choices of response e.g. 'I rarely feel this way') 	<p>Macmillan et al. (2018) used UCLA to assess loneliness in householders.</p>

	<ul style="list-style-type: none"> - Three item loneliness scale (3 items: how often do you feel you lack companionship; how often do you feel left out; how often do you feel isolated from others) - The Campaign to end loneliness scale (3 items: I am content with my friends and relationships, I have enough people I feel comfortable asking for help, my relationships are as satisfying as I want them to be) - De-jong Giervald scale (Separates out types of loneliness: social and emotional. 6 item scale) 	Bagnall (2020) Leeds report – used Campaign to end loneliness – baseline & six months
Social connectedness	<ul style="list-style-type: none"> - Social connectedness scale (8 items, covering to what extent individuals feel connected to their social environment) - Inclusion of community in the self scale (ICS) 	
Safety		Semi-structured interviews from previous homeshare schemes found that householders experienced an increase sense of safety (eg due to presence of others and reduction in falls) (Labit & Dubost, 2016; Tinkler et al., 2016).
Intergenerational Learning	<ul style="list-style-type: none"> - Semi-structured interviews - case studies 	Macmillan et al (2018) found increase in intergenerational learning from interviews (e.g. learnt new insights and skills from each other). Legge (2014), Labit & Dubost (2016) also assessed via interviews.
Independence	<ul style="list-style-type: none"> - Functional independence measure (FIM) (Used as a measure of disability, includes measures of independence for self-care, communication and social cognition) - Katz Index of Independence in Activities of Daily Living (ADL) (rate activities for independence or dependence eg bathing, dressing = too focussed on personal care for Homeshare) 	
Stress/worry for families	<ul style="list-style-type: none"> - Kingston Caregiving Stress Scale (KCSS) (5 point scale 10 items covering care issues, family issues and financial issues). - Burden scale for family caregivers (BSFC) (10-item instrument for measuring subjective burden in informal caregivers. Each item is a statement that is rated on a 4-point scale) 	Interviews with key partners of the schemes highlighted benefit for their family (eg Bagnall, 2020).
Financial Benefits (householder & sharer)	<ul style="list-style-type: none"> - Semi structured interviews 	Past questions include incentives/benefits for homesharing (Atlas &

		Mathews, 2000; Bodkin & Saxena, 2017
Hospital/GP visits		Previous evaluations (eg Macmillan et al., 2018) estimated costs avoided by health and social care services by using methods to identify existing support received through Homeshare, and to consider the most comparable alternative source of support available from health and care services. Estimated costs have been calculated on the likely use of a service over the course of a nine-month match (the average length of a Homeshare match)
Health and Social Care costs		(see above)