



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Home and Community Care

Quality of Life – Client Satisfaction Survey

Report 2010

Submitted 12 July 2010



THE UNIVERSITY OF
WESTERN AUSTRALIA
Achieving International Excellence



Document Information

- 1.1. Forum: **Western Australian Department of Health**
1.2. Date Presented: **12 July 2010**
1.3. Document Location: **C:\HACC QoL 2010\QoL Client Satisfaction Survey 2010 report.doc**
1.4. Prepared by: **Dimitris Matsakidis –ACREU, University of Western Australia**
Helen Attrill – CommunityWest

This report has been prepared as an aid for program managers in the Home and Community Care Program. It has been designed for use within the Western Australian Department of Health.

It describes the results of a telephone survey undertaken by CommunityWest in May 2010 to determine levels of satisfaction with HACC services among eligible clients and their carers as well as the perceived impact of the HACC services against measures of independence, wellbeing and quality of life.

For further information contact:

Aged Care Research & Evaluation Unit

School of Population Health
Clifton Street Building
Nedlands Campus, The University of Western Australia
Corner Clifton St and Gordon St
Nedlands WA

Mailing Address:
M431
University of Western Australia
35 Stirling Highway
Crawley WA 6009

Telephone: (08) 6488 1277
Facsimile: (08) 9386 7133
Email: agedcare@sph.uwa.edu.au

CommunityWest

Unit5/3 Castlegate Way
Woodvale WA 6026
Telephone: (08) 93098180 Switchboard
Telephone: (08) 93098169 Direct Line
Facsimile: (08) 93098109
Email: helen.attrill@communitywest.com.au

Acknowledgment

The W.A. Evaluation Unit is jointly funded by the Australian Government Department of Health and Ageing and by the Department of Health of Western Australia.

Abbreviations

ATSI	Aboriginal and Torres Strait Islanders
CALD	Culturally and Linguistically Diverse
DOH	Department of Health
DSC	Disability Services Commission
DVA	Department of Veterans' Affairs
ACREU	Aged Care Research & Evaluation Unit
ECUSRC	Edith Cowan University Survey Research Centre
HACC	Home and Community Care
MDS	Minimum Data Set
NDR	National Data Repository
QoL	Quality of Life

Glossary of Statistical Terms

Chi-square Test	A statistical test used to determine the probability of obtaining the observed results by chance, under a specific hypothesis. Pearson Chi-square test and the likelihood ratio chi-square test are used throughout this report.
Test of Independence	A Chi-square test used to determine whether there is a significant association between two variables from a single population.
Test of Goodness of Fit	A Chi-square test which can help you decide whether a distribution of frequencies for a variable in a sample is representative of, or "fits", a specified population distribution.
Null hypothesis	The statistical hypothesis that states that there are no differences between observed and expected data.
P-value	The probability that a calculated test statistic as large or larger occurred by chance alone. A p-value of .05 or less rejects the null hypothesis "at the 5% level"

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Executive Summary

Introduction

The Home and Community Care (HACC) Program is a joint Australian, State and Territory Government Initiative.

The HACC Program provides funding for services which support people who are frail aged, younger people with disabilities and their carers, who live at home and whose capacity for independent living is at risk. The HACC Program provides basic support to build and maintain people's skills so that they can carry out essential everyday activities and continue living independently in the community.

The HACC Program aims 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 admission to long term residential care; and*
- *provide flexible, timely services that respond to the needs of consumers.”¹*

In addition:

“The strategies used by HACC service providers in allocating their services aim to:

- *reduce use of residential and acute care;*
- *reduce risk of premature inappropriate admission to residential and acute care;*
- *assist clients with high and complex care needs remaining in the community;*
- *improve functioning and support independence in the community;*
- *support carers;*
- *enhance quality of life*
- *reduce unmet need.*

Each strategy is important but they are not listed in order of priority.”¹

As part of the HACC Program's Quality Assurance Process and commitment to continuous improvement, the HACC Program commissioned a client survey. This survey aims to obtain feedback from clients about the effectiveness of the HACC program in supporting people to remain living independently in the community.

¹ National Program Guidelines for the Home and Community Care Program, 2007.

Objectives of the Survey

The Auditor General's Report "A Helping Hand: Home based services in Western Australia" identified the need to develop performance measurement across the HACC program that reflected service effectiveness.

The report drew the distinction between effectiveness and efficiency measures. HACC service providers surveyed were found to have adequate mechanisms for measuring efficiency but were found lacking in recording and reporting on effectiveness of home based services. In framing effectiveness measures the report highlighted that "*Neither the DSC nor the DOH could show that their home-based services were improving their clients' quality of life*" and one of the key recommendations was to "*adopt key effectiveness measures that are directly linked to improvement of the wellbeing and quality of life of people in home-based services*".²

The HACC Program undertook a 'National Service Standards Consumer Survey in May 2003. This survey sought to measure client 'satisfaction' of service provision using the National Service Standards as the organising framework for responses. This approach while informative did not lend itself to further development given the very specific focus of this survey and its failure to link responses to client outcomes.

This Client Satisfaction survey was originally developed in 2009 to specifically examine a range of effectiveness performance measures for the HACC Program relevant to the Program Goals and priorities. The Survey methodology has been guided by the Auditor General's recommendations regarding sample size and selection.³

The Client Survey aimed to measure the following:

1. Level of satisfaction with HACC services among eligible clients and their carers through programme specific survey.
2. Level of perceived impact of the HACC services against measures of independence, wellbeing and quality of life:
 - supporting the client to remain living at home
 - assisting the client to participate in your community
 - maintaining the client's independence
 - supporting the client with daily living needs
 - improving the client's overall quality of life
 - improving the client's independence

² Auditor General for WA. A Helping Hand: Home-based Services in Western Australia. Report 6 June 2007, p7.

³ Auditor General. Listen and Learn. Report No5 – June 1998.

Discussion

The 2010 Client Satisfaction survey was modified as a result of the 2009 survey findings. In particular amendments were made to the questions related to ‘level of perceived impact of the HACC services’. The aim in reframing the questions was to ensure that the language used in the question was relevant and understandable to survey respondents.

2009	2010
supporting you . . . to remain living at home?	Assisting you to remain living at home
assisting you . . . to participate in your community?	Helping you to get out and about?
maintaining your . . . independence?	Supporting you to do as much as you can for yourself?
supporting you . . . with daily living needs?	Supporting you with your daily living tasks?
improving your . . . overall quality of life?	Unchanged
improving your . . . independence?	Unchanged

In addition a new question was included to assess the level of participation of survey respondents in planning and decision making about their HACC support.

“Have you been included in the planning/decision making about the support that you receive?”

The survey approach was well supported by the HACC client population with high levels of preparedness to participate and a high response rate to the telephone survey methodology. Only 10 respondents out of the eligible contacts ‘opted out’ or ‘refused’ to complete the survey, while the overall response rate for the eligible contacts was 94%.

The sample integrity was closely monitored throughout the survey to ensure it achieved the “goodness of fit” confidence level of 95%. This was achieved for all demographic variables except client gender and region.

The survey results demonstrate a high level of satisfaction for HACC support 92.1% overall which is an improvement on the 2009 survey results.

There was a decline in the Carers response to the question “Do you think that HACC supports you in your caring role?” this year to 80.3%.

As outlined above the survey asked for the first time the question,

“Have you been included in the planning/decision making about the support that you receive?”

Disappointingly one out of every five respondents answered that they had not been involved in the planning/decision making and this represented 21.3% of the care-recipients and 14.6% of the carers. .

The survey found no statistically significant difference between the levels of satisfaction by special interest groups (ATSI, CALD, RC_Carer).

Consistent with the 2009 survey the issues which contribute to level of client or carer satisfaction are impacted by

1. Not enough hours of service
2. Service is not flexible enough
3. Unable to provide service at the times that meet my needs, and
4. Service not personalized

It should be noted however that this represents a total of 78 individual comments only.

In conclusion this survey provides positive feedback to the HACC Program and service providers regarding the satisfaction levels of clients and carers. It identifies some areas for further exploration and attention for the HACC Program and service providers.

The most frequent complaint was “*not enough hours of service*” (26), followed by “*service is not flexible enough*” (19), “*unable to provide service at the times that meet my needs*” (17) and “*service not personalised*” (16).

Methodology

Sample selection

The WA HACC Minimum Data Set (MDS) was used to select a sample for this survey. The sample selection was conducted by the WA Aged Care Research & Evaluation Unit (ACREU), School of Population Health at the University of Western Australia in late March 2010.

The HACC MDS is collected quarterly by the National Data Repository (NDR) to record client information and activity. A client entry is unique and identified through a Statistical Linkage Key (SLK) created by using certain letters of a client's name, date of birth and gender. The HACC Program can access this de-identified information SLKs from the NDR, to assist with program planning and service delivery.

The most recent data available was from the second quarter 2009/10 (October to December 2009), containing a total of 58,498 records.

The minimum sample size with a sampling error of $\pm 3\%$ for a survey of $>50,000$ clients, is at least 1,055 clients. Based on the 2009 QoL survey experience, it was decided to select an original sample of 1,500 records to allow for $\sim 30\%$ drop outs (i.e. clients who were not contactable or had chosen to 'opt out').

The following clients were excluded from the sample selection:

- clients with non-valid SLKs (missing letters of name, missing gender, estimated DOB)
- clients who participated in the 2009 HACC QoL survey
- clients whose main reason for cessation of services during the quarter was
 - “Client died“
 - “Care recipient moved out of area” or
 - “Client’s needs have not changed but agency cannot or will no longer provide assistance”

The results of the 2009 survey had manifested an under-representation among respondents of clients from special interest groups namely people from a non-English speaking background, indigenous clients and carers receiving respite care to relieve their caring role.

Clients in the sample were thus allocated into 4 groups: General, ATSI (Australian indigenous background), CALD (where English was not the main language spoken at home) and RC_Carer (reported in the MDS as receiving Carer's Respite Care).

It was of paramount importance that this year's QoL survey would ensure rates of participation for all special interest groups proportional to their presence in the HACC MDS. These numbers based on the random selection of a theoretical minimum sample of 1,055 participants were set at 41 ATSI, 82 CALD and 26 RC_Carer. The aim was to instruct the Survey Research Centre to replace any drop outs from a special interest group with reserves from that particular group.

A file containing 1,500 randomly selected clients composed of, 1,301 General, 53 ATSI, 113 CALD and 33 RC_Carer records, was provided to CommunityWest. Each record contained the SLK, sex, indigenous status, main language spoken at home, agency ID, carer availability and respite care provided to the carer.

The SLKs selected for the survey were grouped by agency ID and were sent by CommunityWest to each service provider with an accompanying letter explaining the purpose of this survey and requesting client identification (Appendix 3).

Service provider staff provided CommunityWest with client names, telephone numbers and their current address details. An introduction letter was sent to all clients informing them about the survey, with contact details at the Edith Cowan Survey Research Centre for further information (Appendix 4).

Following the responses from most service providers, it became quite clear that a significant number of indigenous clients had no reliable contact details, in particular lack of a contact phone number. It thus became necessary to randomly select an additional “reserve” sample from the ATSI population subset in the MDS to replace the ones who were excluded from the original sample.

By the time the telephone interviews commenced, only 1,238 clients remained (after client opt outs, deceased clients, clients with no phone numbers etc) composed of 1,041 General, 66 ATSI, 97 CALD and 40 RC client records.

Telephone interviews

The list with the SLKs and phone numbers were given to Edith Cowan University’s Survey Research Center (ECUSRC) together with the questionnaire (Appendix 5).

The following report from ECUSRC indicates that 1,067 questionnaires were successfully completed.

Table 1. Sample withdrawals

A. INITIAL SAMPLE	1,238	100%
B. OUT OF SCOPE	103	8.3%
B1. Not Connected	51	
B2. Not residential	5	
B3. Fax/modem (25/1)	0	
B4 Incorrect /incomplete details (Src 4)	14	
B5 Deceased (Src5)	10	
B6 Respondent in hospital /other care facility(Scr 6)	3	
B7 Res new address not known (Scr7)	1	
B8 Letter returned to sender (Scr 9)	6	
B9 Already done under another number (Scr 10)	1	
B10 Out of Scope /ineligible (25/2)	3	
B11 Supervisor -queries sent to client	0	
B12 Resp claims no use of services (Scr 11)	5	
B13 Awaiting HACC services to be provided (Scr 13)	4	
C. ELIGIBLE SAMPLE (A - B)	1,135	91.7%
D. NON-CONTACTS AFTER 10 ATTEMPTS	35	2.8%
E. ELIGIBLE CONTACTS	1,100	88.9%
E1. Refusals	10	
E2. Terminated	0	
E3. Foreign Language	0	
E4. Unable to complete -incapacity (Screener1)	19	
E5. Holiday (Screener2)	4	
E6. Completed interviews	1,067	

Edith Cowan Survey Research Centre made contact with survey respondents and commenced by obtaining their consent to participate in the survey or 'opt out' of the phone survey

Having confirmed consent the interview commenced with respondents being asked whether they are the care recipient or the carer of the person receiving HACC services (Question 1).

Once this was established a series of quality of life questions were posed as follows (Question 4):

Are HACC services

- assisting you to remain living at home?
- helping you to get out and about?
- supporting you to do as much as you can for yourself?
- supporting you with your daily living tasks?
- improving your overall quality of life?
- improving your independence?

Finally the interviewers asked if the respondent or the person they cared for was satisfied with the support received from HACC, prompting them to comment if their response was negative. They were offered a few coded options (determined by the 2009 QoL Survey Report) and were also given the opportunity to freely comment if the reason of dissatisfaction was 'Other' (Appendix 5).

Respondents who were identified as carers were also asked as to whether they thought that HACC supported them in their caring role. Again a negative answer was qualified by a comment.

Results

Care Recipients and Carers

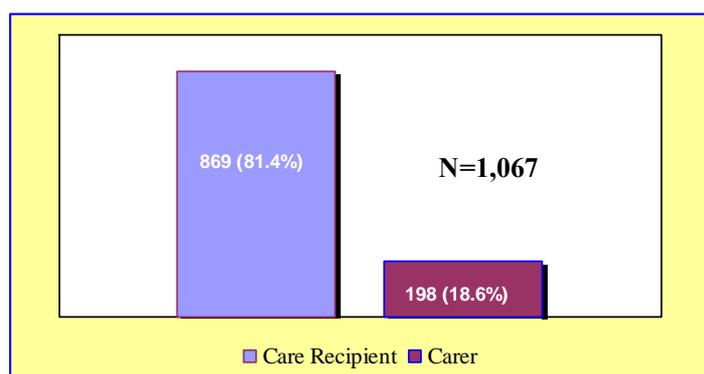
The data collected during the survey were analysed in conjunction with the corresponding HACC MDS data and are presented in tables throughout this section as frequency counts and percentages. Where statistical tests were applied, P values were calculated at the 95% confidence level.

Clients of the HACC Program predominantly consist of frail older people or young disabled who live in the community. Some HACC services are also available to carers. A carer is usually a family member or a friend who informally provides regular care, support and assistance to another person without payment (other than a pension or benefit).

Not every care recipient has a carer and only a proportion of carers receive carer-specific HACC services. The WA HACC Annual Report for the period July 2008 to June 2009 reported that 33.2% of care recipients had a carer and two-thirds or 19.4% of those were living in the same household.

The majority of responses in this telephone survey (81.4%) were from care recipients with the remaining (18.6%) responders being carers. This was consistent with the HACC MDS.

Graph 1 - Number of Care Recipients/Carers



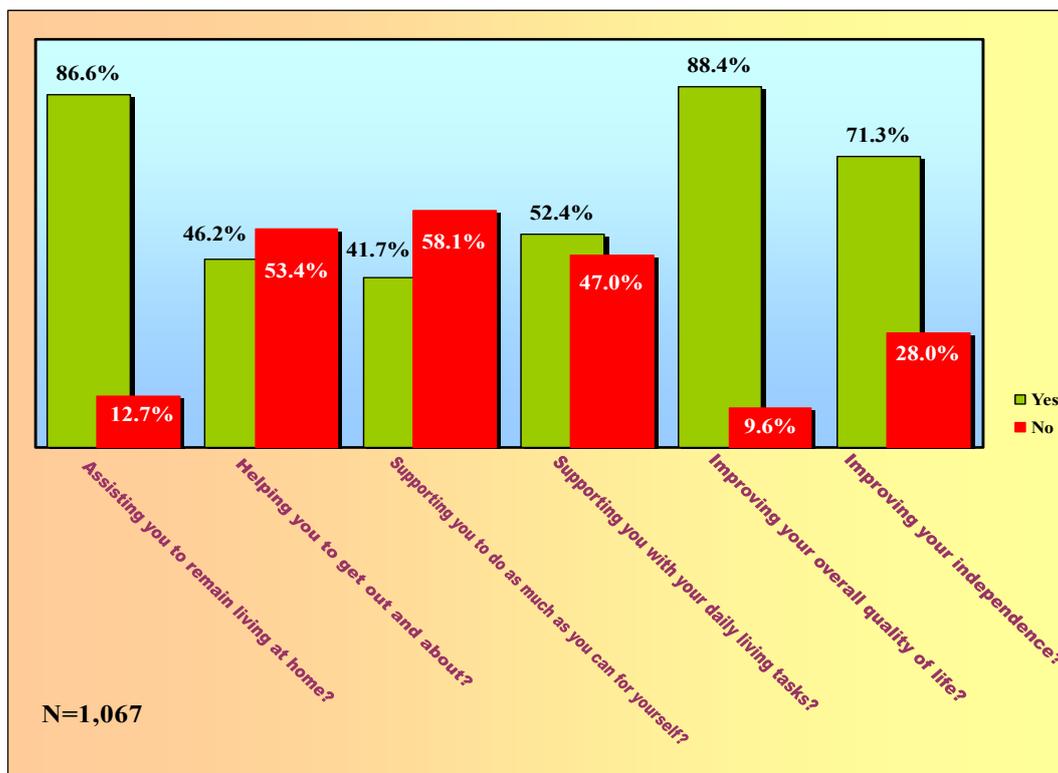
Quality of Life

The most commonly provided HACC services are domestic assistance, transport, home-delivered and centre-based meals, home maintenance, centre-based day care, care-recipient counselling, social support, nursing care and personal care¹. The HACC Program aims to help people live independently at their home, participate in the community and in general enhance their quality of life. A set of questions designed to determine the effect of community services on HACC clients' quality of life (QoL) were posed to each survey participant.

Table 2. Quality of Life questions

Question	Answer	Care recipient		Carer		Total	
Are HACC services assisting you to remain living at home?	Yes	758	87.2%	166	83.8%	924	86.6%
	No	105	12.1%	30	15.2%	135	12.7%
	Unsure/Don't Know	6	0.7%	2	1.0%	8	0.7%
Are HACC services helping you to get out and about?	Yes	387	44.5%	106	53.5%	493	46.2%
	No	479	55.1%	91	46.0%	570	53.4%
	Unsure/Don't Know	3	0.3%	1	0.5%	4	0.4%
Are HACC services supporting you to do as much as you can for yourself?	Yes	350	40.3%	95	48.0%	445	41.7%
	No	517	59.5%	103	52.0%	620	58.1%
	Unsure/Don't Know	2	0.2%	0	0.0%	2	0.2%
Are HACC services supporting you with your daily living tasks?	Yes	465	53.5%	94	47.5%	559	52.4%
	No	398	45.8%	103	52.0%	501	47.0%
	Unsure/Don't Know	6	0.7%	1	0.5%	7	0.7%
Are HACC services improving your overall quality of life?	Yes	774	89.1%	169	85.4%	943	88.4%
	No	81	9.3%	21	10.6%	102	9.6%
	Unsure/Don't Know	14	1.6%	8	4.0%	22	2.1%
Are HACC services improving your independence?	Yes	638	73.4%	123	62.1%	761	71.3%
	No	226	26.0%	73	36.9%	299	28.0%
	Unsure/Don't Know	5	0.6%	2	1.0%	7	0.7%
Total		869	100.0%	198	100.0%	1,067	100.0%

Graph 2 - Quality of Life



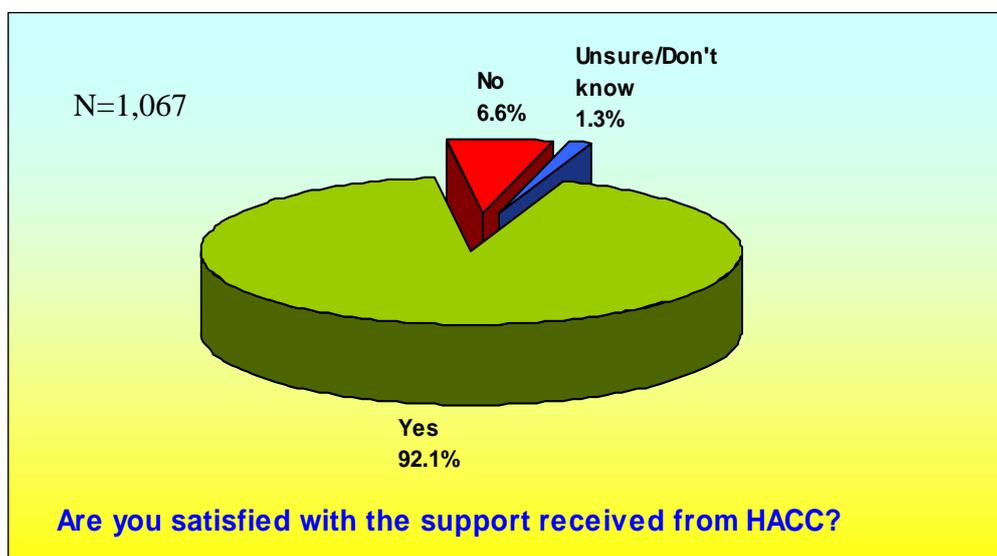
Satisfaction with HACC Services

Following the QoL responses, survey participants were asked the question:

“Are you (or the person you care for) satisfied with the support received from HACC?”

Overwhelmingly (**92.1%**) respondents said that they were satisfied with the support provided to them or the person the care for, by HACC services.

Graph 3 - Overall satisfaction with HACC



Inclusion in Planning

Survey participants were also asked the question:

“Have you been included in the planning/decision making about the support that you receive?”

One out of every five respondents answered that they had not been involved in the planning and decision making about the services they received. This was mostly the case in the group of clients who are not satisfied with HACC services, where more than 50% said that they were not included in the planning process.

Table 4. Inclusion in the Planning about Support

Are you satisfied with the support received from HACC?		Have you been included in the planning/decision making about the support that you receive?			
		Yes	No	Unsure/Don't know	Count
Yes	Care recipient	77.4%	19.0%	3.6%	804
	Carer	85.5%	12.3%	2.2%	179
	Sub-Total	78.8%	17.8%	3.4%	983
No	Care recipient	47.3%	52.7%	0.0%	55
	Carer	53.3%	46.7%	0.0%	15
	Sub-Total	48.6%	51.4%	0.0%	70
Unsure/Don't know	Care recipient	40.0%	20.0%	40.0%	10
	Carer	100.0%	0.0%	0.0%	4
	Sub-Total	57.1%	14.3%	28.6%	14
Total	Care recipient	75.0%	21.2%	3.8%	869
	Carer	83.3%	14.6%	2.0%	198
Grand-Total		76.6%	20.0%	3.5%	1,067

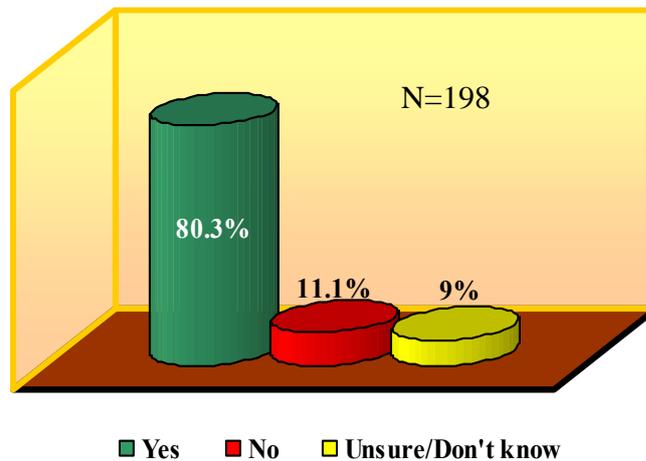
Carer Satisfaction

Clients who identified themselves as carers in Question 1 were additionally asked the question:

“Do you think that HACC supports you in your caring role?”

A large majority of carers (**80.3%**) responded that they were satisfied with HACC supporting their caring role. The comments of those who answered ‘No’ are summarised in Appendix 7 and were communication issues, poor quality/inflexibility issues or no further assistance from HACC required.

Graph 4 - Carers: HACC support in caring role



More than half of the carers who felt that HACC services were not supporting them in their caring role expressed satisfaction with overall HACC services (Table 5)

Table 5. Comparison carer satisfaction vs. overall HACC satisfaction

Are you satisfied with the support received from HACC?	Do you think that HACC supports you in your caring role?			Total
	Yes	No	Unsure/Don't know	
Yes	156	12	11	179
No	0	10	5	15
Unsure/Don't know	3	0	1	4
Total	159	22	17	198

In the special interest group RC_Carer ,of the 28 respondents receiving Respite Care, 25 were satisfied with HACC services, 2 were not satisfied and 1 answered “Unsure/Don’t know” (Table 6 next page). The 2 who were dissatisfied both said that the service was not flexible enough to meet their individual needs and one went further stating that the service was unreliable, not personalised and of poor quality.

Special Interest Groups

Responses from the 3 special interest groups (ATSI, CALD and RC_Carer) were also separately tested to determine if clients from any of these groups displayed a different HACC satisfaction pattern compared to the General HACC population. Table 6 below shows that although slightly higher proportions of all three groups were not satisfied with HACC services, the differences are very small and not statistically significant ($p > .05$).

Table 6. Special Interest Groups

	Are you satisfied with the support received from HACC?				P-values*
	Yes	No	Unsure/Don't know	Total	
Indigenous Status					
Yes	39 (88.6%)	3 (6.8%)	2 (4.6%)	44	0.68
No	922 (92.3%)	66 (6.6%)	11 (1.1%)	999	
Not Stated	22 (91.7%)	1 (4.2%)	1 (4.2%)	24	
Culturally and Linguistically Diverse					
Yes	88 (94.6%)	5 (5.4%)	0 (0.0%)	93	0.44
No	895 (91.9%)	65 (6.7%)	14 (1.4%)	974	
Receiving Respite					
Yes	25 (89.3%)	2 (7.1%)	1 (3.6%)	28	0.48
No	958 (92.2%)	68 (6.5%)	13 (1.3%)	1,039	
Total	983 (92.1%)	70 (6.6%)	14 (1.3%)	1,067	

* Where cell values were smaller than 5, the 'Unsure/Don't know' and 'No' answers were added together

Sample Integrity

The originally selected sample, the sample sent to ECUSRC and the respondents' survey were analysed to determine representativeness of the population from which they were selected, namely the 2nd quarter HACC MDS 2009/10. A series of Chi-square tests were performed on several demographic variables and the test results are presented in Table 7. These tests would establish "goodness of fit" or whether an observed frequency distribution of a variable in the sample, differs from the expected distribution of the same variable in the population (the HACC MDS). A p-value of less than 0.05 indicates that there is a statistically significant difference between the expected and observed frequencies of the tested parameter.

Table 7. Sample selection - Goodness of fit

Variable	Chi-square tests (P-values)		
	Original Sample (n=1,500)	ECUSRC Sample (n=1,238)	Respondents (n=1,067)
Sex	0.47	0.06	0.001
Indigenous Status	0.21	0.00	0.0039
CALD (non-English speaking)	0.76	0.79	0.96
Living Arrangements	0.92	0.81	0.42
Accommodation Setting	0.25	0.12	0.19
Client Region	0.55	0.0081	0.0138
Carer Exists	0.20	0.71	0.89

The randomly selected sample of 1,500 clients was representative of the HACC MDS for all tested demographic variables. After the exclusion by CommunityWest (in response to 'Invitation to participate' letter and Agency Contact), of clients who did not wish to participate, were deceased, had relocated, had no phone or were admitted to residential care or hospital, the remaining sample used for the telephone survey (n=1,238) had lost representativeness for indigenous status and client region.

However, as it was described in the methodology section, indigenous clients' numbers were over represented in the main and the final samples because of the experience of the 2009 survey when higher than average drop outs rate were observed amongst indigenous clients.

In the final sample of clients who responded to the survey (n=1,067), all tested demographic variables passed the "goodness of fit" test at the 95% confidence level with the exception of client gender and client region. In other words there was a statistically significantly lower than expected number of males reached by this year's survey and generally significantly fewer people than expected responded from the rural and remote regions.

Tests of Independence

The survey responses were also subjected to a series of Chi-square tests to determine whether expressed satisfaction/dissatisfaction was dependent on any demographic or functional status variables.

Table 8 shows that the 'Yes' and 'No' answers to the question "Are you satisfied with the support received from HACC?" were independent of client gender, indigenous status, cultural and linguistically

diverse background, living arrangements, accommodation setting, region of residence and carer availability.

Similarly the care recipients' need for assistance or dependency status did not seem to have an effect on how respondents answered the satisfaction question (Table 8).

Table 8. Results of Survey – Demographic variables

Variable		Satisfied with HACC			Total	Chi-square P-values*
		Yes	No	Unsure/Don't know		
Sex	Male	261	14	4	279	0.47
	Female	722	56	10	788	
Indigenous status	ATSI	39	3	2	44	0.68
	Non-ATSI	922	66	11	999	
	Not Stated	22	1	1	24	
CALD	English	895	65	14	974	0.44
	Non-English	88	5	0	93	
Living Arrangements	Lives alone	512	37	5	554	0.24
	Lives with family	424	28	6	458	
	Lives with others	23	1	2	26	
	Not Stated	24	4	1	29	
Accommodation Settings	Private residence-owned/purchasing	646	44	8	698	0.42
	Private residence- private rental	63	4	2	69	
	Private residence- public rental	142	12	1	155	
	Independent living unit within a retirement village	64	2	1	67	
	Boarding house/private hotel	1	0	0	1	
	Other	33	3	1	37	
	Not Stated	32	5	1	38	
Client Region	North Metro	232	20	0	252	0.54
	South East Metro	194	16	2	212	
	South West Metro	210	17	5	232	
	East Metro	147	8	3	158	
	Kimberley	2	0	0	2	
	Pilbara	12	1	0	13	
	Midwest	16	0	1	17	
	Wheatbelt	21	3	1	25	
	Goldfields	11	0	1	12	
	Southwest	79	5	1	85	
	Great Southern	57	0	0	57	
Not Stated	2	0	0	2		
Carer Availability	Has a carer	284	16	4	304	0.48
	Has no carer	674	49	10	733	
	Not Stated	25	5	0	30	
Total		983	70	14	1,067	

* Where cell values were smaller than 5, the 'Unsure/Don't know' and 'No' answers were added together

Appendices

- Appendix 1. - HACC Minimum Data Set (v2.0)**
- Appendix 2. - Classification of HACC Regions**
- Appendix 3. - Letter to Service Providers**
- Appendix 4. - Letter to Clients**
- Appendix 5. - Survey Questionnaire**
- Appendix 6. - Comments of clients not satisfied with HACC**
- Appendix 7. - Comments of carers not satisfied with HACC**
- Appendix 8. - General Comments**

Appendix 1. - HACC Minimum Data Set (v2.0)

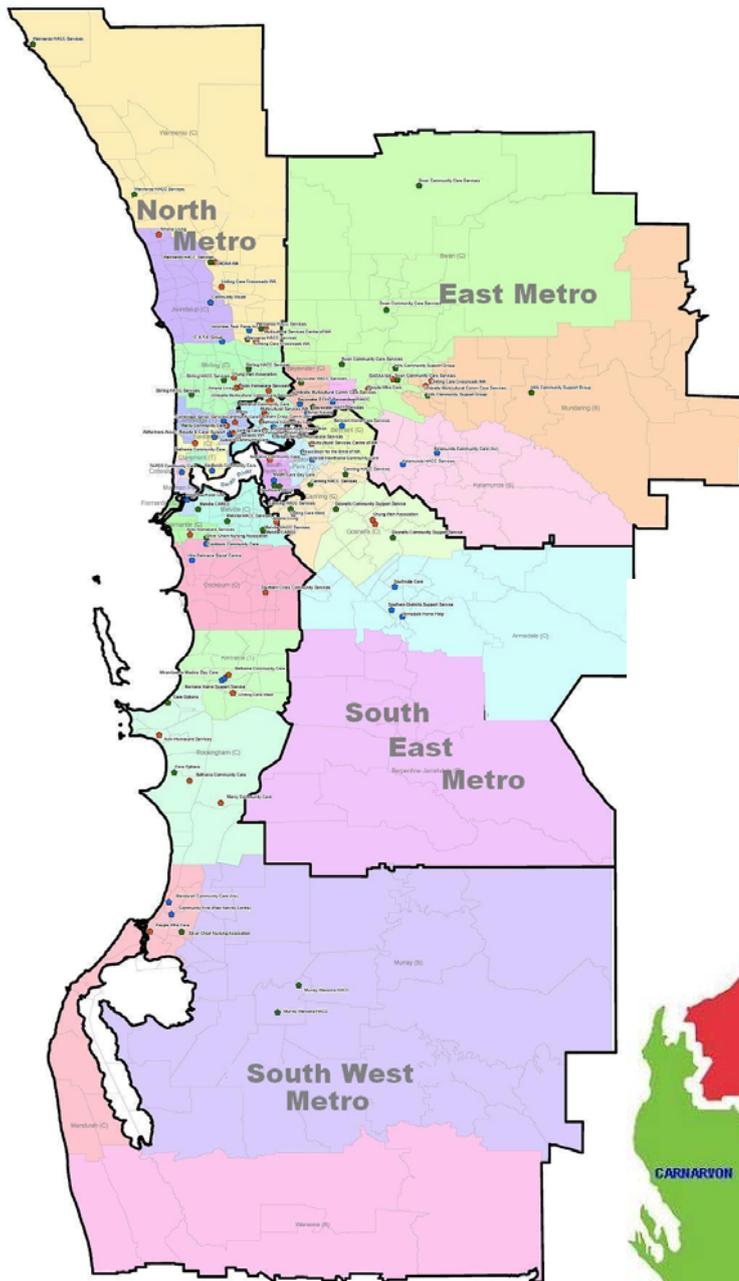
CARE RECIPIENT VARIABLES

- **Statistical Linkage Key (SLK)**
- **Client name – Letters**
- **Year of Birth**
- **Date of Birth**
- **Sex**
- **Agency state**
- **Agency ID**
- **Agency Region**
- **Country of Birth**
- **Main Language spoken**
- **Indigenous status**
- **Area of residence**
- **Locality**
- **Missing SLK**
- **Postcode**
- **Client Region**
- **Living arrangements**
- **Pension status**
- **DVA**
- **Accommodation Setting**
- **Date last assessed**
- **Referral source**
- **Reason for Cessation**
- **Date of HACC entry**
- **Date of HACC exit**
- **Client Functional Screening:**
 - *Housework*
 - *Transport*
 - *Shopping*
 - *Medical*
 - *Money*
 - *Walking*
 - *Bathing*
 - *Memory*
 - *Behaviour*
 - *Communication*
 - *Dressing*
 - *Eating*
 - *Toileting*
 - *Mobility*
- **Assistance Type:**
 - *Allied health*
 - *Assessment*
 - *Case management*
 - *Centre-based day care*
 - *Client care coordination*
 - *Counselling/support, information and advocacy (care recipient)*
 - *Counselling/support, information and advocacy (carer)*
 - *Domestic assistance*
 - *Linen service*
 - *Home maintenance*
 - *Home modification*
 - *Meals*
 - *Nursing*
 - *Other food services*
 - *Personal care*
 - *Goods and equipment*
 - *Respite care*
 - *Social support*
 - *Transport*
- **Total volume of assistance**
- **Quarter**

CARER VARIABLES

- **Carer Exists**
- **Carer's Date of Birth**
- **Carer's Sex**
- **Carer's Country of Birth**
- **Carer's Main language spoken**
- **Carer's Indigenous status**
- **Carer's Area of residence**
- **Carer's Locality**
- **Carer's Postcode**
- **Carer's Resident status**
- **Carer's relationship to client**
- **Carer for multiple clients**
- **Carer's SLK**
- **Carer's name - Letters**

Appendix 2. - Classification of HACC Regions



Classification of HACC planning Regions and Subregions has been done according to the Statistical Local Area by postcodes, based on the Australian Standard Geographical Classification by the Australian Bureau of Statistics.

The region classified as 'Others' includes postcodes which are missing, do not fall within any of the HACC planning regions, or are P.O. boxes.

Maps supplied by the WA DoH and the WACHS



Appendix 3. - Letter to Service Providers

DATE

Dear

HACC CLIENT WELLBEING AND QUALITY OF LIFE SURVEY

The Home and Community Care Program is conducting a Client Quality of Life Survey for 2010. This survey is part of the HACC Program's Quality Assurance process and will be used to review the effectiveness of the program in meeting its goals. HACC has distributed a Bulletin advising you of this survey.

CommunityWest has been selected to undertake this survey on behalf of the WA HACC Program and is working with a number of partners to complete this survey.

Your assistance is requested to provide by **22nd March 2010** the details outlined below:

1. Identify the personal details for the randomly selected SLK from your agency;
2. Compile the Name, Address and phone contact details for all of the randomly selected SLK and forward to CommunityWest by 22nd March 2010.
3. In the column titled 'Main Language Spoken' please only confirm where English is NOT the main language spoken by the client/carer and identify the preferred language if known.

PLEASE NOTE DETAILS MUST BE PROVIDED FOR ALL SLKs – COMMENTARY CAN BE ADDED TO THE SPREADSHEET WHERE NECESSARY

We have attached a blank spreadsheet into which the requested details can be inputted. A copy of this email and the attached spreadsheet has been copied directly to your MDS Contact Person for completion and return (as per the last MDS reporting period). If your MDS Contact Person has changed please direct this email to the appropriate person in your organisation.

Should you require further information to ensure that the details and process associated with this survey are understood please contact CommunityWest – Ms Keturah Seeley 08 9309 8114.

The final results will be shared with your agency and the sector by the Home and Community Care Program once available.

Yours Sincerely

Helen Attrill
Chief Executive Officer

CC: MDS Service Provider Contact
Attached: Randomly selected SLK spreadsheet

Background

A random selection of clients has been identified to participate in this survey from the Home and Community Care database. From this selection a number of clients from your Agency have been identified for participation in this survey. The Statistical Linkage Key (SLK) are provided as an attachment for the selected clients invited to participate in the survey.

These clients will be invited to participate in a telephone survey conducted on behalf of CommunityWest by the Edith Cowan Survey Research Centre.

Clients will be provided with a letter of introduction to the survey and an opportunity to opt out should they not wish to participate in the telephone survey. Clients will be asked to advise Edith Cowan Survey Research Centre of their decision to 'opt out'.

This telephone survey will then be conducted using the information provided following the above process. Prior to and during the telephone survey the client/carer will be reminded that participation is voluntary and the option to review their decision to participate is available at the start and during the telephone survey.

We anticipate that the telephone survey should take approximately 10 – 15 minutes.

At the completion of the telephone survey all matched information will be destroyed and is only used in the initial stages of the project to identify and contact the randomly selected clients/carers.

Appendix 4. - Letter to Clients

THE HOME AND COMMUNITY CARE (HACC) – West Australia (WA) Client Telephone Survey 2010

The HACC Program is a joint State and Commonwealth Government Program that aims to assist frail older people or people with a disability to build and maintain their independence, so that they can continue living in the community. HACC also provides support to carers.

CommunityWest on behalf of the WA HACC Program is conducting a confidential *Client Telephone Survey*. This survey is part of the HACC Program's Quality Assurance process.

Shortly, the Edith Cowan University Survey Research Centre will contact you. If you would like to participate, you will be asked a few questions about HACC services. The survey will take approximately 10 minutes to complete

Feedback from this survey will form part of a report to the WA HACC Program. Individual responses will not be used in the report, so your individual privacy and confidentiality is protected.

If you would like to set up a time for the telephone survey interview, you can call the Survey Research Centre on 1800 993310 or 6304 2100. **Please note that the Center is closed for the period 2nd April to 5th April 2010 for the Easter break.**

I would like to thank you in advance for your participation. Your feedback will assist to improve and develop HACC service.

Yours sincerely,

Helen Attrill
Chief Executive Officer

Appendix 5. - Survey Questionnaire

WA Home and Community (HACC) Client Survey 2010

Introduction

CommunityWest on behalf of the WA HACC Program is conducting a Client Survey, as part of its Quality Assurance process. Feedback from this survey will assist to review the effectiveness of the program in meeting its goals.

The aim of the HACC program is to assist frail older people or people with a disability *to build and maintain their independence so that that can continue living in the community. HACC also provides support to Carers.*

Background Information (If Required)

Types of support include – assistance with; essential activities (shopping, banking), maintaining social contacts, everyday household tasks, home maintenance, travel to attend appointments, preparation or delivery of meals, allied health assistance, attendance for activities at a centre, respite (carers), counseling, information, support and advocacy (care recipient and carers).

Survey

A letter was sent to your household inviting current or past HACC clients or their carers to participate in the survey and provide feedback. The survey will take approximately 10 minutes to complete. **No** individual responses (including contact details) will be used in the report to the HACC Program.

Could I speak to [NAME OF CARE RECIPIENT – FROM SLK] who receives a HACC Service

3. Record 1 if you are speaking to Care Recipient [NAME OF CARE RECIPIENT FROM SLK] if NO ask if the person you are speaking to is caring for this person, if YES record 2

Care recipient 1 Carer 2

If not speaking to Care Recipient or Carer –arrange time to call back

4. Would you like to participate in the survey?

1 Yes 0 No → Thank you. Good bye.



4. We would like to ask if these Services have made a difference.

	Yes	No	Unsure/ Don't Know	Refused
	Code 1	Code 0	Code 998	Code 999
Are Home and Community Care Services				
• Assisting you to remain living at home?				

<ul style="list-style-type: none"> • Helping you to get out and about? <i>For example assistance to access the community and maintain social contacts (keep in touch with or make new friends, go to social events or clubs, go to your local shops, attend appointments).</i> 				
<ul style="list-style-type: none"> • Supporting you to do as much as you can for yourself? <i>For example assistance to support your independence in personal care activities such as showering and dressing, assistance to keep up with essential activities such as shopping and banking.</i> 				
<ul style="list-style-type: none"> • Supporting you with your daily living tasks? <i>For example, assistance with everyday household tasks, preparation or delivery of meal,</i> 				
<ul style="list-style-type: none"> • Improving your overall quality of life? 				
<ul style="list-style-type: none"> • Improving your independence? <i>For example, assistance to support your independence in personal care activities such as showering and dressing, minor work in your home or yard to maintain your safety and independence.</i> 				

5. Are you satisfied with the support received from HACC?

Yes 1 No 0

If you answered NO which one of the following best describes your response

- 1 Service is not flexible enough to meet my needs
- 2 Service is not personalised to meet my needs
- 3 Not enough hours of service available to meet my needs
- 4 They are unable to provide service at the times that meet my needs
- 5 Other – please describe

If OTHER, briefly explain why

6. Have you been included in the planning/decision making about the support that you receive?

Yes 1 No 0 Unsure 998

If answered 'Carer' to Q1 – ask this question

7. Do you think that HACC supports you in your caring role?

Yes 1 No 0

If NO, briefly explain why

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS. YOUR ANSWERS WILL HELP THE HACC PROGRAM TO IMPROVE SERVICES TO YOU.

Appendix 6. - Comments of clients not satisfied with HACC

Comment Category	Count*	%
Quality of services perceived as poor	23	47.9%
Additional services requested but not provided	13	27.1%
Communication Issues	11	22.9%
Inconsistent / inconvenient times for service delivery	6	12.5%
Insufficient / inconsistent training levels across service staff	6	12.5%
Expected length of service times not being met	4	8.3%
Staff turn-over causing issues	3	6.3%
Client wanting services that are out of scope	3	6.3%
Frequency perceived as low	2	4.2%
Shortage of HACC services / staff in the area	2	4.2%

* There were 48 negative comments in total but some comments referred to multiple comment summary categories.

Appendix 7. - Comments of carers not satisfied with HACC

Comment Category	Count*	%
Communication Issues	7	31.8%
Quality of services perceived as poor	6	27.3%
Assistance not required	5	22.7%
Shortage of HACC services / staff in the area	4	18.2%
Available services not clearly explained to client/carer	4	18.2%
More flexibility required of staff and/or services provided	3	13.6%
Inconsistent / inconvenient times for service delivery	1	4.5%

* There were 22 negative carer comments in total but some comments referred to multiple comment summary categories.

Appendix 8. - General Comments

Comment Category	Count*	%
Client / carer would like additional services	14	36.8%
Cancelled HACC services	9	23.7%
Staff turn-over / change of regular service staff	6	15.8%
Communication Issues	6	15.8%
Explanatory Comments (re survey responses)	5	13.2%
Positive feedback about HACC services	5	13.2%
Change in carer / recipient circumstances	5	13.2%
Payment issues (disliked having to pay privately)	3	7.9%
Frequency perceived as low	2	5.3%

* There were 38 general comments in total but some comments referred to multiple comment summary categories.