



He ratonga tautoko, he aroha tangata

Home and community support
services experience survey

Kia ora

Thank you for providing feedback about the support services you receive from {provider name}.

Your feedback will help them understand what is going well and how they could do better.

It will take around 10 to 15 minutes to complete this survey depending on your answers.

Unless you would like to be contacted, your responses are anonymous and will not be connected to you in any way. Please be open and honest in your feedback.

Taking part in this survey is voluntary – we appreciate you completing it.

If you have any questions about the survey or if you need help completing it, please contact the toll-free Survey Helpline on 0800 121 650.

Who should answer this survey:

This survey should be answered by the person named on the invitation. Your family member, whānau or friend can help you complete the survey but the answers should be yours not theirs.

Please do **not** get help filling the survey out from {provider name} staff.

If you are a parent/guardian of a child under 15 we recommend you complete the survey either for or with them, to make sure they have fully understood the questions. If you are a parent/guardian or next-of-kin of a person over 15, please have them complete the survey if they can, otherwise please complete it for, or with, them, to make sure they have fully understood the questions.

How to complete this survey:

Going back to change an answer

Your responses are submitted as you go through the survey. You can move backwards to change your answers by clicking the “Previous” button at the bottom of the page. If you use the “Back” button on your internet browser or mobile phone you may get taken out of the survey, but you can return to where you were using your login code. Your earlier responses will have been saved.

Complete later

If you would like to return to your survey to complete it later, close the window and then when you are ready just return to the link provided in the email or text message and re-enter your login code. Your earlier responses will have been saved.

Skipping questions

You can skip any question you do not want to answer, cannot remember or that is not applicable to you. Just leave it blank and click “Next” to move to the next question.

Ready to begin?

Click on the “Next” button to begin the survey.

{Page break}

Who is answering the survey

[DO NOT SHOW]

Q1 Who_answers

Could you tell us if you are answering this survey on behalf of yourself or someone else?

By “yourself”, we mean the person invited to the survey.

1. Myself (I am the person invited to the survey)
2. I am completing on behalf of someone else, unable to answer the survey

OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

If you are completing this survey on behalf of someone else, please complete it with them where possible.

Q2 OnBehalfWho

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

What is your relationship to the person invited to the survey?

1. I am their partner or spouse
2. I am their parent or guardian
3. I am another family or whānau member (for example, child, sibling, grandchild)
97. Someone else (please specify)

{Page break}

Your home and community support service

[SHOW ON EACH PAGE OF SECTION]

Thinking about the support you have received from {provider name} in the last four weeks...

OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

If you are completing this survey on behalf of someone else, please complete it with them where possible.

Q3 SS_SupportType

In the last four weeks, what type of support have you received from {provider name}?

Please select all that apply

1. Household management or housekeeping (for example, help with cooking or preparing meals, cleaning, laundry or grocery shopping)
2. Personal care (for example, help with eating, showering, medication, getting dressed or getting around the house)
3. Respite care
4. Outings or transportation to get to places in your community
97. Something else (please specify)

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Thinking about the support you have received from {provider name} in the last four weeks...

Q4 SS_TimeWork

In the last four weeks, did the support worker(s) from {provider name} come at times that worked for you?

1. Yes, always
2. Usually
3. Sometimes
4. No, never

Q5 SS_TimeTell

Did you know in advance what time to expect your support worker(s)?

1. Yes, always
2. Usually
3. Sometimes
4. No, never

Q6 SS_TimeExpect

[SHOW IF SS_TimeTell = Yes, always / usually / sometimes]

Did the support worker(s) arrive at around the time you expected them to?

1. Yes, always
2. Usually
3. Sometimes
4. No, never

Q7 SS_NoSupport

In the last four weeks, has a support worker not turned up at all when one was supposed to?

1. Yes
2. No

{Page break}

Thinking about the support you have received from {provider name} in the last four weeks...

Q8 SS_SupportWho

In the last four weeks, did you know in advance who your support worker(s) would be?

1. Yes, always
2. Usually
3. Sometimes
4. No, never

Q9 SS_ChangeInform

If there were changes to your support arrangements in the last four weeks, did someone from {provider name} let you know in advance?

For example, that your support would happen at a different time from what you were expecting, that the support worker could not make it, or that the support worker would be a different person from who you were expecting?

1. Yes, always
2. Usually
3. Sometimes
4. No, never
95. There were no changes to my support arrangements in the last four weeks

{Page break}

Your support worker(s)

Now we would like you think about the support and care given to you by the support worker(s) from {provider name} in the last four weeks.

OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

Please remember to answer these questions on behalf of the person invited to the survey.

Q10 SW_SkillNeeded

In the last four weeks, did the support worker(s) know what kind of support you needed and how to provide it?

For example, did they know what is in your support plan, did they have the right skills and training?

1. Yes, always
2. Usually
3. Sometimes
4. No, never

Q11 SW_SkillNeededReason

[SHOW IF SW_SkillNeeded = Usually / sometimes / no]

What was it that made you think that the support worker(s) did not always know what kind of support you needed and how to provide it?

Please select all that apply.

1. They did not know what was in my support plan
2. They did not know how to complete the tasks in my support plan
3. They did not complete the tasks in my support plan in the way that they were supposed to
97. Another reason (please explain)

{Page break}

Thinking about the support and care given to you by the support worker(s) from {provider name} in the last four weeks...

Q12 QCare_NamePronounce

In the last four weeks, was your name pronounced properly by the support worker(s)?

1. Yes, always
2. Usually
3. Sometimes
4. No, never
5. They addressed me appropriately without using my name
6. No one used my name or addressed me appropriately

Q13 QCare_Attributes_Listen

Did the support worker(s) listen to your views on how you wanted them to provide support?

1. Yes, always
2. Usually
3. Sometimes
4. No, never

Q14 QCare_Attributes_RespectKindness

Did the support worker(s) treat you with respect and kindness?

1. Yes, always
2. Usually
3. Sometimes
4. No, never
98. Don't know [SHOW IF Who_answers=2 (completing on behalf of someone else)]

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Everyone in Aotearoa New Zealand comes from a unique background and perspective. This means each person's needs might be different in the way that their support is provided to them.

Q15 SW_CultureRespect

During the visits from the support worker(s) in the last four weeks, was your culture respected?

1. Yes, always
2. Usually
3. Sometimes
4. No, never
95. Does not apply to me
98. Don't know **[SHOW IF Who_answers=2 (completing on behalf of someone else)]**

Q16 SW_BeliefsRespect

During the visits from the support worker(s) in the last four weeks, were your spirituality and beliefs respected?

1. Yes, always
2. Usually
3. Sometimes
4. No, never
95. Does not apply to me
98. Don't know **[SHOW IF Who_answers=2 (completing on behalf of someone else)]**

Q17 QNeeds_OE

[SHOW IF SW_CultureRespect OR SW_BeliefsRespect = Usually / sometimes / no]

What made you think that **[(IF SW_CultureRespect==2/3/4 & SW_BeliefsRespect==1/5/99 'your culture was') OR (IF SW_CultureRespect==2/3/4 & SW_BeliefsRespect==2/3/4 'your culture and spirituality/beliefs were') OR (IF SW_CultureRespect==1/5/99 & SW_BeliefsRespect==2/3/4 'your spirituality or beliefs were')]** not always respected?

Please explain in as much detail as possible

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Your support management

Now we would like you think about the management of your support from {provider name} in the last four weeks. This includes contact with coordinators and other staff.

OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

Please remember to answer these questions on behalf of the person invited to the survey.

Q18 SM_Contact

In the last four weeks, did you contact {provider name} to ask a question or request changes to your support arrangements?

1. Yes
2. No
3. I wanted to contact them but did not know how
4. I tried to contact them but could not get in touch with anyone

Q19 SM_Help

[SHOW IF SM_Contact = Yes]

Did you get the help or change you needed?

1. Yes, definitely
2. Partly
3. No

{Page break}

Q20 SM_ComplaintKnow

If you had a concern or complaint about your support, would you raise this with {provider name}?

1. Yes
2. No
3. Maybe

Q21 SM_ComplaintKnowReason

[SHOW IF_SM_ComplaintKnow = No OR Maybe

What makes you say this?

Please select all that apply.

1. I would try to discuss or resolve the issue directly with my support worker(s)
2. It wouldn't change anything or nothing would be done about it
3. I don't want my support worker(s) to get in trouble
4. I'm worried about how it would impact my support
5. It would depend on the situation
6. I don't know how to raise a concern or complaint
97. Another reason
95. I don't think I would ever have any concerns or complaints to raise

[EXCLUSIVE CHOICE]

Q21a SM_ComplaintKnowReason_OtherText

[SHOW IF_SM_ComplaintKnowReason = Another reason]

You have selected 'Another reason', please describe in as much detail as possible

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Q22 SM_ComplaintRaise

[SHOW IF SM_ComplaintKnow = Yes OR (SM_ComplaintKnow = Maybe AND SM_ComplaintKnowReason ≠ I don't know how to raise a concern or a complaint)]

In the last four weeks, did you contact {provider name} to raise a concern or make a complaint about your support?

1. Yes
2. No
3. I wanted to contact them but did not know how
4. I tried to contact them but could not get in touch with anyone

Q23 SM_ComplaintTaken

[SHOW IF SM_ComplaintRaise = Yes]

Did {provider name} take your concern or complaint seriously?

If this has happened more than once in the last four weeks, please think about the most recent occasion.

1. Yes, definitely
2. Partly
3. No

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Your support overall

[HTML]

Thinking about your overall experiences in the last four weeks with {provider name}

...

To keep your responses to this survey anonymous when answering the following questions, please be careful **not** to give information in your comments that might identify you (such as dates, your name or contact information).

OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

Please remember to answer these questions on behalf of the person invited to the survey.

Q24 QBetter_OE

What do you think would have made the support service from {provider name} and their staff better?

Please describe, in as much detail as possible.

Q25 QStrength_OE

What do you think {provider name} and their staff has done well?

Please describe, in as much detail as possible.

If there is someone in particular who you would like to recognise for a job well done, please feel free to include their name and what they did well.

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ABOUT YOU

Your answers to the following questions will help us to describe the people taking part in this survey and to see how experiences vary between different groups of the population. This information will not be used to identify you or affect any services you receive.

OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

If you are answering on behalf of someone else, please complete this section using their details.

These questions are about long-term difficulties.

Long-term is something that has lasted or is expected to last six months or more.

Q26 WGSS1

Do you have difficulty seeing, even if wearing glasses?

1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

Q27 WGSS2

Do you have difficulty hearing, even if using a hearing aid?

1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

Q28 WGSS3

Do you have difficulty walking or climbing steps?

1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

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These questions are about long-term difficulties.

Long-term is something that has lasted or is expected to last six months or more.

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

If you are answering on behalf of someone else, please complete this section using their details.

Q29 WGSS4

Do you have difficulty remembering or concentrating?

1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

Q30 WGSS5

Do you have difficulty washing all over or dressing?

1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

Q31 WGSS6

Using your usual language, do you have difficulty communicating, for example understanding or being understood?

1. No – no difficulty
2. Yes – some difficulty
3. Yes – a lot of difficulty
4. Cannot do at all

{Page break}

Q32 QAge

Which age range are you in?

1. 14 years or under
2. 15 to 24 years
3. 25 to 34 years
4. 35 to 44 years
5. 45 to 54 years
6. 55 to 64 years
7. 65 to 74 years
8. 75 to 84 years
9. 85 years or over

Q33 QEthnicity_1

Which ethnic group or groups do you belong to?

Please select all that apply.

1. New Zealand European
2. Māori
3. Samoan
4. Cook Island Māori
5. Tongan
6. Niuean
7. Chinese
8. Indian
97. Other (such as Dutch, Japanese, Tokelauan)

Q34 QEthnicity_2

[SHOW IF QEthnicity_1 = Other]

You selected 'other' as an option for your ethnic group. Which of these ethnic groups do you belong to?

Please select all that apply.

1. English
2. Australian
3. Dutch
4. Other European
5. Tokelauan
6. Fijian
7. Other Pacific Peoples

8. Filipino
9. Japanese
10. Korean
11. Cambodian
12. Other Asian
13. Middle Eastern
14. Latin American
15. African
97. Other, please specify

{Page break}

Q35 QGender

What is your gender?

1. Male
2. Female
3. Another gender

Q36 HRCDisability

Do you think of yourself as disabled (or as having a disability)?

1. Yes
2. No
98. Unsure

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Health status

[SHOW TITLE TO RESPONDENTS]

This section asks the following patient-reported outcome measures:

- EQ-5D (EuroQol Group)**
- EQ VAS (EuroQol Group)**

The measures are not replicated in this document but can be found on the EuroQol website.

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OnBehalfReminder

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

If you are answering on behalf of someone else, please complete this section using their details.

Q37 QCommunityParticipation

Can you attend community activities, or hapū and iwi activities, if you want to?

1. Yes, definitely
2. To some extent
3. No, but I would like this
- 95.No, but I do not want or need this

Q37a QPlanCommunityParticipation

Does your needs assessment include support to attend community activities, or hapū and iwi activities?

1. Yes, definitely
2. To some extent
3. No, but I would like this
- 95.No, but I do not want or need this
- 98.Don't know or can't remember

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ADDITIONAL COMMENTS

Q38 QNaturalCarerOE

[SHOW IF Who_answers=2 (completing on behalf of someone else)]

This question is for the person who completed the survey on behalf of the person invited. Is there anything else you would like to add from your perspective about the support provided by {provider name}?

If there is nothing to add please click the 'Next' button to continue.

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Recontact

[SHOW ALL]

This survey covered a number of issues and possible areas of concern regarding the support services you received from {provider name} in the last four weeks.

RecontactReminder

Please contact your provider as usual for any support arrangement or scheduling matters.

Q39 Intro_Recontact

[SINGLE SELECTION]

Do you have any concerns that you would like to raise and discuss with {provider name}?

1. No, I do not have any concerns to raise with {provider name}
2. Yes, I would like {provider name} to contact me to discuss my concerns

Q40 Recontact_details

[SHOW IF Intro_Recontact=2]

Please provide the following contact details and we'll get in touch with you as soon as possible.

First name: [100 CHAR]

Last name: [100 CHAR]

Phone number: [NUMERICAL]

Email: [CHECK EMAIL]

[CONFIRM EITHER PHONE NUMBER OR EMAIL INCLUDED IF NEITHER SHOW ERROR MESSAGE "If you would like someone to follow-up with you, please provide relevant contact information."]

Q41 Recontact_share

[SHOW IF Intro_Recontact=2] [SINGLE SELECTION]

Are you happy for the person contacting you from {provider name} to see a copy of your survey response? This means that your response will no longer be anonymous.

1. Yes, I am happy for them to see a copy of my survey response
2. No, I do not want them to see my survey response, I would like it to remain anonymous

Q42 Recontact_Reason

[SHOW IF Intro_Recontact=2] [OPEN END]

Please provide some information on what you would like to talk to us about. We can then ensure the right person at {provider name} contacts you.

{Page break}

Survey feedback

Thank you, you have now completed all of the questions about your home and community support service experience.

Q43 QFeedback_trigger

If you would like to provide feedback on the survey, we would like to hear what you think.

Would you like to provide feedback on the survey?

1. Yes -> **GO TO QFeedback**
2. No -> **GO TO END THANK YOU**

Q44

Please indicate whether you agree or disagree with each of the following statements about your experience answering this survey.

- **QFeedback_1** I would participate if I was invited to this kind of survey again.
- **QFeedback_2** The survey was visually appealing.
- **QFeedback_3** I found this survey easy to understand.

[GRID ACROSS]

1. Strongly disagree
2. Somewhat disagree
3. Neither agree nor disagree
4. Somewhat agree
5. Strongly agree

Q45 QFeedbackOE

Any other comments about the survey you would like to give us? Your feedback can help us make improvements.

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THANK YOU

Thank you for your valuable time and feedback. You have now finished the home and community support services experience survey.

Your feedback, along with that from others who have completed the survey, will be used to help us understand what went well and how we can improve the quality of the services we provide.

[OPTIONAL CLOSING STATEMENT]

If this survey has raised concerns about your support that you would like to discuss with {provider name}, please email {provider email address}.

OR

If this survey has raised concerns about your support that you would like to discuss with {provider name}, please follow the link below.

{provider web page}

Thanks again.