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Residential Care and Nursing Homes: Readiness for Digital Switchover

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October 2007

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of life for all

Prepared for the Department for Culture, Media and Sport and Digital UK by
BMG.

**The views expressed in this report are the author's and do not
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or Digital UK.**

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1 Executive Summary

Methodology and structure of sample

- As part of the preparations for Digital Switchover, DCMS and Digital UK wanted to investigate the extent to which residential care and nursing homes have prepared for switchover, a process which begins in the Copeland area of Cumbria in October 2007, and continues by TV regions until 2012. Such homes typically have communal television systems delivering a signal to residents' rooms, and homes will be at different stages of the process of converting to digital signals, and in choosing between the various technical options. This survey does not explore the extent to which residents actively make use of the signal offered by the care home.
- The quantitative telephone survey was undertaken with 1,491 residential care and nursing homes across the UK during a four week period through April and early May. This was supplemented by face to face in-depth interviews with 23 homes which had indicated in the telephone survey that they had not yet taken steps to prepare for digital switchover, and 2 telephone interviews with head offices of care home groups.
- Of the homes interviewed, 25% had between 1 and 19 resident places, 53% had between 20 and 49 places, 19% had between 50 and 99 places, and 3% had 100 places or more. Homes catering for residents with learning disabilities tended to be small. Homes which were part of large groups of homes themselves tended to be larger.
- Sample sizes by television region varied in line with the number of care homes in each region from Ulster (43 interviews) and Borders (50 interviews) to Central (172 interviews) and Granada (219 interviews).
- Of the homes interviewed, 72% were private sector homes, 17% were in the voluntary sector, and 11% in the public sector (NHS or Local Authority-run). 53% of homes were part of larger groups with HQs elsewhere, and 10% were themselves the main site of a group of homes. 36% were single site organisations.
- 66% of homes interviewed offered mainly residential care. 20% offered mainly nursing care, and 14% provided a mixture of both.
- 64% of homes provided places primarily for elderly people, with the other main client groups being people with learning disabilities (15% of homes), people with mental health problems (11%), and people with physical disabilities (3%).

Current communal television systems

- Based on all contacts with care homes [1,607] more than 90% of care homes have a communal TV system of some description. Of care homes that have a communal system [1,491] about two-thirds (67%) of homes reported that all their residents had access to a TV in their own room served by the communal signal.
- There were clear relationships between the extent to which homes offer the communal signal in residents rooms, and the client group – those primarily serving elderly people and people with physical disabilities were the homes most likely to offer access to a communal TV aerial in residents' rooms, whilst

this was less likely amongst those whose primary client groups were those with learning disabilities or mental health problems.

- Where systems serve some rooms, but not all, the primary reason appears to be the personal choice of the resident, rather than any innate technical issue. Where this is the case, residents have frequently made their own arrangements to receive television signals either via a set top or an individual external aerial or satellite dish.
- Where no connection to the communal signal was provided to residents' rooms (either all rooms, or some), 18% had already provided advice and support to residents about switching to digital TV on their own televisions, and 29% had not yet done so, but had plans to do this. Another 26% indicated that they would help residents on request.
- More than two-thirds (68%) of homes said that television was important or very important to their residents, compared to 14% which thought it was not important. This did not appear to vary across different types or sizes of home, or client groups.

Current levels of digital upgrading

- 34% of homes report having upgraded their communal television systems for digital TV reception, and another 11% were in the process of doing so. However, 55% have so far not taken steps to upgrade. Residential homes, homes which are part of a group, homes in the voluntary sector, and those providing care to people with learning difficulties, were the most likely to have switched, whilst those caring for elderly people, and medium sized homes (between 15 and 99 residents) were least likely to have switched.
- By television region, the proportion of homes switched or in the process of switching was a little higher in some of the early switchover regions but West Country appeared to be only average, Wales is dependent on a relatively large proportion of homes in the process of switching, and even in Border, the region with the highest proportion switched, still more than 2 in 5 had yet to take any action. Elsewhere the lowest level of switching activity to date has been in the STV North and Ulster regions, and the highest in Tyne Tees.
- Those care homes that have upgraded or are in the process of upgrading had, in the main, chosen a digital terrestrial solution (67%). 17% had opted for an IRS. Similarly 68% reported having adopted Digital Terrestrial/Freeview only solutions, 10% satellite, 6% cable/broadband TV, and 8% some combination of these solutions (i.e. for example where more than one system covers a single establishment).

Planning for digital switchover

- Very few homes that had not upgraded had plans for switchover. Amongst those not switched, only 15% were aware of switchover and had plans to switch, whilst 72% were aware, but had no plans. Another 12% were unaware of digital switchover.
- Proportions of homes not switched who had plans to switch was higher than the average in three of the four early switchover areas – Border, Granada and West – but in Wales the proportion with plans was well below average, and the proportion of homes claiming to be unaware was higher than average. Where homes at least have plans, most expected to have completed switchover by 2008.

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- Amongst those who had not yet switched, but were at least aware of the digital switchover process, the primary reasons for not yet having switched were that this was not a priority in their current plans (47%), for reasons of cost (16%), and not having 'got round to it' (12%).
 - Amongst this same group, 60% were definite they would complete switchover by the deadline date for their region, 22% thought it very likely they would complete, 9% fairly likely, and only 2% through this not very or not at all likely. However, many in Wales, one of the early switchover areas, did not know whether or not they would be ready in time.

Support required for switchover

- Unprompted, most homes who had not yet switched did not think they would need help to do so. However, when prompted with a list of types of support, 66% said that they would appreciate advice about which approach to take, 61% would like advice about finance, 60% general information about switchover, and 54% a list of contractors able to help with upgrade work.

Findings from qualitative research

- The importance of television in the lives of residents was underlined in the qualitative research, even for those residents who didn't really actively watch or understand it. Homes expressed some concerns that the extra channels available might confuse residents, and that for some, a 'limited universe' of channels might be helpful. However some new channels (documentary, film and sport, including some premium channels) may be welcome.
- Most homes felt that their responsibility was to provide a signal to the resident's room, but not to provide receiving equipment. The role of residents' relatives in providing and maintaining such equipment was highlighted.
- Many homes appeared concerned about the strength of the digital signal, and whether this would be sufficiently robust. They would appreciate clarification on this issue. There was also concern to ensure that the quality of digital subtitling would be as good as that currently available through analogue signals, with the view at present being that it was not. Clearly this is critical for the many homes that have residents with hearing disabilities.
- The qualitative interviews were with homes that had not yet upgraded to digital, and the discussions confirmed the relatively low level of awareness and lack of knowledge about the switchover process. Respondents tended to have some understanding of switchover and the reasons for it, but sometimes confused it with the introduction of high definition television.
- Respondents appeared to want information through a number of channels, including electronic media – but many still wanted the hard copy guidance. For many homes, their head office will be a critical source of advice and information, confirming findings implicit in the main survey. Others will look to retailers for advice. Two stages of information appeared to be required, the first to raise the basic level of understanding of switchover, and the second stage to provide more tailored and technical information. It was clear that at present many detailed technical issues are not well understood by respondents.
- Provision of information to the families of residents was important. They often provided a great deal of advice, support and practical help to residents, and

they needed to understand the process of switchover if they were to provide advice to residents.

- Some homes may leave it relatively late to switch to digital, and budgeting schedules will have a significant impact upon the timing of upgrading activity. Smaller homes thought that they may struggle with the costs of upgrading. Both advice and subsidy was wanted from Digital UK / DCMS. Digital Terrestrial/Freeview was likely to be the most popular choice for care homes, largely because of the perception of tying homes or residents to ongoing subscription charges.

Conclusions

- Given the numbers of care homes that had not yet switched, and the level of knowledge of switchover evident amongst many respondents, the task of effectively informing the sector about switchover is substantial. This is true even in early switchover areas, and Wales appeared the least well prepared of these four areas.
- A two stage approach to informing the sector may well be advisable – the first stage generic, moving the issue to a greater level both of understanding and priority, and then a second stage which is more tailored and technical. General advice may also be required to better inform homes about digital signal strength, and the quality of text services available on digital, particularly subtitling.
- Head offices and headquarters are critical channels of communication, given the number of homes which are part of larger groups. Likewise, friends and family of residents need to be sufficiently informed to support and advise residents. Regional contacts and relations with representative groups are also useful.
- There may be value in offering a limited number of channels to residents in some homes, to avoid confusion. On balance, it appeared that homes think the benefits of digital television outweigh some potential concerns.
- The popularity of the digital terrestrial solution in homes may have been due to its lack of subscription costs, and the relatively limited number of channels it offers.

2 Introduction

The background to the report

As part of preparations for Digital Switchover, DCMS and Digital UK wanted to investigate the extent to which residential care and nursing homes in the private and public sectors have prepared for the 'digital switchover' – the phased conversion of analogue terrestrial television services to digital services over the period from 2008 to 2012. Such homes typically have communal television systems delivering television signals to residents' flats or rooms. Some will already have upgraded to systems which deliver a digital signal, for which there are three, in some areas four, technical options. In order to continue to deliver a communal television system to residents, homes will need to ensure the system is able to convey digital signals by the time the digital switchover occurs in their region – the earliest switchover being in the Copeland area at the end of 2007 followed by the rest of the Borders region at the end of 2008, and the latest in the Meridian, Carlton/LWT, Tyne Tees and Ulster areas in 2012.

BMG Research was commissioned by DCMS to undertake a quantitative telephone survey of care homes across the UK. This was supplemented by 25 in-depth interviews with homes which had not yet taken steps to switch to digital television systems. This report provides a comprehensive presentation of the results of this research work.

Methodology

Quantitative Survey

This survey was undertaken with 1,491 residential care and nursing homes, conducted by telephone using Bellview CATI. The questionnaire script used is attached as Appendix 1.

Target quotas for number of responses were established based on the number of residents which the home had capacity to accommodate, and the television region in which it was situated (established either from the respondents' own understanding of which TV region they received their signals from, or in the absence of certainty on this, by geographical attribution based on the location of the home).

The size of these quotas varied between television regions, depending upon the number of homes in each region. Regions with fewer homes were in relative terms oversampled, to ensure adequate sample sizes, and additional interviews were also undertaken in the four regions where switchover is planned to take place earliest – Borders, West Country, HTV Wales and Granada (an additional 400 interviews planned to top up the initial 1000). Larger homes were also, in relative terms, oversampled, to ensure adequate sample sizes amongst these larger, but less numerous, establishments.

Contacts were drawn from two databases, supplied by the Commission for Social Care Inspection (CSCI) and the Elderly Accommodation Council. These were merged and de-duplicated, and the relevant contacts extracted and loaded into the CATI system. For larger establishments, and in regions with smaller numbers of homes, most or all of the supplied contacts were used, whilst for smaller, more numerous establishments, and in areas with larger numbers of homes, a random subset were selected within the appropriate regional and size cell.

The interview script was agreed through detailed consultation with DCMS and Digital UK, and was then set up on BMG's Bellview CATI system, and tested by

both technical specialists and the Account Director responsible for the project. A pilot of approximately 20 interviews was carried out, with a view to making any changes to the script following the pilot. However, the pilot revealed no difficulties with the prepared script, and the pilot interviews were therefore able to be carried forward to the main survey sample. Interviews took place in a four week period through April and May.

In opening an interview, interviewers introduced the nature of the study, and sought to undertake an interview at the site they were calling with a member of the management team (the owner or manager at smaller establishments). If transferred to another site, or to a head office or headquarters, they conducted an interview based on the position of the site to which they originally made the call. Having established a contact, the first task was to confirm that the site had some form of communal television system, only proceeding with an interview where this was the case. Hence most of the study covers only care homes with some form of communal television system. Finally, before proceeding with an interview, the interviewers were asked to confirm that their contact was the best person to speak to about the issues in the survey.

As part of the interview homes were asked to identify their registration status (residential care nursing homes or both) and the ITV region where the home was based (there was a 93% awareness of ITV region).

The completed data set was then transferred from Bellview into the Merlin data analysis package, where the data set was extensively logic checked (the set up in Bellview also contained a number of logic checks intended to prevent illogical or contradictory responses), and both frequencies and cross-tabulated data were output. This report is based on this data.

Qualitative study

The large scale quantitative telephone survey was supplemented by qualitative work, interviewing 23 homes which had indicated in the telephone survey that they had not yet begun the process of upgrading their communal systems for digital switchover. This was supplemented by 2 interviews with head offices of groups of residential homes, since it became clear whilst interviewing some of the other homes that many would expect to get most of their advice and guidance on this issue from their head office.

Over 400 contacts were extracted from the main survey sample, which fulfilled the criteria for selection – that they had not taken steps to upgrade their communal television systems, and that they had consented to a follow up discussion. A booking script was prepared, appointments were made by dedicated qualitative booking staff, and interviews undertaken by two experienced, specialist qualitative research staff from BMG's qualitative research team. The bulk of the interviews were undertaken by the more senior of the two staff, and all interviews, except those with head offices, were conducted face to face. Interviews took place during the last week of May and the first week of June in 2007. Head office interviews were undertaken towards the end of June.

A detailed topic guide (see Appendix 2) was agreed with the client, and this provided the structure for the interviews. All interviews were digitally recorded and subsequently transcribed, before being analysed and written up into a report which forms Chapter 7 of this report.

The discussion which follows, up until the chapter specifically reporting the qualitative study, is concerned with the results of the large scale quantitative study. Our conclusions reflect both parts of the study.

Survey response and structure

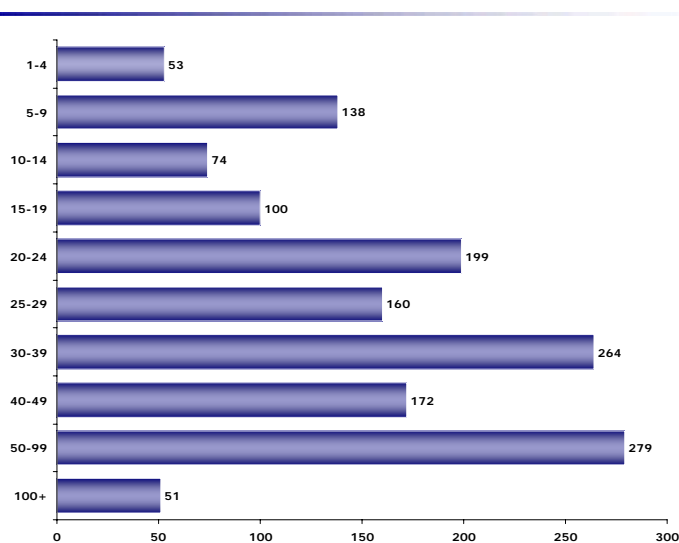
In total, 1,491 interviews were completed. This section of the report details the structure of the survey response against the following criteria:

- Size of home (number of resident places – Q4);
- Television region (Q1);
- Registration Status (Q3);
- Single site or part of a larger group (Q2);
- Type of home (S4);
- Primary client group (S5);
- Proportion of residents publicly supported (Q4B).

Size of homes

Figure 1

SIZE DISTRIBUTION OF HOMES, BY NUMBER OF RESIDENT PLACES



Q4: HOW MANY PLACES DO YOU CURRENTLY PROVIDE IN YOUR HOME?
SAMPLE BASE: 1,491

Of the total achieved sample:

- 24.5% (365 homes) had between 1 and 19 places;
- 53.3% (795 homes) had between 20 and 49 places;
- 18.7% (279 homes) had between 50 and 99 places;
- 3.4% (51 homes) had 100 places or more.

One home did not provide an answer to this question.

Homes specialising in residential care were far more likely to be small, with fewer than 20 places, whilst nursing homes, and particularly homes offering a mixture of residential and nursing care, tended to be towards the larger end of the scale.

By client type:

- Those homes specialising in the care of elderly people were least likely to have fewer than 20 places, and most likely to have between 20 and 49 places;
- In contrast, homes caring for people with learning disabilities were most likely to be small, with nearly 4 in 5 having less than 20 places;
- No sector stood out as having a particular preponderance of larger establishments – each of the sectors catering for the elderly, people with physical disabilities and people with mental health problems had just under a quarter of homes with 50 or more places – though the ‘other’ category in terms of client group had nearly a third of establishments of this size, perhaps indicative of size relating to particular specialisation.

By television region, the highest proportions of establishments with less than 20 places were in the West (39%), Borders and Ulster (31%) regions, with the highest proportion of larger homes (50+ places) in the London, Tyne Tees and STV Central regions.

By organisational structure, the most significant finding is that homes which were parts of larger groups tended to be larger. Private sector homes tended more towards both the larger and smaller end of the spectrum, in contrast to public sector homes which were heavily concentrated in the 20-49 places band. Voluntary sector homes were much more likely to be small – nearly one half (48%) had fewer than 20 places.

Television region

Table 1

REGION	TARGET (CORE SAMPLE)	TARGET (BOOSTED FOR EARLY SWITCHING REGIONS)	TOTAL TARGET	ACHIEVED INTERVIEWS
Borders	68	19	87	50
West Country	68	124	192	166
Wales	68	78	146	74
Granada	83	179	262	219
West (previously HTV West)	69	-	69	84
STV North (previously Grampian)	51	-	51	74
STV Central	67	-	67	55
Yorkshire	75	-	75	124
Anglia	71	-	71	112
Meridian	79	-	79	124
London	86	-	86	112
Tyne Tees	69	-	69	82
Ulster	73	-	73	43
Central	81	-	81	172
TOTAL	1008	400	1408	1491

The table above sets out the target numbers of interviews in each television region, both for the core sample (1000 nationally) and for the boosts in the early switchover regions (400 across the four early switching regions), and compares them with the achieved sample numbers.

Subject to finite limits of available contacts (a factor in smaller regions such as STV North), the core sample of 1000 was distributed roughly evenly across the 14 television regions, with between 70 and 80 interviews planned for each. The boosted sample interviews were distributed more irregularly, with projected numbers varying significantly as a result of the numbers of potential contacts available.

Achieved interviews were well distributed between the television regions, with variations from the initial target quotas driven by the limited numbers of contacts in some regions, and also substantial variations between the television region to which homes were initially allotted, and the television region actually reported by the respondent. Some of the initial shortfalls were addressed by additional interviewing activity, resulting in a total number of interviews significantly in excess of the original target total.

Registration Status

Nearly three-quarters of homes interviewed, 72.1%, described themselves as private sector organisations, with around a sixth, 16.6%, in the voluntary sector, and just over a tenth, 10.6%, within the public sector (local authority and NHS). Residential homes were more likely to be in the voluntary sector than those with a nursing element to their care (21% in the voluntary sector amongst purely residential homes, compared to 9% amongst homes with a nursing element).

Homes whose residents were mainly elderly people were most likely to be in the private sector (78% of such homes were in this sector), whereas those accommodating people with learning disabilities (41%) or physical disabilities (43%) were much more likely to be in the voluntary sector.

The proportions of homes in each sector varied modestly from region to region, with the highest proportion of private sector homes being in Tyne Tees (82%) and the lowest in STV Central (58%), the region, which along with STV North, had the highest proportion of homes operating within the public sector (26%).

Private sector homes were much more likely to be single site operations, whilst those in the voluntary sector had a higher chance of being part of larger, multi-site operations.

The proportion of private sector homes increased with the size of the home – amongst those with less than 20 places, 63% were in the private sector, compared with 90% of those with 100 places or more. In contrast the voluntary sector was strongly biased towards the smaller end of the spectrum, comprising nearly a third of the smallest homes, whilst the public sector was most prominent amongst homes with between 20 and 49 places.

Whilst the private sector was predominant across the full spectrum of mixes of funding, from completely privately funded to completely publicly funded, where the proportion of residents publicly funded exceeded 80%, and particularly where it was completely publicly funded, the voluntary sector became relatively more significant.

Single site organisations and groups

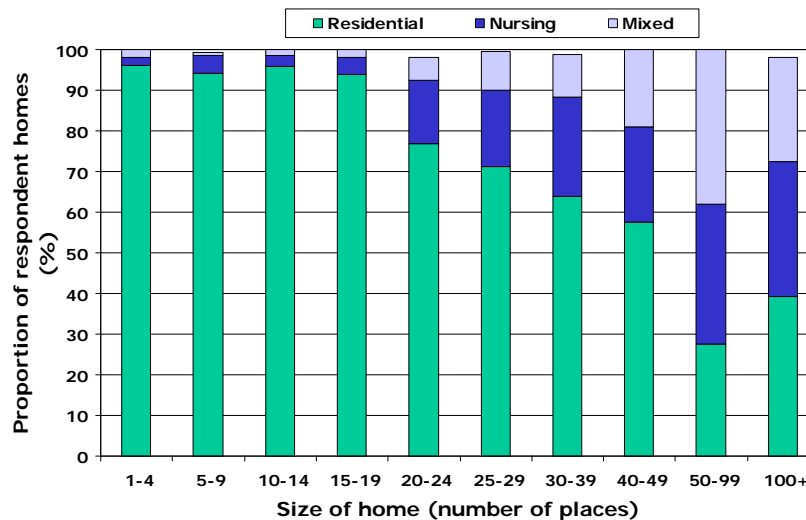
Over half of all the homes interviewed (53.4%) were part of a larger organisation with their headquarters elsewhere. This is significant in later discussions, since so many homes looked to head offices for advice and guidance on practical policy issues such as digital switchover. In a tenth of cases (10.4%) the site interviewed functioned as a national, regional or divisional headquarters, with branches elsewhere, whilst over a third of homes interviewed (35.7%) operated as single site organisations. Elderly people and people with substance abuse problems were more likely to be catered for by single site operations than other groups, whilst people with learning and physical disabilities were most likely to be resident in homes that were part of a wider group or chain.

Public and voluntary sector organisations were far more likely to be part of wider groups than organisations in the private sector. More of the larger homes tended to be part of groups, whilst smaller homes were more likely to be single site operations.

Type of home

Figure 2

RELATIONSHIP BETWEEN THE SIZE AND THE TYPE OF HOME



S4: TYPE OF HOME and Q4: HOW MANY PLACES DO YOU CURRENTLY PROVIDE IN YOUR HOME?
SAMPLE BASE: 1,491

Two-thirds of homes questioned (65.7%) offered mainly residential care. A fifth (19.5%) offered mainly nursing care, whilst most of the remainder (14.2%) offered a mixture of both. Those specialising in residential care were most likely to be providing places for people with learning disabilities and mental health problems, whilst the nursing care specialists were more likely to be providing places for people with physical disabilities. Mixed residential and nursing homes were most likely to be offering care for the elderly. Smaller homes tended to be predominantly residential, with the proportion of specialist nursing and mixed residential and nursing homes increasing with the number of resident places.

Primary client group

Nearly two-thirds of respondent homes provided primarily for elderly people. Beyond this group, the principal client groups served by respondents' homes were:

- People with learning disabilities, 15.0%;
- People with mental health problems, 11.0%;
- People with physical disabilities, 3.2%;
- People with substance abuse problems, 0.3%;
- Others, 6.4% (these tended to be combinations of the above, or more detailed descriptions of a specialist client group).

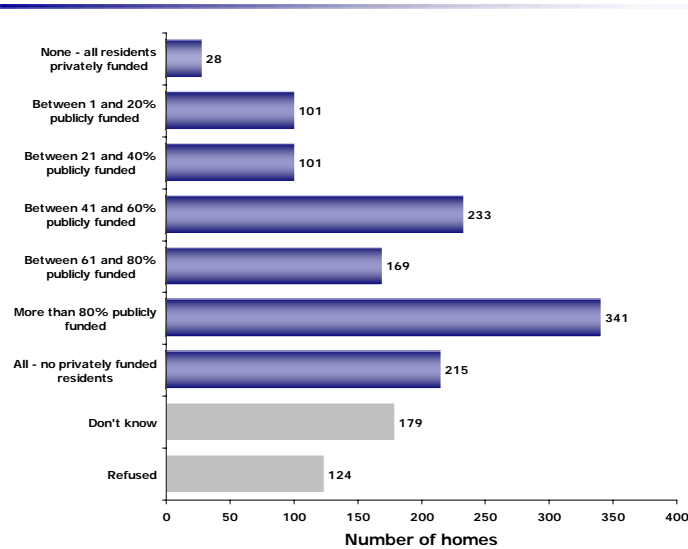
For the elderly client group, homes providing an element of nursing care were a little more common. Amongst larger homes, particularly those with 20 or more places, the elderly tended to predominate as a client group, whereas those homes catering

primarily for people with learning disabilities tended to be small, with fewer than 20 places.

Proportion of residents publicly supported

Figure 3

PROPORTION OF RESIDENTS PUBLICLY SUPPORTED



Q4b: ROUGHLY WHAT PROPORTION OF YOUR RESIDENTS ARE PUBLICLY SUPPORTED, PAID FOR EITHER BY THE NHS OR BY LOCAL AUTHORITY SOCIAL SERVICES?
SAMPLE BASE: 1,491

Amongst respondent homes there was a broad spectrum from those whose residents were entirely privately funded, to those where all residents were fully supported by public funds – and overall there was a clear balance towards those homes where most or all of the residents received public support (nearly half, 48.6%, of homes reported 61% or more of residents publicly funded, whilst only 15.5% reported 40% or less publicly funded).

Homes specialising in clients with physical disabilities, learning disabilities and mental health problems tended very much more to have the majority of clients publicly funded. Large proportions of privately funded residents tended to be a little more common in private sector homes, but even here, numbers were relatively small.

3 Current Communal Television Systems

Introduction

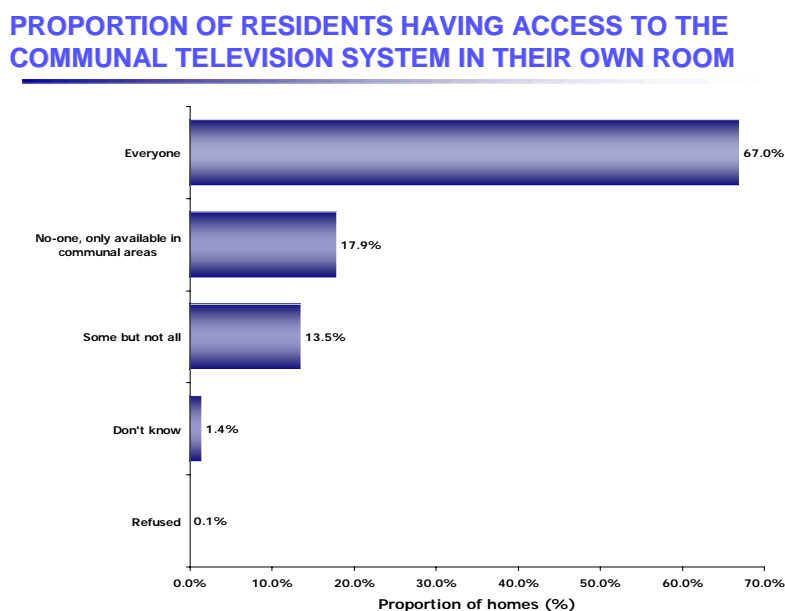
This section of the report details the findings from the survey about the scale and extent of existing communal television systems, the manner in which residents received television signals in their own rooms (if at all), the guidance provided to residents about upgrading their own televisions to receive digital signals, and the importance of television in the lives of residents.

In addition to the 1,491 interviews which comprised the survey, 116 homes were additionally contacted which were not taken forward for interview as they said that they had no communal TV system. Based on these contacts with care homes (1,607), more than 90% (93%) of care homes have a communal TV system of some description. Approximately 7% of all care homes do not have such systems. We have no conclusive data which indicates anything about the nature of homes which do not have communal TV systems, but it is logical to assume that they will be smaller homes with a single aerial or dish.

Of the care homes that did have communal systems when contacted, and were therefore subsequently interviewed (1,491) about two-thirds (67%) of homes reported that all their residents had access to a TV in their own room served by the communal signal.

Proportion of residents having access to the communal television system in their own room

Figure 4



Q6a: WHAT PROPORTION OF PEOPLE BEING CARED FOR IN YOUR HOME HAVE ACCESS ON AN INDIVIDUAL BASIS (IN THEIR OWN ROOMS) TO A TV SERVED BY THE COMMUNAL TV SYSTEM?
SAMPLE BASE: 1,491

As indicated above, about two-thirds (67.0%) of homes reported that all their residents had access to a TV in their own room which was served by the communal signal – and hence it was clear that for homes operating a communal system, the

majority had linked all televisions into this system (and conversion of this system to receive digital signals would provide all residents with access to digital services).

Less than a fifth of homes (17.9%) only made the communal signal available to communal areas (and hence not available in residents' own rooms), whilst a further 13.5% were in some form of interim position, with some, but not all, residents' rooms served by the communal signal.

There was little difference between residential and nursing homes on this measure, but:

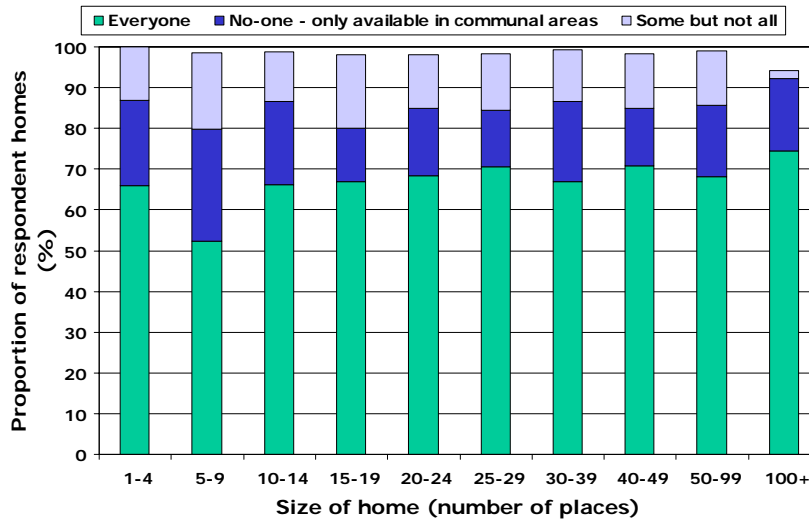
- Homes serving elderly people (71%) and particularly those whose main client group was people with physical disabilities (83%) were most likely to have all residents' rooms connected to a communal system;
- In contrast this was least likely for homes whose primary client group was either people with learning disabilities (58%) or people with mental health problems (60%). Many of these homes were relatively small – often likely to be small group homes arranged as closely to a family home as possible, and hence with the television in a communal room. There is also some evidence that in some of these settings, home managers thought it inappropriate for residents to have unsupervised access to television in their own rooms because of the nature of their residents' disabilities or mental health problems. The communal television system was most likely to be restricted to communal areas in homes whose primary client group was people with learning disabilities (25% compared to an 18% average across all homes).

In general, there was little variation between television regions on this issue, but there were a couple of outliers, with the lowest proportion of homes with access for everyone to the communal signal being in Borders (58%) and the highest in Wales (93%). Both of these are, of course, early switchover areas. 'Communal area only' distribution was most common in the STV Central area (27%).

There was also little variation on this measure between single site homes, and those which were part of wider groups. However, private sector homes (70%) were a little more likely than average to have all rooms connected to the communal signal, and those in the voluntary sector the least likely (56%). This was also reflected in the proportions of homes where communal signal access was only possible in communal areas, with this proportion highest in voluntary sector establishments (25%). However, this may reflect as much the different client groups predominating in different sectors as much as any innate issue arising from the homes' position in the private, public or voluntary sectors.

Figure 5

RELATIONSHIP BETWEEN THE SIZE OF HOME AND THE PROPORTION OF RESIDENTS WITH COMMUNAL SIGNAL ACCESS IN THEIR OWN ROOM



Q6a: WHAT PROPORTION OF PEOPLE BEING CARED FOR IN YOUR HOME HAVE ACCESS ON AN INDIVIDUAL BASIS (IN THEIR OWN ROOMS) TO A TV SERVED BY THE COMMUNAL TV SYSTEM? and Q4: HOW MANY PLACES DO YOU CURRENTLY PROVIDE IN YOUR HOME?
 SAMPLE BASE: 1,491

There was some relationship between the size of a home, and the likelihood that all residents would have access to the communal signal in their own room, though as Figure 5 shows, the relationship was not a strong one. However larger homes did show a slightly increased tendency to have communal signal access to all residents' rooms.

Homes where the large majority of residents were privately funded were also a little more likely to have access in all residents' rooms to the communal signal.

Proportions having access to the communal signal in their own room, where this is neither all, or none

For that group of respondents who provided access to the communal signal to some residents' rooms, but not all, a supplementary question was asked to establish what proportion of residents' rooms had access. Amongst these 202 homes which fell into this category, the distribution was as follows:

- 26% provided access to the communal signal in less than 20% of residents' rooms;
- 20% provided access to between 20% and 50% of residents' rooms;
- 18% provided access to between 50% and 80% of residents' rooms;
- 27% provided access to more than 80% of rooms, but not all.

Reasons for limitations on the number of rooms served by the communal signal

As a further supplementary question, this group of 202 homes was also asked what the main reason was why their communal system did not serve all rooms. By far

the most common answer was that this was the personal choice of the resident or residents involved (47%). Other common answers included:

- The residents involved don't want to watch TV (8%);
- The residents involved are unable to use or watch TV due to illness (8%);
- The residents prefer to use their own systems or aerials (7%).

A number of other answers were also given, but technical restrictions of the communal system were only an issue for 6 homes asked this question – so it appears that it was largely resident preference, rather than technical issues, which limited the reach of the communal signal in this group of establishments.

Non-communal television connections

Again, amongst this subset of 202 homes, a supplementary question was asked probing the way in which residents not connected to the communal signal received TV in their own rooms. Amongst this group, only 38% of homes said that connection was via set top aerials with 35% of this group saying that the connection was with an individual external aerial (in the roof space or outside), and 4% to an external satellite dish.

Support and help offered to residents not connected to the communal system

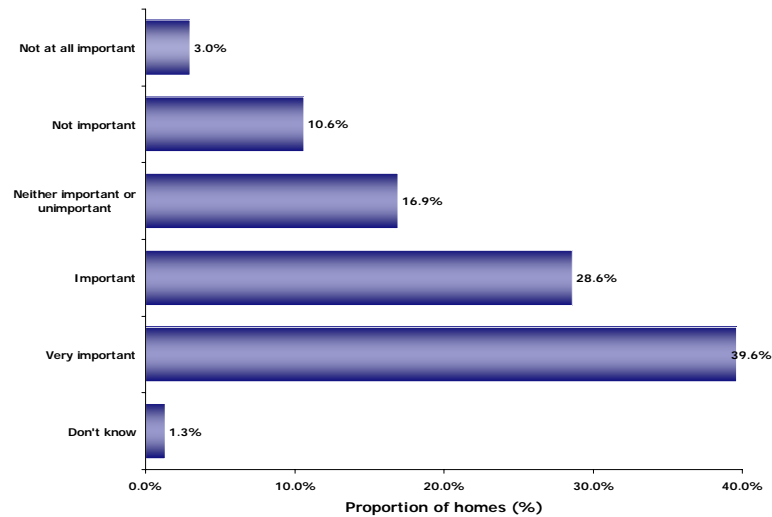
Where homes either had no connections to the communal system in residents rooms, or there were some rooms which had no such connection (a total of 469 homes in the sample), they were also asked what support and help they had given, or intended to give, to residents about switching to digital signals on their own personal televisions. Of this group, the most common responses were:

- Have not yet provided advice or support, but have plans to do so (29%);
- Have not yet provided advice or support, and have no plans to do so, but will provide individual help to residents if requested (26%);
- Have already provided advice and support to residents (18%);
- No residents have their own TVs which are not connected to the communal system (10%);
- Advice and support not needed (6%).

How important is television to residents?

Figure 6

ASSESSMENT OF THE IMPORTANCE OF TELEVISION IN THE LIVES OF RESIDENTS



Q8: OVERALL, HOW IMPORTANT IS TELEVISION IN THE DAILY LIVES OF YOUR RESIDENTS?
SAMPLE BASE: 1,491

As the final question in this section of the questionnaire, all respondent homes were asked to indicate how important television was in the daily lives of their residents, on a five point scale from 'not at all important' to 'very important'.

As Figure 6 suggests, homes tended to view television as relatively important in the lives of their residents, with more than two-thirds (68.2%) thinking it to be important or very important. In contrast only 13.6% thought it was not at all important, or not important. There was very little variation from this position due to criteria such as size, sector, key client group, ownership or region. There was also no evidence to suggest that in the homes already switched to digital, residents valued television any more than those in homes where switchover had yet to occur. In other words, switchover does not appear to be driven by a greater importance attached to television viewing amongst residents in homes.

4 Current Levels of Digital Upgrading

Introduction

This section of the report looks at responses to questions 9 to 11 on the survey questionnaire assessing the extent to which care homes have already upgraded their communal television systems in readiness for digital switchover, or are in the process of doing so, the nature of the upgrading work undertaken, and which digital TV option has been chosen.

How many homes have upgraded, or are in the process of doing so?

In the context of this study, this question in particular is of critical importance, since it assesses the proportion of homes which have already taken steps to switch their communal television system over to one of the digital technologies, or which are in the process of doing so. As such, this is one of the critical measures, since it ascertains the number of homes still to take steps to prepare for digital switchover – and hence the number of homes which may need some form of advice or support in doing this.

Overall, 34.1% of homes reported that they had already upgraded, whilst another 11.4% were in the process of doing so. However, 54.5% of homes, more than half, had so far taken no steps to upgrade their communal systems to digital technology.

Since this is a key variable, it is important to understand differences in the level of progress in updating communal television systems for different types of home, client group, and so on:

- Residential homes (47%) were a little more likely to have switched over to digital technology than homes which offered primarily nursing care (42%) or which offered a mixture (42%) of the two;
- By client group, homes providing care primarily for people with learning difficulties (62%) were far more likely to have switched over to digital than homes addressing other client groups. The lowest level of upgrading work was found amongst homes providing care for elderly people (only 41% switched over) – which was also by far the largest group of homes if defined by client group.
- By region, as Figure 7 shows, there were distinct differences (though readers should bear in mind the small sample sizes for some of the regions). The imminence of switchover in four regions does seem to be having some impact - Border (58%) and Granada (54%) had two of the highest proportions of homes already switched over of any region, whilst Wales (50%) was also just above the average. However, even in Border, there were still 42% of homes that had taken no steps to switchover at the time of survey. Amongst regions due to switch over to digital later than these first four, there were wide variations in the proportions of homes which had already upgraded. Lowest were STV North (34%) and Ulster (28%), whilst Tyne Tees (59%) was in a better position.

-
- By size of home, Figure 8 suggests that if the largest (100+ places are excluded), the proportion of homes which had already upgraded falls with increasing size – so the biggest tasks may well be with the medium sized, rather than the smallest and the largest, homes.
 - There was no clear relationship between the proportion of homes upgraded, and the proportion of their residents who were privately or publicly funded.

Detailed nature of upgrading activity

Where homes indicated that they had already upgraded their communal systems to receive digital signals, or were in the process of doing so, they were asked a supplementary question probing the detailed nature of that upgrading work. This was asked to a total of 679 homes.

In broad terms:

- 67% of these homes had been upgraded or were upgrading to receive digital terrestrial broadcasts, but not cable or satellite broadcasts;
- 17% had been upgraded so that they could receive digital terrestrial and cable or satellite only channels (an Integrated Reception System or IRS);
- 7% had upgraded so that some systems could receive digital terrestrial channels, and others to receive all digital channels;
- 2% reported that some systems had been upgraded using cable or broadband TV services.

On this measure, there were no significant variations by type of home, or by the main client group.

Regional variations, however, were more complex:

- Terrestrial channel only upgrades, were most common in the West (81%) and least so in Tyne Tees (56%).
- IRS was most common in Tyne Tees (25%) and STV Central (23%), and least common in Granada (8%).

The voluntary sector was a little more likely to opt for the terrestrial only solution, and least likely to opt for IRS. Clear patterns relating to the size of homes were not apparent.

Digital Terrestrial/Freeview was by far the most common solution adopted by homes which had upgraded or were in the process of doing so – more than two-thirds of homes (68%) had adopted this solution. One in ten (10%) had chosen IRS/satellite, 6% cable or broadband, and 8% a combination of all three. There were no significant differences in the choices made dependent on the type of home or the main client group.

By region the Digital Terrestrial/Freeview solution was most commonly chosen in Ulster (83%) and Anglia (77%) and least commonly selected in Tyne Tees (56%), but these variations may derive as much from small sample sizes amongst this subset of homes. Figures for the other options were too small to draw any conclusions. Digital Terrestrial Freeview was also more popular amongst homes in the public and voluntary sectors, though differences were not great. Evidence in

relation to size of homes was not conclusive and offered little indication of any clear relationship.

6 Support for Digital Switchover

Requirement for help to upgrade

Those homes which had not yet upgraded, or started on work to upgrade (812 homes in the sample, 54.5% of the total), were asked whether they would need any help to upgrade.

- 21% of homes said they would want help;
- 70% said they would not want help;
- 9% did not know whether they would need help.

Help was more likely to be requested by the following:

- Residential care homes (23%);
- Homes in London (31%);
- Single site organisations (24%);
- Homes in the public (27%) and voluntary (28%) sectors;
- Homes with fewer than 20 places (26%).

Those homes requiring help were asked to describe the sort of help that they may need. The most common answers were:

- General information (43%);
- Financial support or assistance (22%);
- Specific information on how to upgrade (14%).

Finally, homes requiring help were presented with a specific list of types of support and asked if they would be useful. Amongst this group, the following proportions described each of the following as being useful to them:

- Advice about which approach to take (66%);
- Financial assistance (61%);
- Information (60%);
- Contact details for contractors to help with the upgrade (54%).

7 Qualitative Research with Care Homes yet to Upgrade Communal TV Systems

This piece of research aims to inform DCMS and Digital UK as to the state of affairs regarding the preparedness of care homes for the digital switchover and what help care homes require.

We conducted in-depth interviews with 23 care home managers regarding; the current television arrangements within care homes, the respondents' level of awareness, the extent and nature of any plan care homes may have in place for the digital switchover and what practical help or information they may require to aid the transition. During the data collection period it emerged that switchover plans may be being developed within the head offices of larger organisations. Therefore, we conducted a further 2 in-depth telephone interviews with Estates Managers/Directors at head office level to explore the issue further.

Provision and Usage

Importance of television in residential homes

Care home managers report that television is a very important aspect of most residents' lives, especially in terms of providing them with entertainment and as a focal point of communal living.

Patterns of usage amongst residents varies according to the preference of the individual in terms of whether the television is watched in the first place, whether viewing takes place in the common area or the bedroom and at what time of day the television is watched.

"To some more than others, I suppose isn't it, some don't watch the TVs at all and others spend quite a bit of time."

Whilst watching television is seen as just one aspect of range of activities and entertainment offered in care homes, it's importance is not doubted by the respondents, since the television is sometimes left on for prolonged periods and special interest programmes viewed on a regular basis. The young are felt to be more interested than the elderly.

"People think that people of this generation like sitting around watching TV, but in reality that's not the case...they like cooking you see and they like to do crafty (sic) things."

"Yes, they love their TV! They would be lost without it."

Television appears to be understood less by patients with mental health conditions, especially dementia. Even though residents' usage is seen to be low in terms of understanding what is happening on the screen, television is felt to perform an important function through providing a sensory stimulus. This is especially the case for those unable to leave their room.

"We have clients with dementia on the one floor, so they tend to have the old movies on or things, but they're not really paying any attention. It's just a focal point."

"I would say during the day if you had 15 residents watching TV, 14 of them might be asleep and 1 might be awake but not listening to it."

By providing a social function, the communal television is also seen to be important for the delivery of care, creating a talking point or background noise around which residents may congregate.

Responsibility for providing television

Most residents in the care homes access television either in communal areas or in their own rooms. The most common arrangement is for television sets situated in residents' rooms to be provided by the residents themselves or their family.

Care homes undertake the responsibility for providing one or more TV sets operating in communal areas. Some care homes do have spare television sets, to be utilised as replacements for faulty sets, yet by-and-large the provision of television for the bedrooms' is outside of the care home's remit. Even though most of the care homes do not take responsibility regarding the residents' TVs in their bedrooms, they do appear to want to take responsibility for making sure that residents are able to receive a digital signal on their TV sets and that the picture and sound is of acceptable quality.

Very few care homes currently have digital television in the communal areas, yet a handful of residents have chosen to install Sky or Freeview in their room, paid for by themselves or their family.

Whilst the picture and sound on common room television sets is said to be adequate, poor reception is sometimes encountered in residents' rooms. This appears to be partially a result of small individual aerials being used to receive a signal, which are less effective than aerials on the roof. However, malfunctioning roof aerials can also cause a bad reception, which is felt to be especially common in older buildings. The location of the building can also be a factor, with certain areas enjoying better coverage than others. To rectify the problem of poor reception some homes have installed boosters to strengthen the signal, yet there are those who are still seeking ways to address the issue.

An especially poor signal may affect the ability to receive the digital signal; hence some care homes are more prepared in this respect than others. While some respondents are confident that the signal strength is good enough to be able to pick up the digital signal, others are unsure as to whether a digital signal could be received. Very few were aware that, with forthcoming improvements to transmitters, the signal will double in strength. Therefore, homes that currently experience poor reception are concerned that digital technology may not work in the building. Clarification may be warranted regarding the signal strength required to receive digital.

Identifying residents' television needs

Gaining feedback from residents

Care home residents' meetings are the main way in which residents provide feedback about any issues or concerns regarding their television needs and requirements. In addition to these formal meetings, residents also inform care home managers and carers of any issues as they arise. The frequency of residents' meetings varies from once every fortnight to once every two months. Those residents who are able to communicate any issues to their carers are said to often do so, yet very little feedback happens with those who suffer from dementia or other severe mental health conditions. This may pose difficulties in being able to consult effectively with some residents regarding their wishes for the future provision of service.

"This is a mental health institution so it's just entertainment really. They don't tell us specifically what they want."

"We have regular resident's meetings...As far as their TV facilities, not very much is voiced."

The provision of television is often mentioned by clients in meetings or through direct contact, yet this feedback mainly concerns the maintenance of the television sets and not their preferences regarding digital. It is therefore critical to note that most managers report that their residents are generally unaware of digital technology and the options available.

Channels & Additional Features

Although some residents have shown an interest in installing either Freeview or Sky in their bedrooms, overwhelmingly the residents are said to be satisfied with just watching the five terrestrial channels on offer. The provision of more television channels poses potential problems of navigation since some residents may find it difficult to use the remote control and menu functions. This raises the issue of how residents adapt to digital television and how any such problems of navigation can be overcome.

While elderly residents appear less interested in digital television, this does not seem to be the case with younger residents who are said to be more knowledgeable of digital TV, having come into contact more frequently with the medium. Hence, it may be the case that the needs of residents may change over time, with digital television becoming the accepted norm.

"Maybe the younger residents, the ones that are newly coming in who are probably used to digital in their homes, they may want it. However, residents who have been here for many, many years are not interested."

Although the provision of a greater number of channels is said to be something that residents may not favour, there is a need for special interest programming, especially sports and film channels, which care home managers feel should be, if possible, provided to deliver high quality service delivery. Therefore, in this respect, premium channels offered on the digital format are something that care homes might consider.

"With the Freeview programmes, obviously there are some that would be of interest to them depending on their own particular interests."

Just as some residents may find the general navigation of digital television challenging, the same was said to potentially be the case with interactive services.

Hence, it is predicted that future uptake of such services would be low. Indeed, some clients are said to be confused with the current Teletext service.

"They struggle a bit already, so I can't imagine that they would use the interactive services."

For residents who are deaf or hard of hearing the subtitle services are, of course, vitally important. Issues regarding this will be discussed in the 'Barriers and Limitations' section.

Awareness & Understanding of Switchover

There is a general lack of awareness about the digital switchover. Knowledge about the switchover has been gained through TV adverts and through coverage in the media. Such coverage, however, has not as yet generated a great degree of interest.

"It's in the newspapers and we've seen it on the TV, but I haven't, to be honest, paid very much attention to it yet."

The majority of those we spoke to were either unaware or gave an incorrect date for the switchover to digital in their area. In some cases, a date was given that was sooner than the actual switchover date. Consequently, not knowing the exact switchover date may affect the priority of the issue within the organisation and the ability for care homes to implement planning processes. However, the respondents' operating at head office level are fully aware of the switchover. This appears to be a consequence of the organisations' owning care homes across England and the information being vital in adopting a phased switchover plan, whereby those about to switchover are given priority.

"I think we would wait to see what developments happen before we decided what we needed to do because it's still a few years away."

Respondents were clearer as to why the switchover is taking place. Most are aware that the analogue signal will be turned off and appear to understand that reasons for the change include improving the clarity of the picture and providing interactive services. However, there is some confusion with regard to the technology required to be able to decode the digital signal. Additionally, there is misunderstanding amongst some care home managers, believing that they must procure television sets that are digitally compatible and HD ready and are unaware of digital tuner options. This may be a consequence of seeking advice from retailers, which will be discussed further in the next section.

"Well it's a different signal altogether, so all the old stations will close down...and the new better imaging and better interaction TV stations will be put in place that give you more of a choice apparently."

"Will we have to throw this TV away then? Can we use the same TV?"

Those we spoke to are largely unaware of exactly who is responsible for managing the transition over to digital television. The government was mentioned, yet they could not name a specific department. The apparent lack of awareness regarding whom to contact may act as an obstruction to receiving correct and impartial information. Digital UK will want to consider how to raise awareness in this sector.

Advice & Support

Aside from knowing the basics regarding the switchover, there is felt to be a general lack of information being disseminated and reaching the respondents. Indeed, respondents say they are very uninformed about the issue and want to know more.

"I've read about it in magazines, heard it on the news a couple of times, but its not as publicised as much as it should be."

It appears that, according to personal preference, respondents' favour either information being sent by hardcopy in leaflets and packs, or via email. Web-based content is seen as a very useful tool by some in finding out additional specific information.

"Email is always very good because it is there and I have got it and I can print things out if I need to. I have got it referenced rather than if people tell me things on the phone and I may forget, so emails are always very good."

For care homes that are part of a larger company, who own a number of homes, the information is expected to be filtered by their head office and passed down to the appropriate people within the care home. Thus, this indicates that sending information to the company's head office, or the proprietor, may be the best course of action.

Retail outlets and service providers appear to be the favoured source for technical information, providing information on the options available and related cost, upon which procurement decisions can be based. Such sources are not seen to be impartial, yet they are felt to offer expert advice. Therefore, this indicates that independent organisations may need to alter their approach in offering product-specific information. Having said that, consultations by advisory bodies are favoured by some respondents, who could give professional technical guidance and which digital solutions are best suited for the care home.

"We're hoping to be advised really by the TV suppliers. Curry's, places like that usually advise you I thought."

"From our point of view, it would be useful to have somebody come in and say, 'okay, because of the very nature of the building and spread of the building, this is the system that will work best for you and your residents.'"

Respondents' would like the first stage of information provision to include concise and basic information in order to raise the general level of understanding. Later stages of information dissemination may involve more tailored and technical information, including whether the technology would work in the building and how it can be installed.

"What equipment would we need, how would we be able to convert the building to receive a digital signal and what is available out there and what would be the most suitable for a building of this size?"

It therefore appears that two layers of help are required; basic and clear information to enhance general understanding, and tailored information specific to care homes that could be used at management level to help the implementation of a strategy. It is also felt that this first layer of information should be designed so that it can be passed onto clients and the families to increase their knowledge and be prepared for the switchover. This is especially the case for care homes who do not take responsibility for the televisions situated in the bedrooms.

"I think just the basic details would suit me, but some people [managers] do like all the information as to why it's happening and when its happening, all that sort of thing."

"If we don't have the information to show the residents in plenty of time, then it's going to come to the day when analogue is turned off and they might not be able to access TV."

When the residents talk of 'basic' information, this includes information as to why the switchover is happening, when exactly it will happen, how the process is taking place and what effect it will have on them.

Plans & Preferred Solution

Process & Procedure

There is limited planning being undertaken by care homes for the introduction of digital television. Some have an informal plan in place which has been developed through discussions between care home staff, whilst others have no plan in place at all. None of the care homes had implemented a plan within their organisations or were aware of a plan being put in place by their head office.

Head offices of large care home organisations are starting to implement plans for the switchover, but they are still at a very early stage and uncertainties as to what solution to adopt are present. Some are already installing IRS/Sky in their new build homes, yet they are still assessing their options as to what solution to install in older buildings. Those we spoke to at the head offices believe that while some organisations will be prepared beforehand, the majority of organisations will leave it until the last minute to make their care homes digitally compliant.

"I'm sure its like the smoking ban, it suddenly crops up."

Although no formal plans have been put in place, respondents do have an idea of how the process will work. For some care homes, it is reported that residents will not be consulted on plans put forward for the provision of digital TV in the communal areas. This appears to be partly due to possible communication difficulties. Others are likely to undertake consultations through resident meetings since it is felt that residents, as customers, should have a say in the delivery of service. Such consultation is likely to happen towards the final stages of the process.

"Yes we will consult the residents because at the end of the day it is their home."

Care home managers of homes that are part of larger companies anticipate that they will be consulted by their head offices at an earlier stage. However some are unsure as to whether they would be consulted at all. Indeed, respondents at the head offices' were unsure as to whether care home managers and residents would be consulted.

Managers of independently owned care homes would have the final say regarding what is implemented. With larger organisations the decision would be finalised at board level.

The timescale from the start of the planning process to procurement appears to range between a couple of months and one year. The factors influencing how long an organisation may take include how many layers of decision-making the proposal has to go through and their ability to budget for the switchover.

"If, for example, we were sent a pack today and I took it to a meeting, then we will look through the information and discuss it. Once we agree on something then that it."

"Really we should be doing something beforehand but, being honest, it will get to the crunch time and we start doing something about it."

A vital part of the process is said to be the budgeting and allocation of finances to ensure the right equipment can be procured or alterations to the building made. Indeed, certain organisations may kick start the planning process once a budget is in place. However, the opposite could be the case and may depend on the confidence in the financial situation of the organisation. The respondents' working in the head offices' say that within their organisation the funding for the digital switchover will be in each care homes yearly budget, according to whether the care home would be effected by the switchover that year.

"I think once we know the actual deadline date we need to act within a year to 18 months or so we will put the budget forward for it."

Those homes that have a smaller budget may struggle in setting aside funding within one budget and may have to save in the longer term. Those organisations who are funded by the local authority also said they may find it difficult allocating funds since their budgets are ring-fenced and they do not believe that extra funding within that budget would be provided.

"Cost is always a factor for any business that you run because you obviously have to look at how you are going to manage when the switchover happens."

As previously mentioned, the switchover appears to be low on the list of priorities concerning care homes and this seems to have an effect on the creation of a strategy. This lack of urgency is partially due to perceptions of how close they are to the switchover date and how long they will need to put something into place. Therefore, the common theme is that care homes' will put a plan in place which will come into fruition as close to the cut-off date as possible. Indeed, those working at head office level believe this to largely be the case. Couple this with the apparent lack of awareness of the switchover date and the ability to be prepared in time may potentially be affected.

"If it was something nearer then they would probably be a bit more enthusiastic about it. At the moment we're thinking that it's so far away, but when the time comes we'll do something."

Options & Preferences

In terms of the kinds of services available, Digital Terrestrial/Freeview is by far is the most attractive option to those in care homes we spoke to as part of the qualitative strand. The main reason for this appears to be the one-off payment required in procuring the equipment, thus being cost effective in the long-run compared to monthly subscription charges, something attractive to residents. Hence, Freeview may be especially tempting for those with limited budgets. It is for the very reason of cost that some are put off by the proposition of installing Sky Television.

"We would purchase something as a one off, but I think when you're talking about monthly subscriptions like Sky, then I think that's a definite no."

The greater number of stations on offer is also an influential factor in choosing which avenue to follow. Freeview is felt to offer value for money because it provides greater choice for a flat-fee, whilst Sky offers even greater choice, albeit at a cost. Therefore, when weighing up which digital solution to adopt, organisations may be

seeking to strike a balance between cost and the quality and choice for the end-user.

“Freeview has limited channels and does not have films and sport like Sky does. Sky though you have to pay monthly and extra for it.”

Having said that, quality and choice do not necessarily go hand-in-hand since the vast array of choice offered by Sky is felt to be let down by the quality of the programming. Indeed, some question whether the type of programming on offer would appeal to clients. Furthermore, as has been mentioned, the increase in the number of channels may have an effect on usability.

“There isn’t anything in there that would appeal to this generation I don’t think.”

Respondents also took into consideration whether the technology could feasibly be installed in the premises and work effectively, offering good quality picture and sound. As mentioned earlier there is the issue of whether the signal would be strong enough to receive digital, one reason as to why the satellite dish option may be favoured, be it through Sky or Freesat.

Due to concern about clients a receiving digital in their rooms’ there is interest in installing a linked system throughout the home, whereby every television would be connected to one receiver. Respondents were, however, unsure as to the whether this would be logistically feasible and the incurred cost of having such a system in place.

“I think free sat is just one satellite dish, how big would that be and how would it affect the house I don’t know.”

The adoption of cable is not favoured by those we spoke to because of poor perceptions of service delivery, not having cable available in the area and the difficulty of installing telephone points throughout the home. The option of utilising more advanced technologies, such as broadband, is favoured by respondents. However, they perceived such technology to be in its infancy, but may consider it in the future when it had become more established in the marketplace.

Barriers & Limitations

The financial implications of adapting communal TV systems was and the procuring of digital technology appear to be the largest concerns amongst respondents.

The cost of installing digital tuners in each room is believed to be prohibitive (and frequently something which homes believe is a responsibility of residents and their families, rather than homes themselves) and this is possibly a reason as to why there is interest in a linked system. Having said that, there is uncertainty as to the exact cost of digital tuners on the market and this may be something requiring clarification.

Another potential barrier is if the care home needs to upgrade/replace the aerial on the roof or communal TV system. This is seen as incurring a cost that some homes may find difficult to cope with. It appears to be the case that newly built care homes have been largely designed with the provision of television in mind, having points in each room that are connected to a quality aerial on the roof, thus achieving a quality reception. Hence, care homes situated in older buildings may be more likely to experience problems with receiving a digital signal. This indicates that information and advice may be warranted for those who are unsure as to whether their signal would be strong enough.

"We don't want to buy a TV and find out that it's not compatible or it's just not going to function properly for the residents."

Indeed, as has been mentioned, respondents request that more information be disseminated regarding what is required to become digitally compliant. The perceived lack of knowledge regarding the technology on the market, whether it could be installed in the home and whether it would effectively work appear to act as barriers in developing a strategy and budgeting for the switchover.

Revenue streams appear to act as another potential barrier. Those with limited budgets said that they may struggle to cope with any cost incurred and care homes who acquire funding from their local authority do not believe that separate funding will be provided outside of the yearly budget, or included within the budget. Confounding this is the belief that the provision of television is not in the contractual arrangement with the local authority.

"Individual private care homes that are just run as a separate family business might be affected more because we have got the backing of the organisation and when it comes to financing it the organisation will be there to support us."

"It all comes back to how's it funded, how's it paid for, because the television side of it is not in our contract."

One barrier that residents who are deaf or hard of hearing may face is the possibility of a poor quality subtitling service. There is a perception that the subtitling service offered by Freeview is slow to appear on the screen, making viewing difficult and frustrating. In this respect, the subtitling service offered by Sky and terrestrial are seen to be superior. Indeed, being able to receive fast and accurate subtitles is essential to service delivery and therefore may be important factor when deliberating on the digital options. Furthermore, those we spoke to also believe that there should be a greater number of programmes offering subtitling and signing services.

"The words are so slow to come up, it's really annoying and it especially happens with the news and things like that."

"Normal TV is much better for subtitles than digital."

Awareness of the role of DCMS and Digital UK

Care home managers were generally unaware of both Digital UK and the Department for Culture, Media and Sport. Therefore, they do not see the digital switchover as being under the remit of either body. Respondents ask for greater awareness regarding their role and the help both can give, especially since some appear to believe that the private sector is responsible for the switchover.

I think that they could let the public know that they are there because I certainly wasn't aware that it wasn't guided by government and I'm sure that a lot of people would also not be aware."

In regards to what part respondents think both DCMS and Digital UK could play, the common recommendation is that they should act as advisory bodies, informing care homes through direct and indirect communication. In terms of direct communication, DCMS and Digital UK are expected to consult care home management on the various technical options available and the most suitable solution for the home. Question and answer exchanges are also felt to be useful in resolving specific and technical related issues.

“I just think there needs to be more information and it feels like this thing was announced and then it’s like ‘right okay, what are we meant to do about it?’”

“I suppose they need to come and discuss it more with the owners and managers so we know exactly what to do.”

Indirect communication, through providing general information, is expected to include practical, impartial and accurate advice to aid the organisation during the transition period. Having said that, it is assumed that the literature would be somewhat tailored to address the issues and needs of the care home.

Since some organisations may struggle financially in coping with the switchover, it is believed that grants and subsidies should be provided by the government. Thus advocating that care homes be allocated a portion of the £600 million set aside for helping the elderly and disabled people cope with the switchover.

“We could be subsidised to do this because it is not going to be cheap at all.”

“If the over 75s are getting a free TV licence, why shouldn’t they get some other assistance to watch digital TV because they are all going to be affected.”

8 Conclusions

This final chapter draws together the evidence from both the large scale quantitative survey, and the qualitative depth interviews, and identifies what appear to be the main issues arising from the research.

The majority of residential homes have not yet converted communal TV systems to digital television at present, and of those that have not switched, few have made plans to do so. Whilst most homes said they were confident of meeting the deadline effectively imposed by the switchover date in their television region, for many there is still a relatively low level of knowledge and awareness about switchover, especially in relation to the more technical issues – and some are not well informed enough to separate the introduction of digital television from high definition television. This needs to be tested further – possibly through contacts at a regional level and with representative groups - to deduce whether the optimism of respondents about their ability to meet the switchover deadline is misplaced or realistic.

Whilst care homes in the four early switchover areas are in a more advanced position than those elsewhere, there are still many homes in these regions too which are still to switch to digital, including around 40% in Borders region, which is due to switch over first, in 2008. The data also flags some cause for concern with homes in Wales, which on a number of measures, appear some way behind their peers in the other early switchover areas in terms of their level of readiness to switch to digital.

Those homes with between 15 and 99 places appear to be the least likely to have switched or be planning to do so. For smaller homes than these, it appears likely that the task is modest, and similar to domestic switchover, whilst the largest homes may be the most likely to have the strategic and organisational resources to tackle such issues.

There is therefore a significant task of advice and information required to prepare homes for switchover. The two stage approach suggested in the qualitative research appears to be useful – homes require a first stage of advice which is broad and general, but which helps them to understand the key facts of the process. This then needs to be followed by advice which is more technical and tailored, advising on the appropriate solution for their particular situation, and resolving their specific technical issues and requirements. The latter is likely to be a task for specialist contractors, and homes appear receptive to being provided with a list of such contractors for them to secure such advice.

Many homes are aware, at least in a basic sense, of what switchover is and the broad implications of the switchover process. The task for many appears to be moving consideration of the issue from a second or third order business planning process to a priority which receives action. Many appear to be waiting for someone else to tell them what they need to do, and there is a sense that many will wait until the analogue switch off is imminent before acting to prepare themselves. Information provided, therefore, needs to give managers a clear idea of the scale of the task, the issues they need to address, the solutions open to them, and how they find the necessary, further, specialist advice and support that they need. Budget planning is clearly an issue for many smaller, independent homes, and their planning process is likely to be more straightforward (and perhaps less likely to be avoided) if they are able to scope the likely cost of their own switchover.

Since many homes are part of larger groups, they expect advice and information – and indeed strategic planning and organisation – to be delivered to them from their headquarters. Clearly therefore, providing sound and timely advice to head offices will be helpful in ensuring that many homes are able to make an effective transition

from analogue to digital television. Other homes will clearly look to advice from retailers, and hence it seems rational to plan for the provision of impartial advice through this channel.

Whilst some technical issues are likely to be best explained and resolved by specialist contractors, there are at least two issues raised by homes which may well be resolved through more generic public information. Homes raised concerns firstly about the signal strength of digital television services (in particular whether the signal would be strong enough for them to use a terrestrial signal, and whether it would be strong enough to deliver signals to existing aerials, or to set top aerials), and the effectiveness of text services deriving from a digital signal (the primary concern being subtitling). Clear advice on these two issues is likely to be welcomed by many homes, and will help them in choice of solution for switchover, and in determining the likely cost of the work they need to do.

Given the client group to which they respond, there are mixed views from respondents about the relative benefits and difficulties delivered by digital television. Many are concerned that the greater number of channels, and some of the programming offered on those channels, may confuse their residents – or may simply offer them choices they will not want. There may be an argument in some homes for offering a ‘walled garden’ of content tailored to the audience, and reducing the potential number of channels. A similar arrangement operates within prisons and similar institutions, and whilst it is unlikely that this level of restriction would be appropriate, the technical precedent appears to exist. There are however, some clear advantages identified, and respondents recognise that their residents will appreciate some of the new channels that will be offered to them. Whilst many of these will be free to air, there is recognition that some premium channels – particularly films and sport – may be welcomed.

Most homes with communal television systems do offer the signal to residents’ rooms, and not just in communal areas. Where this is not offered, the limitation does not appear to be technical – but is either a choice of the resident (frequently opting out of communal provision to make their own arrangements), or of the home on grounds of suitability – some residents with particular needs would not welcome, or safely manage, television in their own rooms. Clearly homes will wish to install digital systems which continue to allow them to offer signals to all residents who want the signal in their own room.

It is important too to recognise the importance of relatives and friends in providing support to residents of homes on issues such as this. The furnishing and equipping of private rooms is frequently the partial or entire responsibility of residents – and often therefore, in practice, is undertaken by relatives and friends who are not residents of the home. Respondents clearly identify that the provision of robust and straightforward advice to these relatives will help considerably in the process of transition to digital television.

Digital terrestrial (Freeview) appears to have been by far the most widely chosen solution amongst those who have already upgraded, and appears to be favoured by those still to do so. Those choosing other solutions are in a small minority. This appears to be because this is the solution which does not require ongoing subscription costs, and does not present the difficulties of managing and charging for differing channel choices (particularly premium channels) amongst different residents. Moreover, many homes will be mindful of the confusion that may be caused for residents if the choice of channels is too wide, and may appreciate the relatively limited universe of channels offered by Freeview, in comparison to other solutions.

Annex 1: Main Survey Questionnaire

**DCMS COMMUNAL SYSTEMS AND DIGITAL SWITCHOVER RESEARCH
SURVEY OF RESIDENTIAL CARE AND NURSING HOMES FOR THE ELDERLY 2007**

INTERVIEWER NAME:				INTERVIEW DATE:						
INTERVIEWER I.D. NUMBER				INTERVIEW DAY:						
				MON 1	TUE 2	WED 3	THU 4	FRI 5	SAT 6	SUN 7

Hello, my name is \$. I'm calling from BMG Research. We are an independent research company and we're conducting a survey on behalf of the Department of Culture, Media and Sport and Digital UK (Digital UK has been set up by the public service broadcasters to lead the UK's switchover to digital TV) about the extent to which residential care and nursing homes are prepared for the switchover to digital television. Please could I speak to the person in your organisation most able to answer questions about your home's facilities and its' readiness to receive Digital Television?

THIS MAY BE THE OWNER, GENERAL MANAGER OR OTHER MANAGER

IF THE HOME IS PART OF A LARGER ORGANISATION AND THEY REFER YOU TO HEAD OFFICE, SAY THAT IT IS IMPORTANT TO SPEAK TO SOMEONE AT THAT SITE TO UNDERSTAND HOW AWARE STAFF THERE ARE OF THE DIGITAL SWITCHOVER

TO THE RESPONDENT: Good morning / afternoon. My name is ... and I'm calling from BMG. We have been asked by the Department of Culture, Media and Sport and Digital UK to gather information about how prepared residential care and nursing homes are for the switchover to digital television.

S1. Does your home have a communal TV system – either systems managed by you or by third parties under contract?

ADD IF NECESSARY:

Communal TV systems provide many individuals in a single home with access to TV in a communal room or sitting rooms and sometimes, though not always, in individual bedrooms as well. Typically, a single aerial – and in some cases, a dish as well – transfers the signals by cable to all the rooms with communal TV in a building. There are also some systems that are fed by cable, for example through cable companies such as Virgin Media (formerly NTL or TeleWest)? Communal TV systems avoid interference, and the need for all units to have separate aerials.

- 1 Yes **CONTINUE**
- 2 No **THANK AND CLOSE**

S2. Are you the person with responsibility/who would have responsibility for the management of the communal TV system in your home?

- 1 Yes **SKIP S3, COMPLETE CONTACTS THEN GO TO S4, S5 and Q1**
- 2 No **CONTINUE WITH S3**

ASK IF NO AT S2:

S3. Please could you transfer me to the person who deals/would deal with the management of your communal TV system? **INTERVIEWER NOTE: IF TRANSFER TO ANOTHER SITE, PLEASE REMEMBER TO RECORD NAME OF NEW OFFICE, AND NAME, POSITION AND TELEPHONE NUMBER OF NEW CONTACT. IF PUT STRAIGHT THROUGH, CONTINUE WITH INTERVIEW ASKING QUESTIONS FOR ORIGINAL SITE ONLY. IF CONTACT DETAILS ONLY, ABANDON TO APPOINTMENT BOX TO BE USED IF REQUIRED TO MEET GRID TARGET.**

- 1 Yes – transfer now, same site **GO BACK TO S1**
- 2 Yes – transferred directly to different site **ENSURE CONTACT DETAILS RECORDED, MAKE NEW CONTACT STARTING FROM INTRODUCTION, ASK ONLY FOR ORIGINAL SITE**
- 3 Yes – different site, but contact details only **ABANDON TO APPOINTMENT BOX, RETURN TO SMS**
- 4 Yes – arrange appointment, same site **RETURN TO SMS**
- 5 No – refused - **THANK AND CLOSE**

Could you please help me by taking part in a survey? Depending on your answers the survey will take on average about 10 minutes.

Is now a convenient time, or should I call back? IF CALL BACK ARRANGE TIME AND NOTE ON CONTACTS

Continue.....01
Busy signal..... BS
Definite appointment AP
General appointment..... GP
Left message..... LM
No answer NA
General call back LT
Refused personally RF
Not allowed to speak to respondent.....GK
Number unobtainable.....NU
Quota full..... QF
Quote full - recontact..... QR
Not residential home LG
No longer in business..... DD
Call back after the end of field work..... VA
Duplicate DU
Unable to conduct the interview in English UE

ALL RESPONSES WILL BE TREATED IN COMPLETE CONFIDENCE BUT CALLS
MAY BE RECORDED FOR TRAINING PURPOSES

DATABASE REFERENCE NUMBER: <u>MUST</u> BE ENTERED														
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TITLE:	1 MR	2 MRS	3 MISS	4 MS	5 DR
	OTHER PLEASE SPECIFY:				

SURNAME:														
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FORENAME / INITIALS:														
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JOB TITLE:														
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ORGANISATION NAME:														
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ADDRESS 1:														
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ADDRESS 2:														
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ADDRESS 3:														
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POSTAL TOWN:														
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POST CODE:														
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TELEPHONE (INC STD):														
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EMAIL WRITE IN														
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TYPE OF HOME

S4. Is this home primarily residential, or a nursing home, or a mixture of both with neither dominant? **READ OUT AND CIRCLE ONE ONLY**

- 1 Residential
- 2 Nursing
- 3 Both residential and nursing
- 4 Other **WRITE**
IN _____
- 5 Don't know (DO NOT READ OUT) **CHECK SPEAKING TO RIGHT PERSON**

CLIENT GROUP OF HOME

S5. Which of the following best describes your residents? **READ OUT AND CIRCLE ONE ONLY**

- 1 Elderly people
- 2 People with learning disabilities
- 3 People with physical disabilities
- 4 People with mental health problems
- 5 People with substance abuse problems
- 6 Other **WRITE**
IN _____
- 7 Don't know (DO NOT READ OUT) **CHECK SPEAKING TO RIGHT PERSON**

Section 1: Organisation profile

1. Which ITV region is received within your care/nursing home? **READ OUT IF NECESSARY. SINGLE CODE IF MORE THAN ONE, ASK WHICH IS THE MAIN ITV REGION**

- 1 Border
- 2 West Country
- 3 Wales
- 4 Granada
- 5 West (previously HTV West)
- 6 STV North (formerly Grampian)
- 7 STV Central
- 8 Yorkshire
- 9 Anglia
- 10 Meridian
- 11 London
- 12 Tyne Tees
- 13 Ulster
- 14 DON'T KNOW (DO NOT READ OUT)

-
2. Which of the following best describes your organisation at that site? **READ OUT AND CODE ONE ONLY**
- 1 A SINGLE SITE ORGANISATION WITH NO OTHER ESTABLISHMENTS
 - 2 A HEADQUARTERS, REGIONAL OR DIVISIONAL HEADQUARTERS WITH BRANCHES ELSEWHERE
 - 3 PART OF AN ORGANISATION WITH HEADQUARTERS ELSEWHERE IN UK
 - 4 OTHER **WRITE IN** _____
 - 5 DON'T KNOW (DO NOT READ OUT)
3. And is your organisation a private sector company, part of the public sector, or part of the voluntary (non-profit making) sector? **CODE ONE ONLY**
- 1 PRIVATE SECTOR (profit making, owned by private individuals or shareholders)
 - 2 PUBLIC SECTOR (state owned, run by NHS, local council etc)
 - 3 VOLUNTARY SECTOR (non-profit making, may be a registered charity)
 - 4 OTHER **WRITE IN** _____
 - 5 DON'T KNOW (DO NOT READ OUT)
4. How many places do you currently provide in your home? **WRITE IN OR PROMPT FOR AN APPROXIMATION FOR BAND (IF LESS THAN 20 – CODES 1 TO 4 - QUERY AND CONFIRM) BY PLACES WE MEAN THE NUMBER OF RESIDENTS THAT THE HOME CAN COMFORTABLY ACCOMMODATE AT FULL CAPACITY**

Write in _____

- 1 1-4
- 2 5-9
- 3 10-14
- 4 15-19
- 5 20-24
- 6 25-29
- 7 30-39
- 8 31-49
- 9 40-49
- 10 50-99
- 11 100+ (please specify)
- 12 Don't know
- 13 Refused

4b. Roughly what proportion of your residents are publicly supported, paid for either by the NHS or by Local Authority Social Services? **DO NOT READ OUT BUT PROMPT TO GET INTO CORRECT BAND**

- 1 None – all residents *privately* funded
- 2 Between 1 and 20% publicly funded
- 3 Between 21 and 40% publicly funded
- 4 Between 41 and 60% publicly funded
- 5 Between 61 and 80% publicly funded
- 6 More than 80% publicly funded
- 7 All – no *privately* funded residents
- 8 Don't know
- 9 Refused

Section 2: Communal TV system

5. Including communal areas, how many rooms are served by the communal TV system? **WRITE IN OR PROMPT FOR AN APPROXIMATION FOR BAND**

Write in _____

- 1 1 only at present
- 2 2
- 3 3-4
- 4 5-9
- 5 10-14
- 6 15-19
- 7 20-29
- 8 30-39
- 9 40+ (please specify)
- 10 Don't know

6. a) What proportion of people being cared for in your home have access on an individual basis (in their own rooms) to a TV served by the communal TV system? **READ OUT AND CIRCLE ONE ONLY**

- 1 Everyone **GO TO Q8**
- 2 No-one – only available in communal areas **GO TO Q7**
- 3 Some but not all **GO TO Q6b**
- 4 Don't know **DO NOT READ OUT, GO TO Q8**
- 5 Refused **DO NOT READ OUT, GO TO Q8**

-
- 6b. What proportion of residents' rooms presently have access to your communal television signal in their own room? **WRITE IN OR PROMPT FOR AN APPROXIMATION FOR BAND**

Write in _____

- 1 Less than 20% (1 in 5)
- 2 Between 20% and 50% (half)
- 3 Between 50% and 80% (4 in 5)
- 4 More than 80%, but not all
- 5 Don't know

- 6c. What is the main reason why your communal system does not serve all or some of residents' private rooms? **WRITE IN**

Write in _____

97. Don't know

- 6d. Where residents have televisions in their rooms which are not connected to your communal system, how do these televisions receive their signal? **DO NOT PROMPT BUT CIRCLE ONE BELOW AND WRITE IN IF NECESSARY**

- 1 Set top aerials
- 2 External aerials (in roof space or outside the room or building)
- 3 External dish
- 4 Other [provide write in box]
- 5 Don't know

7. Where residents have their own TVs which are *not* connected to your communal system, which of the following best describes the support and help you are able to offer to residents to upgrade their own TVs to receive digital television signals? **READ OUT AND CODE ONE ONLY**

- 1 Have already provided advice, support and help to residents
- 2 Have not yet provided advice, support or help to residents, but have plans to do so
- 3 Have not yet provided advice, support or help to residents, have no plans to do so, but will provide if asked by individual residents
- 4 Would not provide such advice, support or help
- 5 Advice, support and help not needed
- 6 No residents have their own TVs which are not connected to our communal system
- 7 Don't know **DO NOT READ OUT**
- 8 Refused **DO NOT READ OUT**

ASK ALL

8. Overall, how important is television in the daily lives of your residents? **READ OUT**

- 1 Not at all important
- 2 Not important
- 3 Neither important or unimportant
- 4 Important
- 5 Very important
- 6 Don't know **DO NOT READ OUT**

Section 3: Upgrades

9. Has the communal TV system in your home been upgraded for digital television, for example, Freeview, or is it in the process of being upgraded? **CODE ONE ONLY**

IF RESPONDENT ASKS WHAT IS MEANT BY “UPGRADING”:

Most communal TV systems will need some degree of attention if they are to work with a digital signal. This could either mean upgrading for Freeview or installing a new system to cope with satellite or cable based services.

- 1 Yes – has been upgraded **CONTINUE**
- 2 Yes – in the process of being upgraded **CONTINUE**
- 3 No - neither **GO TO Q12**
- 4 Don't know **CHECK IF SPEAKING TO RIGHT PERSON**

WHERE CODED 1-2 IN Q9:

10. And which of the following four statements best describes the upgrading work your organisation has completed or is in the process of completing for its communal TV systems? **READ OUT. CODE ONE ONLY**

- 1 *Systems have been upgraded/are being upgraded so that they can receive digital terrestrial TV channels, such as Freeview, but not other stations such as cable or satellite only channels.*
- 2 **Systems have been upgraded/are being upgraded so that they can receive ALL digital TV channels, i.e. terrestrial such as Freeview, as well as cable or satellite only channels [described as Integrated Reception Systems or IRS]**
- 3 **Some systems have been upgraded/are being upgraded for digital terrestrial TV channels such as Freeview, and others so that they can receive ALL digital TV channels**
- 4 **Some systems have been upgraded using Cable or Broadband TV services**
- 5 **Don't know**

11. Can you confirm which of the following systems you have adopted/are very likely to adopt? Is it...**READ OUT AND CODE ONE ONLY**

- Freeview
- Satellite
- Cable/broadband
- A combination of these
- Don't know

NOW GO TO Q14 FILTER (*)

WHERE CODED 3 IN Q9:

12. I'd now like you to think about any plans you have made to take account of digital switchover for communal TV systems. Which of the following three statements best applies to your establishment? **READ OUT. SINGLE CODE**

- 1 We are aware of digital switchover and the implications on the provision of TV services within our home and have made outline plans, and are now exploring options and tendering work for all communal systems requiring upgrading **CONTINUE**
- 2 We are aware of digital switchover and the implications on the provision of television services within our home but have made no plans to start this work **GO TO Q15**
- 3 We are unaware of the digital switchover and its implications for television services. We currently have no plans to upgrade systems **GO TO Q17**

WHERE CODE 1 IN Q12:

13. What do these outline plans for digital upgrading consist of? **PROBE FULLY AND WRITE IN VERBATIM**

*** WHERE CODED 1 AT Q9, DO NOT ASK BUT CODE AS 1, WHERE CODED 2 AT Q9, CONTINUE, WHERE CODED 3 AT Q9 AND 1 AT Q12, CONTINUE, OTHERS GO TO Q15 FILTER**

14. In which year do you expect to have completed digital upgrading of your communal TV system? **PROMPT FOR YEAR**

- 1 Already completed ALL upgrade work
- 2 2007
- 3 2008
- 4 2009
- 5 2010
- 6 2011
- 7 2012
- 8 Later than 2012
- 9 Don't know

WHERE CODED 3 AT Q9 AND 1 OR 2 IN Q12, OTHERS GO TO Q16 FILTER:

15. Why have you not yet upgraded any communal TV systems to digital? **DO NOT READ OUT. PROBE FULLY AND CODE ALL THAT APPLY**

- 1 Not a priority for us in current plans
- 2 Cost / too expensive
- 3 No demand from residents for upgrading
- 4 Lack of information
- 5 Don't know who to get to do the work
- 6 Cause too much disruption
- 7 Just not got round to it
- 8 Unable to receive good quality / any Digital Terrestrial / Freeview signals in our area
- 9 Uncertainty due to options appraisal (reviewing future of home or use of building)
- 10 Likely that home will close before switchover
- 11 Not aware of the digital switchover timetable
- 12 We do have plans for upgrading in future but cannot start them until later
- 13 Other (specify)
- 14 Don't know

ASK ALL EXCEPT THOSE CODED 1 IN Q9 AND/OR CODED 3 IN Q12, OTHERS GO TO Q17 FILTER:

16. You said your TV region is [name from Q2] – this region will switch-off [date 2008-2012]. With this date in mind and the possible implications for residents, how likely are you upgrade your communal TV system by [date - 2008-2012]? Would you say...**READ OUT. SINGLE CODE**

- 1 Definitely
- 2 Very likely
- 3 Fairly likely
- 4 Not very likely
- 5 Not at all likely
- 6 DEPENDS ON CLEARER INFORMATION AND ADVICE FROM GOVERNMENT/OTHERS ON DIGITAL SWITCHOVER (DO NOT READ)
- 7 Don't know
- 8 Refused

WHERE CODED 3 IN Q9, OTHERS GO TO Q20:

17. Do you need any help in upgrading to digital?

- 1 Yes **CONTINUE**
- 2 No **GO TO Q20**
- 3 Don't know **GO TO Q19**

WHERE CODED 1 IN Q17:

18. What help do you think you need? **PROBE FULLY AND WRITE IN VERBATIM**

97 Don't know

19. Which of the following would be particularly useful to you in upgrading to digital? **READ OUT AND CODE ALL THAT APPLY**

- 1 Information **please specify on what** _____
- 2 Financial assistance
- 3 Contact details for contractors to help with upgrade
- 4 Advice with regard to what approach to take
- 5 Anything else? **Please specify** _____
- 6 None of the above

And finally ...

20. As part of this comprehensive research we are planning to undertake more detailed discussions on this subject with some homes who have responded to this survey. Would you be willing to take part?

- 1 YES 2 NO

21. The Department for Culture, Media and Sport and Digital UK would like to analyse these results at an individual level, to get a better understanding of the levels of preparations made for digital switchover by establishments such as yours. Would you be willing to have your answers attributed to your organisation? I can assure you that all your answers will still be treated in the strictest confidence and will only ever be used for market research analysis purposes. This will help DCMS and Digital UK in increasing knowledge about the sector and informing the Digital Switchover Programme.

- 1 YES 2 NO

THANK AND CLOSE

Annex 2: Qualitative Research Discussion Guide

DCMS/Digital UK – Care and Nursing Homes, Preparation for Digital Switchover. Qualitative Research

Current position

Confirm nature of current television provision in home.

- Location of televisions on communal system
- Extent of communal system and arrangements for rooms not on the communal system

TV usage among residents in the home

- Importance and role of television for residents, residents' likely wishes for future television services:
 - o Patterns of usage
 - o Importance of television to residents
 - o Is television an issue which is discussed with or by residents?
 - o Does the home get feedback about television provision from residents?
 - o What are residents existing views about what they want, now and in the future – access services, premium channels, interactive, teletext?
 - o How have these views been expressed?

Understanding of Digital Switchover

- What does the respondent understand about the process and nature of digital switchover?
 - o What's happening
 - o When?
 - o Why?
 - o Who is managing / responsible for the nationwide process?

Plans for Digital Switchover

- Have they made any formal plans about digital switchover?
 - o When did they start making plans, is planning ongoing?
 - o What is the format of those plans?

- Who was involved?
 - How long did decisions take?
- What prompted their decision to start planning?
- What is the plan exactly – timing, budgets, process, hardware etc?
- If they don't have a formal plan in place, have there been any informal plans made, discussions started – again what prompted these?
- How would plans be developed for digital switchover - process?
- Where would decisions be made – here, pooled planning between peer establishments, from HQ etc – and by whom?
- Do they have a process for consulting residents?
- Will what they plan to do replace the existing systems in their present locations, or are there wider plans to increase the reach of the communal system, or link with other technology change – eg broadband, IT, phones etc.?
- Do they presently favour any particular digital solution – freeview via aerial (DTT), freeview satellite (freesat), cable (Virgin media), subscription satellite (Sky), aerial MATV/IRS.
- Are there any limitations that they are aware of which affect the choice of system – location (signal reception, cable services etc), cost, corporate policy etc? (Expect cost to be a big limitation – probe in detail to establish whether a budget planning issue, issue of priority, general funding issue etc.)

Future advice and support

- How well informed do they feel about digital TV switchover? Is there still a need for basic information or are they relatively well informed?
- What kind of information do they feel they are missing?
- How would they like to receive this information? (can it be covered by: a website/leaflets/workshops/events/advertising)
- What sort of practical advice and support do they think they will need?
- Where/to whom would they expect to go for advice and support on an issue like this?
- What do they think the biggest issues regarding switchover will be for them in their home – are there any particular barriers they expect to have to overcome?

- What do they see as the role of Digital UK/DCMS in helping them to switch to digital?