A research report prepared for:
The Home Care Service of NSW
Ageing Disability and Home Care

Home Care Service of NSW
2010 Client Satisfaction Survey
Full Research Report

Prepared by:
Dr Fadil Pedic
Daniel Wannenburg

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1  EXECUTIVE SUMMARY

In June 2010, a representative quantitative telephone survey was conducted with 565 current clients of the Home Care Service (HCS) of NSW. The overall survey objective was to track levels of client satisfaction with the HCS following two earlier surveys: the May 2006 benchmark and the June 2008 tracking survey.

Given the client base, we ensured that clients fully understood that the survey was voluntary and confidential, and that it would not have an impact on the service they receive from HCS. The survey script employed by the interviewing company (Unity4) and the opt-out letter sent to clients prior to the survey both stressed these issues.

The 2010 questionnaire was identical to the questionnaire utilised in 2008.

Average survey duration was approximately 9 minutes. In total, contact was attempted with 860 clients and successful contact was made with 764 people in order to achieve the 565 interviews. Only 135 clients were ‘not interested’ in participating in the survey, resulting in a very high response rate of 81% and indicating support for the survey process.

The survey primarily covered those being cared for (476 or 84% of the sample) while the reaming 89 were carers (or 16% of the sample). Most of the clients surveyed (76%) were women and the vast majority (90%) were pension recipients. Geographically, the sample was well spread across NSW: 34% lived in city areas, 32% in regional centres and 34% in rural/remote locations, with the majority of the clients also being older than 65 years of age (79%).

1.1  Satisfaction

The main measure of satisfaction (overall satisfaction) shows that, as in both 2006 and 2008, the client base of Home Care Service of NSW is overwhelmingly satisfied with the services provided by HCS:

- 61% are highly satisfied; and
- 34% are satisfied.

Overall satisfaction in 2010 is therefore 95%. This figure is 1% above that achieved in the 2006 benchmark and 1% below that found in 2008. None of the changes since 2006 are statistically significant. Only 4% of clients were dissatisfied.

This level of overall satisfaction (95%) represents another excellent result, an exceptionally high level of satisfaction, which shows that HCS is both:

- continuing to provide the services clients require, and
- continuing to provide that service in a way clients appreciate and highly value.
As in 2008, this very positive conclusion is based on the fact that the very high level of satisfaction was found among all client segments. That is, we noted this high level of satisfaction regardless of client type (carer vs. person being cared for), sex, age, pension status, location or indigenous status.

Clients were also asked why they rated their satisfaction with Home Care the way they did. Those who were satisfied put this down to four (4) main reasons:

- The staff are happy, pleasant, nice company and caring;
- Standard of service is good/excellent/very good;
- They do what they say they’ll do and what is expected; and
- The service is prompt/reliable

Among the very small minority who were dissatisfied, the main six (6) causes of dissatisfaction were:

- Specific tasks are not done, not thorough;
- Staff arrive late, are unreliable, arrive at different times;
- They don’t do additional tasks;
- There’s no after-hours contact/admin-related issues;
- Changes in staff/casual staff is a problem; and
- Have had an unsatisfactory worker.

Three further questions posed to clients to determine their level of satisfaction (or dissatisfaction) with specific aspects of Home Care also indicated very high satisfaction:

- 96% are satisfied with the way Home Care workers help them (as per the 2008 figure);
- 93% are satisfied with the reliability of services provided by Home Care (a non-significant decrease of 2% since 2008); and
- 88% are satisfied with the way Home Care is managed (up 1% since 2008).

Again, these high levels of satisfaction were noted among all segments of HCS clients.
1.2 Client-focused service

In 2010, the majority of people being cared for feel that they would still be living at home even without Home Care (62%). However, almost a third (30%) feels that they would no longer be living at home without HCS assistance. (The 2008 figure was 29%).

In addition, almost in 5 of the carers (58%) feel that people for whom they are caring would not still be at home without the benefit of Home Care. This figure represents a 14% increase on that found in 2008, signalling perhaps that clients with carers are becoming more dependent on Home Care. (Over a third of carers (36%) think the person for whom they are caring would still be at home even without Home Care.)

Among carers, almost a quarter (24%) was caring for someone with dementia or a similar condition (a 4% increase on 2008). A majority of this group (62% or 13 of the 21 carers of people with dementia) felt that Home Care does take into account their needs as someone caring for a person with dementia.

When asked whether Home Care takes their (the client’s) needs and preferences into account when it makes decisions about how to help them, the vast majority of clients (79% or almost 4 in 5) answered in the affirmative. While only 16% (or 1 in 6 clients) said that their needs and preferences were not taken into account this represents a significant increase on the 2008 figure (when 8% said their needs and preferences were not taken into account). In the context of very high overall satisfaction this finding is of little concern; however, it is possible that Home Care has become less flexible to clients’ needs in its service provision over the past two years.

To gauge adequacy of HCS communication around changes in service provision, we asked if Home Care provides adequate notice to clients if they need to make changes to their service. More than 3 in 5 clients (62%) said that yes, enough notice was given. However, almost 1 in 5 clients (18%) felt this was not the case and this represents a significant (7%) increase on the 2008 figure (when 11% said that not enough notice was given).

Twenty-eight (28) clients self-identified as indigenous. This group was asked a question to ascertain the Service’s sensitivity and responsiveness to this client group. The vast majority of these clients (89% or 25 clients) said that yes, HCS was both sensitive and responsive to the customs and traditions of their culture and background. Only one of the indigenous people interviewed said this was not the case while the remaining two said “don’t know” to this question.

Fifty-one (51) clients (or 9%) indicated that a language other than English was spoken in their household. This group was also asked a question to ascertain the Service’s sensitivity and responsiveness to its needs. The vast majority of these CALD clients (67% or 34) said...
that yes, HCS was both sensitive and responsive to the customs and traditions of their culture and background. Only four (4) of the CALD people interviewed (or 8% of CALD) said this was not the case (of the remaining 12: 2 said “don’t know”, 8 said “doesn’t apply” and 3 said “unsure/can’t say” to this question).

Finally, to gauge responsiveness to needs and circumstances of individual clients, we asked if what they are charged for Home Care takes into account how much they are able to pay. Once again, almost 9 in 10 clients (87%) said that yes, HCS took into account their ability to pay when setting Home Care fees. (The 2008 figure was 86%.)

1.3 Services provided

The vast majority of HCS clients (96% or 19 in 20 people) said that Home Care gives them the right type of help, the type of help they need. As in 2008, only 3% said that this was not the case.

Furthermore, when asked if Home Care gives them enough help, 9 in 10 (90%1) said ‘yes’:

- 59% said yes they get enough help all the time; and
- 31% said yes they get enough help most of the time.

(People from non-English speaking backgrounds were equally satisfied on this score with 84% indicating HCS gives them enough help.)

A further 5% felt they get enough help some of the time, bringing to 95% the total proportion of clients who felt they do get enough help at least some of the time (as per the 2008 figure). Only 4% (or 1 in 25 clients) said that they do not get enough help.

In 2010, 68% of indigenous clients said that they get enough help all the time (vs. 59% of clients overall). Clearly, satisfaction in this regard is slightly higher among indigenous than non-indigenous clients but the difference is not statistically significant.

We also measured clients’ levels of awareness of how to complain about Home Care if they were not happy about the service received. As in 2008, the vast majority of clients (almost 9 in 10 or 88%) said that they would know who to contact to tell them about their concerns if they were unhappy about the service received. Only 9% of clients would not know to whom to complain.

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1 The 2008 figure was 89%.
1.4 Suggestions for change

The final question posed to clients was about any suggestions for changing or improving Home Care; i.e.

Do you have any other suggestions on how to improve the service or anything else to say about Home Care Services, apart from the things we have already talked about today?

As in 2008, the vast majority of clients (almost two thirds or 65%) said that they had no suggestions, or that they were happy with the service and that Home Care could do no more for them than it was already doing.

The remaining 35% of clients did make a variety of suggestions. However, most of these were again quite idiosyncratic and did not point to any Service-wide issues requiring attention from Home Care. Only ten (10) meaningful suggestions were made by a notable number of clients (i.e., 10 or more people). These more popular suggestions were:

1. Provide more hours/additional services (57 clients);
2. Be more prompt/reliable/inform me if they’re going to be late/absent (34 clients);
3. Improve training for carers (22 clients);
4. Better administration/coordination (20 clients);
5. Prefer to have same carer/would like to be notified when staff changes are made (17 clients);
6. Billing related/improve billing accuracy (14 clients);
7. Improve resources/there’s insufficient staff (12 clients);
8. Improve customer service skills/communication (12 clients);
9. More flexibility in scheduling (come at different times that suit me) (11 clients); and
10. More information on what I’m entitled to ask for/other services available to me (10 clients).

These suggestions are almost identical (in terms of the issues raised and their relative popularity) to those noted in 2008.
1.5 The 2010 survey ... in summary

The 2010 satisfaction survey findings are again very positive and consistently so across all the service indices measured in this research. The survey indicates that Home Care has continued to perform at the very high client satisfaction levels recorded in both 2006 and 2008.

The 2010 survey reinforces the 2008 finding that keeping HCS client satisfaction high is critically dependent on three service factors:

1. The high standard of service provided;
2. Promptness and reliability of the service; and
3. The quality of the people employed, in particular their soft or ‘people’ skills - this implies hiring and keeping those who are helpful, cooperative, and happy in demeanour, easy to talk to and caring.

We reaffirm that HCS should continue to focus on these service attributes.

The survey points to only two areas for future attention. Findings point to a somewhat less flexible approach in service provision (though most still feel it is flexible to their needs) and an increase in clients feeling inadequate notice is being given when service change is being made (though most still feel notice is adequate). We see these two findings merely as early indicators that the Service may need to reinforce to Service Coordinators the importance of both flexibility and adequate notice. However, in the context of very high overall satisfaction these issues are of little concern. Certainly, neither issue has had a significant impact on clients’ overall satisfaction.

It is our assessment that the overall results of this third HCS client satisfaction survey continue to represent a new landmark in client satisfaction measurement. We rarely encounter such consistently high levels of client satisfaction (and such low levels of dissatisfaction). It is of course even rarer to encounter this a third time from the same service, four years on.

We again conclude that Home Care is continuing to provide a valued service in a way that addresses clients’ very personal needs and allows a significant segment of people to continue to remain independent and/or to stay at home for longer than they otherwise could given their physical limitations and decline in mobility.
2 BACKGROUND

The Home Care Service of NSW (HCS) is a Statutory Authority under the administration of Ageing, Disability and Home Care, part of the Department of Human Services NSW. Under the Home and Community Care (HACC) program, a joint initiative of the NSW and Australian Governments, a number of organisations provide home care services to eligible individuals. HCS is the largest such provider in NSW.

HCS helps people to live independently in their own homes. Services provided by HCS include domestic assistance, personal care and respite care. These are provided through a network of 43 HCS branches and 110 outlets across NSW. As well there are eight Aboriginal HCS branches in NSW that provide a variety of services specifically for Indigenous clients.

Who is eligible? As the brief indicates, eligible clients are people:

- who are ill, disabled or otherwise incapacitated or who are affected by personal or family problems, and
- as a result, are incapable of carrying out work of a domestic or home maintenance nature without assistance or are otherwise in need of assistance to manage their homes.

However, due to high demand, being eligible does not necessarily mean a person will automatically receive a service.

Following initial contact/application, a HCS representative makes contact to talk to the applicant about their needs and explore ways HCS might help. Then, if the Service can help, an agreement outlining services to be received and fees to be paid is drawn up. Once services commence, regular reviews of client needs take place.

The intended objectives of providing HCS to eligible individuals are that:

- the independence of the person being assisted is maintained;
- institutional care is avoided wherever appropriate;
- priority is given to those most in need; and
- fees charged are based on the assessed capacity of the individual client to pay.

As implied in the last objective, clients pay a contribution toward the home care services they receive from HCS. The remaining costs are shared between the NSW and Australian Governments’ Home and Community Care program.
2.1 Service provision

In the last financial year, the HCS employed more than 4,500 staff to deliver in excess of 4 million hours of service to its clients. Support is generally provided in the following areas:

- domestic services;
- personal care; and
- respite care.

The HCS Referral and Assessment Centre (RAC) receives between 150-200 enquiries from people referred to the Home Care Service for support every day and is responsible for assessing the type of services they will need.

Most of Home Care’s clients (84%) receive less than 10 hours of support per 4-week period, while 11% receive 10 to 28 hours per 4-week period and 4% receive 29 to 59 hours per week. Only 2% receive 60 or more hours of service per 4-week period (referred to as the High Need Pool). The average is 8 hours of care per month.

2.2 Service entitlements, obligations and responsibilities

HCS clients are entitled to:

1. Dignified and respectful treatment;
2. Pleasant, reliable and punctual service;
3. A say in how their service is delivered;
4. Culturally sensitive and non-discriminatory treatment;
5. Private, safe and careful service;
6. Information, prompt answers to inquiries and a swift response to complaints; and
7. Confidential treatment of personal information and the option to view their records.

Rights of course also imply responsibilities toward HCS and its staff. Customers therefore need to:

- treat HCS staff with dignity and respect;
- maintain a safe working environment, which complies with occupational health and safety legislative requirements; and
- pay the agreed amount for services and advise HCS when circumstances change or its services are no longer needed.
HCS is committed to providing clients with a high standard of service. Carers follow DADHC’s code of conduct. HCS carers are not allowed to do anything that involves legal or financial matters, such as:

- Operating a client’s bank account, unless clients fill out the necessary paperwork;
- Acting as a client’s power of attorney;
- Acting as executor of a client’s estate;
- Signing credit cards;
- Offering financial advice;
- Offering to buy client’s possessions;
- Accepting loans or gifts, including any benefit from a client’s Will.

We understand that, as a provider of HACC services, the HCS is also committed to the objectives of the HACC program. These are to:

- provide a comprehensive, coordinated and integrated range of basic maintenance and support services for frail aged people, people with a disability and their carers;
- support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing their inappropriate or premature admission to long term residential care; and
- assist older and frail persons and younger people with moderate, severe or profound disabilities through the provision of basic maintenance and support services.

Within the overall HACC target population the program encourages access by five special needs groups:

1. people from culturally and linguistically diverse;
2. Aboriginal and Torres Strait Islanders;
3. people with dementia;
4. financially disadvantaged people; and
5. people living in remote or isolated areas.

To this end, about 1 in 25 (4%) of HCS clients are of Aboriginal and Torres Strait Islander background and almost 1 in 10 (9%) are from a non-English speaking background.

The vast majority of clients (almost 80%) are aged over 65 years. It is important to note that within the client population a considerable number are **carers** of frail aged and younger people with disabilities.
3 RESEARCH OBJECTIVES

Like other large organisations, Home Care recognises that regular client feedback is essential to delivering a quality service. The Service is also committed to handling complaints in a fair and open way. Feedback about Home Care in the form of complaints or compliments from clients or their families/advocates is usually directed to the Service Coordinator or Branch Manager (who oversees the business of the branch). HCS staff who provide the assistance can pass on any feedback or concerns to the branch. In addition, clients can directly contact the central branch Client Relations Officer on TTY 1800 044 043 (toll free).

Complaints data are collated and analysed on a regular basis. During 2008-09 the Client Relations Officer resolved 349 of 390 complaints (89%) to the client’s satisfaction.

Until 2001, as another important way of collating feedback, the HCS conducted annual client satisfaction surveys. Specific surveys were also conducted for High Need Pool and CALD clients in 1999 and for indigenous clients in 2000 and 2003. Furthermore, in 2002/03 a telephone survey was undertaken by independent staff targeting 10% of clients within a branch. That survey showed that the vast majority of clients (97%+) was satisfied with their Home Care service.

In 2004 the NSW Auditor General conducted a performance audit of the HCS. The Audit Report noted that clients reported high levels of satisfaction with Home Care services but that the client satisfaction survey did not ask open-ended questions to encourage clients to provide additional comments or give their opinion. The report recommended that the Department improve any future client satisfaction surveys to include open-ended questions.

This recommendation was one important reason for the conduct of the 2006 (BASELINE) and 2008 (TRACKING) Home Care Customer Satisfaction surveys by The Research Forum.

This report presents the findings of the second tracking survey.

The 2010 survey again measured general satisfaction with the service and the extent to which it achieves the objectives identified earlier.

The overall objective in 2010 was to collect time-series customer satisfaction data through quantitative research. Survey results will be used to gauge any changes since 2008, to improve the way the HCS delivers services and the way it communicates with clients about how services are delivered.

As in previous years the survey also specifically measured:

- Overall satisfaction,
- Reasons for dissatisfaction or satisfaction,
- Whether they would still be living at home without Home Care,
Whether Home Care takes into account their individual care needs and preferences,

Demographic characteristics (whether English is spoken at home, whether Indigenous, sex, pension status and location),

Whether they are receiving the right type and adequate level of help,

Suggestions for improving the service,

Satisfaction with -

- cost,
- Home Care management,
- the way care workers help them,
- service reliability, and

Awareness of who to complain to.

The next section outlines our approach to collecting this information from HCS clients.
4 RESEARCH METHODOLOGY

As in the two previous surveys, we conducted a representative quantitative survey using a telephone methodology to track customer levels of satisfaction with the HCS. A telephone survey is the most cost-effective means of conducting a representative survey of any client group because the telephone has achieved 97% penetration in Australian homes.

The telephone methodology was flexible enough to accommodate the special needs of indigenous Home Care clients and those from culturally and linguistically (CALD) backgrounds. Client lists were provided to us by HCS following an opt-out process (discussed later).

All effort was applied to interview the client randomly chosen for the survey in order to maximise representativeness. However, when this was not possible within the project parameters, another respondent was chosen (randomly) to replace the client with whom an interview proved impractical.

In fact, before we replaced them, up to three call-back appointments for a later interview were made if it was not convenient for the client when we called. Respondents selected at random were contacted up to seven (7) times where required. This approach maximised representativeness of the sample because we were able to speak both to busy and to less busy clients and give them a number of opportunities to participate.

Given the client base, we ensured that clients fully understood that the survey was voluntary and confidential, and that it would not have an impact on the service they receive from HCS. The survey script employed by the interviewing company (Unity4) and the opt-out letter sent to clients prior to the survey both stressed these issues.

Thus, before the sample of clients was provided to us, they were sent a letter from HCS to:

- explain the purpose of the survey;
- affirm that it is strictly voluntary;
- that all responses will be confidential; and
- that their decision to participate or not to do so (and their responses) would in no way impact the level and type of service they receive from HCS.

The letter (as shown in Attachment 1) also introduced The Research Forum and our telephone fieldwork supplier (Unity4), and explained our arms-length part in the process as a way of ensuring confidentiality of responses. The fact that we would seek volunteers to participate in the survey was also reiterated. As well, an 1800 telephone number and contact name were provided in the letter for two purposes:
to actively **opt-out of the survey** process and have their name and contact details removed from the list *before* it was provided to us; and

- to contact the Department should they have any questions, comments, concerns or complaints prior to or during the survey.

Through this process, the Department was **left with a list of clients who did not actively opt-out of the survey process**. Of course they also had a chance to decline to participate if we did happen to call them.

Average survey duration was approximately **9 minutes** and a total of **21 questions** were posed in this time – 19 closed and 2 open-ended. The **two open-ended questions** included in the survey were:

1. One early on in the survey for clients to explain *why* they have provided a particular rating for overall satisfaction with services received from HCS; and

2. The second at the end of the survey for clients to provide additional suggestions, opinions, thoughts or views about HCS which we may not have touched on during the survey.

The survey followed the guidelines developed and promulgated by the Australian Government Department of Health and Ageing through the HACC Consumer Survey Instrument and Guidelines.

A copy of the survey is provided at **Attachment 2**.

The table below shows the final outcome of all telephone calls to HCS clients. In total, contact was attempted with 860 clients and successful contact made with 764 people in order to achieve the 565 interviews. Only 135 clients were ‘not interested’ in participating in the survey, resulting in a **very high response rate of 81%** and indicating support for the survey process. (The average response rate for telephone surveys is closer to 40%).

<table>
<thead>
<tr>
<th>Type of contact</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey completed</td>
<td>565</td>
</tr>
<tr>
<td>No interest</td>
<td>135</td>
</tr>
<tr>
<td>No successful contact</td>
<td>69</td>
</tr>
<tr>
<td>Not available for the duration of the survey</td>
<td>58</td>
</tr>
<tr>
<td>Disconnected</td>
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</tr>
<tr>
<td>Wrong number</td>
<td>9</td>
</tr>
<tr>
<td>Deceased</td>
<td>6</td>
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<tr>
<td>Fax number</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>860</strong></td>
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</tbody>
</table>

This methodology is consistent with that used in both previous surveys.
5 SURVEY SAMPLE

The 2010 survey of 565 HCS clients primarily covered those being cared for while carers accounted for less than 1 in 5 of those surveyed:

- 476 (84% of the sample) were clients being cared for (compared to 82% in 2008); and
- 89 were carers (16% of the sample, compared to 18% in 2008).

In 2010, one in four of the carers (21 people or 24%) were caring for someone with dementia or a similar condition.

Most of the clients surveyed were women (76% compared to 71% in 2008) vs. 24% men (compared to 29% in 2008).

The vast majority (90% or 9 in 10) were pension recipients (compared to 93% in 2008). Accordingly,

- only 21% were aged under 65 (18% in 2008); while
- more than a third (39%) were aged 65-80 (41% in 2008); and
- the remaining 41% were aged over 80 (41% in 2008).

According to HCS data, “the vast majority (about 80%) of all clients are aged over 65 years.” The age profile of the survey sample (80% of who were aged 65 and over) therefore precisely reflects the wider population of HCS clients in NSW.

Geographically, the sample was well spread across NSW:

- 34% were from city areas;
- 32% from regional areas;
- 31% from rural areas; and
- 3% (or 16 clients) lived in a remote location.

Twenty-eight (28) clients of the 565 we surveyed (or 5% of the total sample) were indigenous. It is our understanding that 4% of the overall population of HCS clients are of indigenous background. The survey therefore adequately represented indigenous clients meaning that our conclusions about this client group will be robust and reliable.

Conversely, we understand that almost 1 in 10 HCS clients (9%) are from a non-English speaking background or require communication from HCS in a language other than English. In this respect also, the 2010 survey adequately represented an important HCS target group. The final sample included 51 people from this client group, also representing exactly 9% of the sample.

In summary, our survey sample was representative of the total HCS client population.
The tables below summarise the profile of clients surveyed².

<table>
<thead>
<tr>
<th>Home Care Service Profile</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person being cared for</td>
<td>82</td>
<td>84</td>
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<tr>
<td>Carer</td>
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<td>16</td>
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<td><strong>Region</strong></td>
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<tr>
<td>Metro North</td>
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<td>Metro South</td>
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<td>Hunter</td>
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<td>Northern</td>
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<td>Southern</td>
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<tr>
<td>Western</td>
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<table>
<thead>
<tr>
<th>Client Profile</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
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</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
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<tr>
<td>Female</td>
<td>71</td>
<td>76</td>
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<tr>
<td>Male</td>
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<td>24</td>
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<tr>
<td><strong>Age</strong></td>
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<tr>
<td>&lt;65 years</td>
<td>18</td>
<td>21</td>
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<td>65 - 80 years</td>
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<tr>
<td>80+ years</td>
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<td>41</td>
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<td><strong>Location</strong></td>
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<td>City</td>
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<tr>
<td>Regional</td>
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<tr>
<td>Rural</td>
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<td>31</td>
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<tr>
<td>Remote</td>
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</table>

² Reporting note 1: Figures quoted in the text and presented in the tables and charts are generally rounded to the nearest whole percentage. ‘Totals’ however are generally the rounded sum of unrounded figures and so may not be the strict sum of the individual figures presented in text, tables or charts. This often translates into a 1% difference when summed and ‘raw’ responses are compared.

Reporting note 2: The sample size shown in tables and charts throughout this report varies according to the relevant sample for each specific question.
### Client Profile

<table>
<thead>
<tr>
<th>Language other than English spoken at home</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>9</td>
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<tr>
<td>No</td>
<td>91</td>
<td>91</td>
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</table>

<table>
<thead>
<tr>
<th>Indigenous or Torres Strait Islander origin</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>No</td>
<td>96</td>
<td>95</td>
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</table>
6 FINDINGS

6.1 Satisfaction

As shown in the graph below, the main measure of satisfaction (overall satisfaction) shows that the client base of the NSW Home Care Service is overwhelmingly satisfied with the services provided by HCS:

- 61% are highly satisfied (compared to 72% in 2008); and
- 34% are satisfied (compared to 24% in 2008).

Only 3% of clients were dissatisfied (as per 2008) and a further 1% was very dissatisfied. (The remaining 1% was “neither satisfied nor dissatisfied”.)

<table>
<thead>
<tr>
<th>Overall, how satisfied or dissatisfied are you with the services provided to you by Home Care? Would you say you are…?</th>
<th>% of clients 2006 (n = 655)</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>67</td>
<td>72</td>
<td>61</td>
</tr>
<tr>
<td>Satisfied</td>
<td>27</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Neither</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

This result equates to 95% satisfaction, a mere 1% decrease from overall satisfaction noted in the 2008 survey (96%) and 1% higher than the 2006 benchmark (94%). This is an excellent result showing that HCS is continuing to provide the services clients need in a way that they are very happy with. This conclusion is supported by the fact that this very high level of satisfaction was found among all client segments. That is, we noted this high level of satisfaction regardless of client type (carer vs. person being cared for), sex, age, pension status, location, indigenous status, and CALD status.
Overall, how satisfied or dissatisfied are you with the services provided to you by Home Care?

Therefore, satisfaction was very high among the following client segments:

- People being cared for (95%) and carers (91%);
- Carers of someone with dementia (95%) and other carers (89%);
- Men and women (95% and 94% respectively);
- Pension recipients (95%) and non-recipients (91%);
- Those from city (94%), regional (93%), rural (97%), and remote areas (100%);
- Indigenous (93%) and non-indigenous clients (94%); and
- CALD (90%) and non-CALD clients (95%).

With respect to age, those aged under 65, 65-80 and 81+ all rated overall satisfaction with Home Care services highly (88%, 96% and 96% respectively). Furthermore, those aged over 65 were significantly more satisfied than those younger than 65 years.

The table below shows overall satisfaction levels in 2006, 2008 and 2010 among different client segments.
## Overall satisfaction by client segment

<table>
<thead>
<tr>
<th>Segment</th>
<th>2006 (n = 655)</th>
<th>2008 (n = 550)</th>
<th>2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person being cared for</td>
<td>94</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Carer</td>
<td>92</td>
<td>95</td>
<td>91</td>
</tr>
<tr>
<td><strong>Carers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carers of someone with dementia</td>
<td>90</td>
<td>89</td>
<td>95</td>
</tr>
<tr>
<td>Other carers</td>
<td>93</td>
<td>96</td>
<td>89</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>94</td>
<td>95</td>
<td>94</td>
</tr>
<tr>
<td>Male</td>
<td>93</td>
<td>97</td>
<td>95</td>
</tr>
<tr>
<td><strong>Pension status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension recipients</td>
<td>94</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Non-recipients</td>
<td>89</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>93</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Regional</td>
<td>93</td>
<td>97</td>
<td>93</td>
</tr>
<tr>
<td>Rural</td>
<td>97</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Remote</td>
<td>94</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>Indigenous or Torres Strait Islander origin</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indigenous clients</td>
<td>90</td>
<td>95</td>
<td>93</td>
</tr>
<tr>
<td>Non-indigenous clients</td>
<td>94</td>
<td>96</td>
<td>94</td>
</tr>
<tr>
<td><strong>CALD</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CALD clients</td>
<td>94</td>
<td>90</td>
<td></td>
</tr>
<tr>
<td>Non-CALD clients</td>
<td>96</td>
<td>95</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;65 years</td>
<td>90</td>
<td>90</td>
<td>88</td>
</tr>
<tr>
<td>65 - 80 years</td>
<td>92</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>80+ years</td>
<td>97</td>
<td>98</td>
<td>96</td>
</tr>
</tbody>
</table>
**Reasons for satisfaction & dissatisfaction**

Clients were also asked why they rated their satisfaction with Home Care the way they did.

**Those satisfied with Home Care put this down to six (6) main reasons:**

1. The staff are happy, pleasant, nice company and caring (33%);
2. The service standard is good, satisfactory or acceptable (25%);
3. They do what they say they’ll do, they do what is expected/do what I need (22%);
4. Standard of service is excellent/very good (18%);
5. The service is prompt/reliable (10%); and
6. Specific task or tasks are performed for me (10%).

Apart from these six most popular reasons for being satisfied with HCS, smaller segments of clients also mentioned the following:

- Staff are efficient, helpful and cooperative (9%)
- I would struggle without them, I can't do the tasks anymore (8%)
- Generally happy, no complaints (7%)
- Staff do additional work when I ask them, when there’s time (5%)
- I’m very grateful for the help I get, I feel lucky to have this service (3%)
- It frees up my time, gives me freedom (1%)
- Fees/charges (1%)

[Note: Percentages above add to more than 100% as clients were able to make more than one comment.]

A selection of relevant verbatim (word-for-word) comments made by clients about why they were satisfied with Home Care is presented below.

*I do hear of other services that are around but I find that the staff Home Care provide, I cannot complain about. They have a lot on their plate. They are on the go all the time. They are dedicated. I am thankful for the service.*

*(Person being cared for, Female, City, 80+ years)*

*The girl that I have got has been here for 7 years. Today she could not get in contact with me she had been calling all day. My phone was off the hook and I did not know so she was worried and came around to make sure I was ok.*

*(Person being cared for, Female, Rural, 65-80 years)*
Because they usually come around about on time. They do what they are supposed to do. They are very good. Clean my bathroom beautifully and vacuum the floor which I can’t do. She even washes up for me if there is something there to do. I have had the same girl for 10 years.

(Person being cared for, Female, Rural, 80+ years)

They are lovely ladies coming. They do the work once every fortnight and they are very good.

(Person being cared for, Female, City, 80+ years)

They always turn up on time. They are always friendly. They do not rush her they are very very caring people.

(Carer, Male, City, <65 years)

Well I do have a cleaner lady & she does it well, and is pleasant.

(Person being cared for, Female, City, 80+ years)

I think they do well ,they let me know what time they are coming so I don’t have to worry and they let me know if they can’t come and we have a bit of a chat.

(Person being cared for, Female, Rural, 80+ years)

The young girls are friendly and do their work very nicely. If I ask the current girl to do something she will help me.

(Person being cared for, Female, Regional, 65-80 years)

They come in and they know exactly what they want to do and the main thing is usually keep the same lady, they know what to do.

(Person being cared for, Male, Rural, 80+ years)

The people are nice, a regular gentleman, we do not have to tell him what to do, and he does extra if he has the time.

(Person being cared for, Male, City, 80+ years)

They are wonderful people. Sometimes my daughter is very difficult to work with and they seem to be able to work with her anyway and it is good for her too, to be able to work with somebody different. They are reliable.

(Carer, Female, Regional, <65 years)

The girl that comes once a fortnight is really terrific; she is happy and willing to do anything, she is part of our family.

(Person being cared for, Female, City, 65 - 80 years)

They offer me exactly what I need - personal care in the morning, housework once a week and shopping once a fortnight.

(Person being cared for, Female, City, 65 - 80 years)
She is a lovely girl that comes, she does a very good job and it is just lovely for her to come into your home. She is a bright person, happy, has a little yarn and gets on with her work. I just appreciate having her come in to the home. She is always prompt or if she can’t come right at the moment I get a call to say how late she will be. But that doesn’t often happen; she is usually here on time.

(Person being cared for, Female, City, 80+ years)

Without them I wouldn’t be able to cope. Mum is high level and Mum lives next door to me and without their help I am afraid she would have to be in a nursing home. They do personal care 7 days a week and domestic 2 hours per week. As far as the girls themselves, you can’t get too close to anyone but their care for my Mum I am very, very happy with. If you treat someone the way you like to be treated yourself, it works both ways.

(Carer, Female, Regional, 80+ years)

She is wonderful. She is pleasant, she always has a smile. She is always on time, and if she is going to be late she always phones me. She is thorough. She is communicative, a smile. She is a nice person. I look forward to her coming. If she goes on holidays I don’t want anyone else.

(Person being cared for, Male, City, 80+ years)

The ladies are always here when they are supposed to be here. They do a really good job. Living by myself it is not always easy to have everything ready for them; they seem to take everything in their stride. They leave the place absolutely beautiful.

(Person being cared for, Male, Rural, 65-80 years)

Among the very small dissatisfied minority (4%), the main causes of dissatisfaction were:

- Specific tasks are not done, not thorough (9%);
- Staff arrive late, are unreliable, arrive at different times (5%);
- Changes in staff/casual staff is a problem (5%);
- Have had an unsatisfactory worker (4%);
- Don’t do additional tasks/leave before my allocated time is up (3%);
- No after-hours contact/admin-related problem (3%);
- Fees/charges (negative) (1%);
- Inflexible with timetables/I’d prefer them to come at a different time (1%);
- Lack of privacy/confidentiality (1%); and
- Generally not happy (no reason given) (1%).  

[The Research Forum]
A selection of relevant verbatim (word-for-word) comments made by clients about why they were dissatisfied with Home Care is presented below.

_I feel Home Care are all about occupational safety for their workers, and because of that you do not get the level of service, they cannot clean the tiles in the shower for example; makes it hard for me as I am disabled. They do not clean the bath, and they just mop it out. I have Home Care for years, but this service is no longer helping as it should._

*(Person being cared for, Female, City, <65 years)*

○

_They are here only because they have to be here, how quickly I work and how quickly they work is two different things. They do not work very fast. They do not have any morals, they do not do anything unless asked._

*(Person being cared for, Female, Regional, 65-80 years)*

○

_They were alright before my accident which was caused by a Home Care worker who left the toilet in such a way that when I came to use it at 3am in the morning when I tried to move the obstacle I fell backward and lay there until 6am when someone rang an ambulance. I was in hospital for 24 days. I spoke to ***** and told her of the incident but was told there were no vacancies to put me in Home Care again. No one has contacted me about the accident or cause._

*(Person being cared for, Female, City, 80+ years)*

○

_Because some days they send only one person, or they come in a hurry. Sometimes they do not keep to the timetable and does not turn up. They do not always ring when they cannot come. My husband needs two people to help him. Also, very few of the cleaners do the job properly. They are lazy._

*(Carer, Female, City, <65 years)*
**Satisfaction - management, help received and reliability**

Three further questions were asked of clients to determine their level of satisfaction (or dissatisfaction) with specific aspects of Home Care. First, we asked how satisfied the clients were with the way Home Care is managed.

<table>
<thead>
<tr>
<th>How satisfied or dissatisfied are you with the way Home Care is managed, for example, how it provides you with information about your service or manages staff? Would you say you are...?</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>51</td>
<td>43</td>
</tr>
<tr>
<td>Satisfied</td>
<td>36</td>
<td>45</td>
</tr>
<tr>
<td>Neither</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unsure/can't say</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>99</td>
</tr>
</tbody>
</table>

In 2010, almost nine in ten clients (88%) reported being satisfied with the way Home Care is managed and only one in fourteen (7%) reported being dissatisfied. In comparison with 2008 results, the level of satisfaction with the way Home Care is managed has increased (non-significantly) by 1% (88% compared to 87% in 2008). This comparison is presented in the figure below.

**Satisfaction with the way Home Care is managed**

![Graph showing satisfaction levels]
Second, the level of satisfaction (or dissatisfaction) with the way care workers helped clients was also measured. Encouragingly, and in line with 2008, almost all clients (96%) reported they were satisfied with the care they received from Home Care workers. Furthermore, only 13 of the 565 clients interviewed (or 2%) reported being dissatisfied with the way care workers help them.

As can be seen in the table above and graph below, satisfaction with the way care workers help clients has increased slightly (but non-significantly) by 1% since 2008.

<table>
<thead>
<tr>
<th>How satisfied or dissatisfied are you with the way your care workers help you? Would you say you are...?</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>71</td>
<td>65</td>
</tr>
<tr>
<td>Satisfied</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>Neither</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unsure/can’t say</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>101</td>
</tr>
</tbody>
</table>

Satisfaction with the way your care workers help you

![Graph showing satisfaction levels]

As of 2010, 96% of clients reported being very satisfied, compared to 95% in 2008.
Third, clients were asked how satisfied or dissatisfied they were with the reliability of services provided by Home Care. Again almost all clients (93%) reported being satisfied or very satisfied with the level of reliability of services provided by Home Care. (This represents a 2% - statistically non-significant - decrease from the 95% figure in 2008.) Only 26 of the 565 clients interviewed (or 5%) said they were dissatisfied with the reliability of Home Care.

<table>
<thead>
<tr>
<th>How satisfied or dissatisfied are you with the reliability of services provided by Home Care? That is, if they always turn up when they promise to. Would you say you are...?</th>
<th>% of clients 2008 (n = 550)</th>
<th>% of clients 2010 (n = 565)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>74</td>
<td>59</td>
</tr>
<tr>
<td>Satisfied</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td>Neither</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Unsure/can’t say</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>101</td>
</tr>
</tbody>
</table>

**Satisfaction with the reliability of services provided by Home Care**

![Graph showing satisfaction levels]

| % of clients 2010 (n = 565) | 93 | 2 | 5 | 1 |
| % of clients 2008 (n = 550) | 95 | 2 | 3 |
Clearly, satisfaction is high with all three service factors, with non-significant increases in satisfaction in two areas since 2008. However, as in 2008, clients are slightly more satisfied with the way HCS workers help them and with the reliability of services than they are with the way the Service is managed.

It is important to note that these high levels of satisfaction (across all three Home Care Service factors) were found among all segments of HCS clients – men and women, younger and older clients, carers and people being cared for, indigenous and non indigenous, non-English and English speaking, pension recipients and non-recipients, and city, regional, rural and remote locations.

### 6.2 Client-focused service

To assess the value and contribution of Home Care to clients’ lives, we asked whether they thought they would still be at home without the benefit of Home Care services. Among those being cared for, more than 6 in 10 feel that they would still be living at home without Home Care (62% vs 58% in 2008). However, almost a third (30% vs 29% in 2008) feels that they would no longer be living at home without HCS assistance. (The remaining 8% did not know or were unsure about this issue.) These findings are consistent with those reported in 2008.

![Bar chart showing the percentage of clients who would still be living at home if they did not receive Home Care services.]

<table>
<thead>
<tr>
<th>Option</th>
<th>2008 (%)</th>
<th>2010 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58</td>
<td>62</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>30</td>
</tr>
<tr>
<td>Unsure/can’t say</td>
<td>12</td>
<td>8</td>
</tr>
</tbody>
</table>

% of clients 2008 (n = 453) % of clients 2010 (n = 476)
Similarly, carers were asked if, in their view, the person they were caring for would still be living at home without Home Care.

![Graph showing carer satisfaction](image)

As the above graph shows, almost 6 in 10 carers (58% compared to 44% in 2008) feel that people for whom they are caring would still be at home even without Home Care services. However, as with people being cared for, 36% of carers (compared to 43% in 2008) think the person for whom they are caring would not still be at home without Home Care. (The remaining 6% of carers were unsure or did not know.)

These results are largely consistent with those reported in 2008.

Among carers, almost a quarter (24% compared to 20% in 2008) was caring for someone with dementia or a similar condition. As shown in the graph below, this is a similar proportion to that reported in 2008.
The majority of this group (62\% or 13 of the 21 carers of people with dementia) felt that Home Care does take into account their needs as someone caring for a person with dementia. Again these results are also consistent with those reported in 2008.
When asked whether Home Care takes their (the client's) needs and preferences into account when it makes decisions about how to help them, 8 out of 10 clients (79%) answered in the affirmative. Therefore most clients felt HCS was client-focused to this extent. While only 16% (or 1 in 6 clients) said that their needs and preferences were not taken into account, this still represents a significant increase on the 2008 figure (7%). In the context of very high overall satisfaction this finding is of little concern. However, the finding does point to the possibility that Home Care has become less flexible in its response to clients’ service needs over the past two years. (The remaining 5% of clients either said this issue does not apply to them, that they 'did not know' or were 'unsure', or that they have not discussed their individual needs with Home Care.)

These findings are shown in the graph below.
To gauge adequacy of HCS communication regarding changes in service provision, we also asked if Home Care provides adequate notice to clients if they (Home Care) need to make changes to the service. Over 6 in 10 clients (62% compared to 79% in 2008) said that yes, enough notice was given. However, almost 1 in 5 clients (18%) felt this was not the case and this represents a significant (7%) increase on the 2008 figure (when 11% said that not enough notice was given). (A further 10% said this issue did not apply to them while the remaining 10% could not say or did not know.)
As the above graph shows, there are still high levels of agreement that adequate notice is given, although this is lower than in 2008. Twenty-eight (28) clients self-identified as indigenous. This group was asked a question to ascertain the Service’s sensitivity and responsiveness to this client group. The vast majority of these clients (89% or 25 clients) said that yes, HCS was both sensitive and responsive to the customs and traditions of their culture and background. Only one of the indigenous people interviewed said this was not the case while the remaining two said “don’t know” to this question.

As shown in the table below, there are no significant differences between the proportion of Indigenous clients reporting Home Care sensitivity and responsiveness to their customs and traditions reported in 2010 when compared to 2008.

Do you feel that Home Care is sensitive and responsive to the customs and traditions of your culture or background?

<table>
<thead>
<tr>
<th></th>
<th>Indigenous clients only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008</td>
</tr>
<tr>
<td></td>
<td>% (n = 19)</td>
</tr>
<tr>
<td>Yes</td>
<td>84</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Doesn’t apply</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know/Can’t say</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>
Fifty-one (51) clients (or 9%) indicated that a language other than English was spoken in their household. This group was also asked a question to ascertain the Service’s sensitivity and responsiveness to its needs. The vast majority of these CALD clients (67% or 34 people) said that yes, HCS was both sensitive and responsive to the customs and traditions of their culture and background. Only four (4) of the CALD people interviewed (or 8% of CALD) said this was not the case (of the remaining 12: 2 said “don’t know”, 8 said “doesn’t apply” and 3 said “unsure/can’t say” to this question).

As a final gauge of HCS responsiveness to needs and circumstances of individual clients, we asked if what they are charged for Home Care takes into account how much they are able to pay. Once again, almost 9 in 10 clients (87% compared to 86% in 2008) said that yes, HCS took into account their ability to pay when setting Home Care fees. (Some 7% of clients either said this issue does not apply to them, that they ‘didn’t know’ or that they were unsure.) Overall, only 5% (1 in 20 clients) said this was not the case and that charges did not reflect ability to pay.

As shown in the graph above, these figures have not changed since 2008.
6.3 Services provided

To measure adequacy and appropriateness of Home Care services we asked two questions:

1. Do you think that Home Care gives you the right type of help, the type of help you need? and
2. Do you think Home Care gives you enough help?

As shown in the graph below, the survey found that the vast majority of HCS clients (96% or 19 in 20 people) said that Home Care gives them the right type of help, the type of help they need. Only 3% disagreed with this view (and the remaining 1% could not say or did not know).

This is unchanged from the 2008 survey.

Do you think that Home Care gives you the right type of help, the type of help you need?
Furthermore, when asked if Home Care gives them enough help, 9 in 10 (90%) clients said yes:

- 59% said yes, they get enough help all the time; and
- 31% said yes, they get enough help most of the time.

A further 5% felt they get enough help some of the time, bringing to 95% the total proportion of clients who felt they do get enough help. Again, only 4% said they do not get enough help. (The remaining 1% did not know or could not say.)

As shown in the graph below, these results are also unchanged from the 2008 survey.

In 2006, this was the one issue around which indigenous clients were less satisfied than others, with less than half (46%) saying Home Care gives them enough help all of the time. However, this was not the case in 2008 and is not the case now in 2010. In 2010, 68% of indigenous clients said that they get enough help all the time (vs. 59% of clients overall). Clearly, satisfaction in this regard is slightly higher among indigenous than non-indigenous clients (the difference is not statistically significant).
Finally, we measured client awareness of how to complain about Home Care if they were not happy about the service received.

Almost 9 in 10 clients (88%) said that they would know who to contact to tell them about their concerns if they were unhappy about the service received. Only 9% of clients would not know to whom to complain.

The very high proportion of clients who do know who to contact regarding concerns has not changed since 2008, as illustrated in the graph below.

If you were not happy about the service you received, would you know who to contact to tell them about your concerns?

![Bar Chart](chart.png)

<table>
<thead>
<tr>
<th>Percentage (%)</th>
<th>Yes</th>
<th>No</th>
<th>Unsure/can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of clients 2008 (n = 550)</td>
<td>90%</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>% of clients 2010 (n = 565)</td>
<td>88%</td>
<td>9%</td>
<td>2%</td>
</tr>
</tbody>
</table>
6.4 Suggested changes/improvements

The final question posed to clients was regarding suggestions for changing or improving Home Care:

Do you have any other suggestions on how to improve the service or anything else to say about Home Care Services, apart from the things we have already talked about today?

The majority of clients (almost two thirds or 65%) said that they had no suggestions, or that they were happy with the service and that Home Care could do no more for them than it was already doing.

The remaining 35% of clients did make a variety of suggestions. However, most of these were quite idiosyncratic and did not point to any systemic issues requiring attention from HCS.

Only eleven (11) of the suggestions for changes/improvements were made by a notable number of clients (i.e. 10 or more people). These more popular suggestions were:

- More hours/want other services (57 clients);
- Be more prompt/reliable/inform me if they’re going to be late/absent (34 clients);
- Other/unrelated comment (34 clients);
- Improve training for carers (22 clients);
- Better administration/coordination (20 clients);
- Prefer to have same carer/would like to be notified when staff changes are made (17 clients);
- Billing related/improve billing accuracy (14 clients);
- Improve resources/there’s insufficient staff (12 clients);
- Improve customer service skills/communication (12 clients);
- More flexibility in scheduling (come at different times that suit me) (11 clients); and
- More information on what I’m entitled to/other services available to me (10 clients).

These suggestions are almost identical (in terms of the issues raised and their relative popularity) to those noted in 2008.

Consequently, the only concrete suggestion or issue raised by 10% or more of HCS clients related to requiring more service hours or other services not already provided by HCS.

The table below shows all responses to the question seeking suggestions for improving Home Care.
**Suggestion/remark: Any other suggestions on how to improve the service or anything else to say about HCS?**

<table>
<thead>
<tr>
<th>Suggestion/Remark</th>
<th>Number of clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>No suggestions; nothing specified/no/none</td>
<td>237</td>
</tr>
<tr>
<td>No suggestions; happy with the service/couldn’t do anymore for me</td>
<td>131</td>
</tr>
<tr>
<td>More hours/additional services</td>
<td>57</td>
</tr>
<tr>
<td>Be more prompt/reliable/inform me if they’re going to be late/absent</td>
<td>34</td>
</tr>
<tr>
<td>Other/unrelated comment</td>
<td>34</td>
</tr>
<tr>
<td>Improve training for carers</td>
<td>22</td>
</tr>
<tr>
<td>Better administration/coordination</td>
<td>20</td>
</tr>
<tr>
<td>Prefer to have same carer/would like to be notified when staff changes are made</td>
<td>17</td>
</tr>
<tr>
<td>Billing related/improve billing accuracy</td>
<td>14</td>
</tr>
<tr>
<td>Improve resources/there’s insufficient staff</td>
<td>12</td>
</tr>
<tr>
<td>Improve customer service skills/communication</td>
<td>12</td>
</tr>
<tr>
<td>More flexibility in scheduling (come at different times that suit me)</td>
<td>11</td>
</tr>
<tr>
<td>More information on what I’m entitled to ask for/other services available</td>
<td>10</td>
</tr>
<tr>
<td>Provide a contact name/number when I have problems/provide after hour contacts</td>
<td>9</td>
</tr>
<tr>
<td>Increased frequency of service reviews (yearly/twice yearly)</td>
<td>7</td>
</tr>
<tr>
<td>They should only leave after finishing off the tasks/after scheduled time is up</td>
<td>6</td>
</tr>
<tr>
<td>Carers should listen to what we have to say/what I ask them to do</td>
<td>3</td>
</tr>
<tr>
<td>Carers should do the tasks they said they will</td>
<td>2</td>
</tr>
<tr>
<td>Home Care bills are hard to read</td>
<td>1</td>
</tr>
<tr>
<td>Billing (negative) nothing specified</td>
<td>1</td>
</tr>
<tr>
<td>NESB staff issues</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>641</strong></td>
</tr>
</tbody>
</table>

# Note: total adds to more than 565 as clients could make multiple suggestions/remarks.
ATTACHMENT 1 –

OPT-OUT LETTER SENT TO HCS CLIENTS
Home Care Service of NSW
ABN 40 572 876 701

14 July 2010

Dear <title> <client>

HCS 2010 Customer Satisfaction Survey

During July, the Home Care Service of NSW will be conducting a customer satisfaction survey to find out how we can further improve our services.

You MAY be randomly selected to be part of this voluntary survey and as a valued client of Home Care we would like to hear your views.

If you are selected you may prefer to nominate a friend or family member to be interviewed on your behalf. You can also ask to use interpreters or TTY services to complete the interview.

The survey will be a telephone call of around eight minutes. Should you receive a call, we assure you that all comments you make are completely confidential.

We have contracted an independent professional organisation called The Research Forum to manage the telephone surveys on our behalf. The interviewers they will be using are from a company called Unity4. They will identify themselves when they call.

Should you NOT wish to take part in the survey you may be assured that your decision will in no way affect the services you receive from Home Care. Please let us know no later than Friday 11 June, 2010 by calling 1800 044 043 and we will take your name off the survey list.

If you require any further information about this survey please don’t hesitate to call 1800 044 043.

Yours sincerely

Steve O’Neill
Executive Director, Home Care Service of NSW
HOME CARE SERVICES
2010 CUSTOMER SATISFACTION SURVEY QUESTIONNAIRE

Hello. My name is [INTERVIEWER] from Unity4, a research company. We are conducting a survey on behalf of the Home Care Service (explain, part of Ageing, Disability and Home Care in the Department of Human Services of NSW).

Could I please speak to [Name on List]?  
If person on list answered  ➔ CONTINUE  
If person on list did not answer ➔ REPEAT INTRO

First, is it convenient to speak to you now?  
If yes, ➔ CONTINUE  
If not ➔ ARRANGE CALL BACK TIME

If it is apparent that the persons first language is not English or that they use a TTY facility ask the person whether they require support to participate in the survey.

The survey is about assistance you receive from the Home Care Service and what you think about that service.

Recently, you would have received a letter from Home Care telling you that this survey was taking place and giving you an opportunity not to take part in the survey.

Please be assured that we are not trying to sell you anything. Survey results will be used to improve services provided by Home Care.

The survey will only take about 8 minutes, is purely voluntary and confidential. Also, please be assured that your decision to take part (or not to take part) in the survey will NOT affect the level and type of service you receive from Home Care Services. Your opinions are very important to us.

Would you like to take part in the survey?  
If YES ➔ CONTINUE  
If NO ➔ THANK AND END

Just to let you know, we (Unity4) will hold the information you provide and it will not be passed on to Home Care. You also have the right to contact us to request access to your responses or to have all your information deleted. You may skip questions or stop the interview at any time.

IF QUERIED AT ANY STAGE ABOUT BONA FIDES OF RESEARCH OR ABOUT Unity4 CREDENTIALS, INVITE PERSON ON LIST TO CALL ANY OR ALL OF THE FOLLOWING:

✔ THE RESEARCH FORUM ON (02) 9894 9123 (Contact Dr Fadil Pedic or Daniel Wannenburg); OR
✔ The Client Relations Coordinator at Ageing, Disability and Home Care on 1800 044 043.

Q1. First, could you please tell me, are you the person being cared for or a carer?  
   Person being cared for  
   Carer
Q2. Overall, how satisfied or dissatisfied are you with the services provided to you by Home Care? Would you say you are...?

READ OUT:
Very satisfied OR
Satisfied OR
Dissatisfied OR
Very dissatisfied OR
Neither satisfied or dissatisfied

DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q3. Why do you say that? OPEN-ENDER, RECORD VERBATIM RESPONSE

Q4. [IF SAID “BEING CARED FOR” AT Q1, ASK:] Do you think you would still be living at home if you did not receive Home Care services?
[IF SAID “CARER” AT Q1, ASK:] Do you think the person you are caring for would still be living at home if you or they did not receive assistance from Home Care?
Yes
No

DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q5. [IF SAID “BEING CARED FOR” AT Q1, SKIP TO Q7; IF SAID “CARER” AT Q1, ASK:] Are you caring for someone with dementia or a similar condition?
Yes
No ➔ SKIP TO Q7

DO NOT READ OUT:
Don’t know ➔ SKIP TO Q7
Unsure/Can’t say ➔ SKIP TO Q7

Q6. Does Home Care take into account your needs as someone caring for a person with dementia or similar condition?
Yes
No

DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q7. When Home Care makes decisions about how to help you, do they take your needs and preferences into account? For example, has Home Care taken into account your preferences for the time and day of service?
Yes
No

DO NOT READ OUT:
Doesn’t apply
I do not discuss my needs with Home Care
Don’t know
Unsure/Can’t say

**Q8A.** Is a language other than English spoken in your household?
Yes
No
**DO NOT READ OUT:**
Don’t know
Unsure/Can’t say

**Q8B.** Are you of Aboriginal or Torres Strait Islander origin?
Yes
No
**DO NOT READ OUT:**
Don’t know
Unsure/Can’t say

**Q8C.** [IF Q8A OR Q8B = Yes, **ASK:** OTHERWISE SKIP TO Q9]
Do you feel that Home Care is sensitive and responsive to the customs and traditions of your culture or background?
Yes
No
**DO NOT READ OUT:**
Doesn’t apply
Don’t know
Unsure/Can’t say

**Q9.** Do you think that Home Care gives you the right type of help, the type of help you need?
Yes
No
**DO NOT READ OUT:**
Don’t know
Unsure/Can’t say

**Q10.** Do you think Home Care gives you enough help?
Yes, all of the time
Yes, most of the time
Yes, some of the time
No
**DO NOT READ OUT:**
Don’t know
Unsure/Can’t say
Q11. If Home Care needs to make changes to your service do they give you enough notice?
Yes
No
DO NOT READ OUT:
Doesn’t apply
Don’t know
Unsure/Can’t say

Q12. Do you feel that what you are charged for Home Care takes into account how much you are able to pay?
Yes
No
DO NOT READ OUT:
Doesn’t apply
Don’t know
Unsure/Can’t say

Q13. How satisfied or dissatisfied are you with the way Home Care is managed, for example, how it provides you with information about your service or manages staff? Would you say you are...
READ OUT:
Very satisfied OR
Satisfied OR
Dissatisfied OR
Very dissatisfied OR
Neither satisfied or dissatisfied
DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q14. How satisfied or dissatisfied are you with the way your care workers help you? Would you say you are...
READ OUT:
Very satisfied OR
Satisfied OR
Dissatisfied OR
Very dissatisfied OR
Neither satisfied or dissatisfied
DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q15. How satisfied or dissatisfied are you with the reliability of services provided by Home Care? That is, if they always turn up when they promise to. Would you say you are...
READ OUT:
Very satisfied OR
Satisfied OR
Dissatisfied OR
Very dissatisfied OR
Neither satisfied or dissatisfied

DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q16. If you were not happy about the service you received, would you know who to contact to tell them about your concerns?
Yes
No

DO NOT READ OUT:
Don’t apply
Don’t know
Unsure/Can’t say

Now we would like to collect some information about you.

RECORD SEX AUTOMATICALLY: Male/Female

Q17. Are you a pension recipient?
Yes
No

DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q18. Are you living in a city, regional, rural or remote area?
City
Regional
Rural
Remote

DO NOT READ OUT:
Don’t know
Unsure/Can’t say

Q19. Do you have any other suggestions on how to improve the service or anything else to say about Home Care Services, apart from the things we have already talked about today?

OPEN-ENDER, RECORD VERBATIM RESPONSE

SIGN OFF
That’s the end of the interview. Your answers will be combined with those of other people and will be used to help Ageing, Disability, and Home Care provide future Home Care services. Thank you for your time.