Te Tāhū Hauora
Health Quality & Safety
Commission

He ratonga tautoko,
he aroha tangata

Home and community support
services experience survey

Home and community support services experience survey: Methodology and procedures

July 2025

Contents

Published July 2025 by Te Tāhū Hauora Health Quality & Safety Commission, PO Box 25496, Wellington, 6146.

ISBN 978-1-991122-30-8

Available online at www.hqsc.govt.nz

Enquiries to: info@hqsc.govt.nz

Te Kāwanatanga o Aotearoa
New Zealand Government

Introduction

The aim of the home and community support services experience survey (HCSS survey) is to capture people's experiences of their home and community support services. This includes people receiving ageing at home services, disability services and injury support services.

The HCSS survey is an important data collection tool that is used to help service providers understand how well they are meeting people's needs and how they can improve the services they are providing. The information gathered at local, regional and national levels reflects people's experiences across the country. This gives Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) and service funders information to help improve the quality of home and community support services at a national level.

The survey was developed as a partnership between Te Tāhū Hauora, the Home and Community Health Association, the New Zealand Health Group and HCSS providers who opted to participate. Service provider engagement is critical for ensuring that survey results are owned by the sector and used for improvement. Service funders (Te Whatu Ora | Health New Zealand, Whaikaha – Ministry of Disabled People and the Accident Compensation Corporation) also participated in survey development, to ensure the survey would meet their contractual requirements and would have their support.

The survey was launched in September 2024 and will be repeated annually for three years. Providers chose whether they would like to participate in this survey. In 2024, 16 service providers participated and more are expected to join in 2025. The providers are listed in the national report.

This report outlines the methodology, procedures and protocols followed to make sure the HCSS survey produces high-quality and robust data.

Background

Regularly and consistently capturing patient- and client-reported measures using valid, reliable and robust methods, including experience of care, is recognised as a good indicator of the quality of health services. This feedback informs quality improvement to deliver better care and mitigate inequity across all levels of the health system.

The Ngā Paerewa Health and Disability Services Standard,[1] the code of expectations for health entities' engagement with consumers and whānau,[2] and requirements in funder contracts raise the expectations that providers regularly capture and act on consumer feedback. This includes using experience data to inform improvements in health services with a focus on reducing health inequities, particularly for Māori, Pacific peoples and disabled people. Consumers are expected to be involved in the design, delivery and evaluation of health services.

---

[1] For the full Ngā Paerewa Health Disability Services Standard, see the Standards New Zealand website (www.standards.govt.nz/shop/nzs-81342021).

[2] See 'Code of expectations for health entities' engagement with consumers and whānau' on the Te Tāhū Hauora Health Quality & Safety Commission website, for more information (www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/).

Te Tāhū Hauora is mandated under Part 3, Subpart 3 of the Pae Ora (Healthy Futures) Act 2022,[3] ‘to lead and coordinate work across the health sector for the purposes of monitoring and improving the quality and safety of services’.

Patient-reported measures programme

Te Tāhū Hauora collects patient-reported measures through validated and standardised surveys, which enable systematic collection, analysis and reporting. Information gathered at local, regional and national levels is used to benchmark across the country and improve services locally.

The Te Tāhū Hauora patient-reported measures programme[4] is one of the largest public survey programmes in Aotearoa New Zealand. The programme consists of three national quarterly surveys: the adult hospital inpatient experience survey, the adult hospital outpatient experience survey, and the adult primary care patient experience survey. These surveys gather feedback from around 50,000 patients every quarter, with survey results publicly reported on the Te Tāhū Hauora website[5] and privately to providers on a secure website. These surveys report experience by ethnic group, age group, gender and disability status. The collection of disability status is particularly significant because this information is often missing from national reporting and gives important insights into the experiences of disabled people.

The programme is overseen by the Patient Reported Measures Steering Group. The Steering Group provides independent advice to Te Tāhū Hauora on the patient-reported measures programme. This includes ensuring survey results are best used to improve health service delivery at local, regional and national levels. The Steering Group also provides governance on the collection, storage, access and use of the survey data.

In 2023, the programme was expanded to include development of a new annual survey on the experiences of people receiving home and community support services (the HCSS survey).

Survey management and responsibilities

The HCSS survey is managed by Te Tāhū Hauora as part of the national patient-reported measures programme. Data collection services are provided by Ipsos New Zealand (Ipsos), an independent research company. Te Tāhū Hauora produces reports of the survey results for home and community support service providers to tell them about the experiences of the people they provide support to.

Service providers are responsible for:

- ensuring their privacy and consent processes cover collection and sharing of information for quality improvement purposes

---

[3] See the Parliamentary Counsel Office website for the full Act (www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx).

[4] See ‘Patient-reported measures’ on the Te Tāhū Hauora Health Quality & Safety Commission website, for more information (www.hqsc.govt.nz/our-data/patient-reported-measures/).

[5] See ‘Survey results’ on the Te Tāhū Hauora Health Quality & Safety Commission website, for more information (www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results/).

- promoting the survey to their clients through information sheets, newsletters and other methods
- using their survey results to inform quality improvement initiatives.

Privacy, security and confidentiality

All information is stored on an encrypted New Zealand server, and protocols are in place to maintain a high standard of security throughout the survey. The *Home and community support services experience survey: Privacy impact assessment report*[6] addresses the effect the survey may have on individual privacy. It outlines steps taken to assess and minimise potential areas of risk along with compliance with the information privacy principles. The privacy impact assessment report was reviewed by the Office of the Privacy Commissioner.

Client participation in the survey is voluntary. Service providers do not know who has responded. Survey responses are anonymous, unless people identify themselves in the free-text comments or ask to be contacted by their service provider and explicitly give their permission for their survey responses to be viewed by the service provider. All notices and correspondence relating to the survey make this clear.

Personally identifiable contact information is needed only initially to allow for the survey invitations to be sent. All personally identifiable information is permanently deleted from the Ipsos system at the end of the survey. Demographic information is retained so analyses can assess whether differences exist in participation and response by age, ethnicity, gender or funder type.

Completed paper questionnaires are destroyed by service providers at the end of the surveying period following input of survey responses into the Ipsos online data collection system.

Survey content

Question set

The questionnaire can be accessed on the Te Tāhū Hauora Health Quality & Safety Commission website (www.hqsc.govt.nz/resources/resource-library/new-zealand-home-and-community-support-services-experience-survey-questionnaire).

The questionnaire covers different aspects of the home and community support service experience. This includes the type of support received, support service administration and management, care from support workers, overall experience, and suggestions for improvement. Socio-demographic indicators are collected to understand how experiences vary between different population groups. The HCSS survey content is summarised in Table 1.

---

[6] For a copy of the full report, see the Te Tāhū Hauora Health Quality & Safety Commission website (www.hqsc.govt.nz/resources/resource-library/home-and-community-support-services-experience-survey-privacy-impact-assessment-report).

Table 1: HCSS survey content

Topic	Elements
About the service	Type of support received.
Support service administration and management	Suitability of the times at which support was provided, advance knowledge of what time to expect support workers, arrival of support workers at expected time, occasion that support workers did not turn up, advance knowledge of who support workers would be, advance knowledge of changes to schedule, asking questions of provider or requesting changes to support arrangements, raising concerns or complaints.
Care from support workers	Support workers knew what support was needed and how to provide it, pronounced names properly, listened to views on how people wanted support to be provided, treated people with respect and kindness. Culture, spirituality and beliefs were respected.
Overall experience and suggestions for improvement	What would have made the support service better, what went well.
Demographics	Disability status, age, ethnicity, gender, ability to attend community/hapū/iwi activities, who completed the survey (person receiving support or someone else on their behalf because they were unable to).

Provider system data, such as service type and funder, are pulled through from the service provider sample files, to enable further between-group comparison (see sample dataset specification in Appendix 2).

For reporting, the questions are grouped into four themes: effective communication, effective scheduling, treated with respect and ease of contact. Themes for the questionnaire were informed by the Ngā Paerewa Health and Disability Support Services Standard, the National Framework for Home and Community Support Services,[7] and the principles of Enabling Good Lives.[8]

Questionnaire design considerations

The questionnaire asks about people's experiences with their service providers over the last four weeks. A four-week reference period was used to give enough time for people to have had a range of experiences, while still allowing for accurate recall and to prevent double-counting by the same event being considered two years in a row.

To minimise bias in responding to questions that might lead to inflated positive responses, the questionnaire:

---

[7] The National Framework for Home and Community Support Services is available on the Ministry of Health website (www.health.govt.nz/publications/national-framework-for-home-and-community-support-services-hcss).

[8] See the Enabling Good Lives website, for more information (www.enablinggoodlives.co.nz).

- assured people of confidentiality and explained that the survey was being done on behalf of service providers by an independent research company
- included both positive and negatively framed questions (that is, what went well and what could be improved)
- focused on collecting actionable information, such as what did or did not happen, for example, did they know in advance what time to expect their support worker
- clarified the distinction between caregivers (where there may be loyalty to paid carers) and the service agency and included questions about both of these aspects.

Questionnaire development process

Scan of existing frameworks and literature

The questionnaire development process started with a scan of existing frameworks and literature, including:

- Ngā Paerewa Health and Disability Services Standard
- National Framework for Home and Community Support Services
- Enabling Good Lives
- MidCentral Repeat Survey and Flexible Disability Supports study[9]
- International HCSS experiences surveys
- Existing service provider and funder surveys.

Consultation and review

From the framework and literature scan, Te Tāhū Hauora and Ipsos presented a list of potential topics to service providers, funders, aged care and disability expert advisors and client groups for discussion. The topics seen as highest priority, as well as several identified gaps, were then constructed as survey questions. These survey questions went through several cycles of consultation and review before being tested and finalised.

Cognitive pre-testing

The draft questions and survey invitations were tested with people for clarity, ease and consistency of understanding, and confirmation of measurement validity. Participants were recruited from client lists supplied by three service providers and included a mix of people receiving aged care and disability care. The questionnaire and invitations were then refined before being finalised.

---

[9] See the Disability Support Services website, for more information (www.whaikaha.govt.nz/about-us/programmes-strategies-and-studies/studies-and-reports/midcentral-repeat-survey).

Survey sample design

Sample selection process

Service providers extract their survey sample from their client databases in accordance with the sample rules and dataset specification set out in Appendix 2. They then upload this file to the Ipsos secure online data collection system.

Inclusions and exclusions

The survey sample comprises all eligible and contactable clients of participating service providers who received home and community support services during the survey sample period.

In practice, this means:

- people who have received home and community support services, that is, people with a disability, older people and short-term clients. This includes people whose support team members are employed by the service provider, including where the support worker is a paid family carer
- people who have received the service during the 28-day survey sample period. In 2024, the survey sample period was from Monday 19 August to Sunday 15 September
- people who have an email address and/or cell phone number held by the service provider. People who do not have an email address or cell phone number recorded by their service provider may still be included if their service provider uses the self-complete paper option.

People are excluded from the sample if they are self-contracting their support service, receive their support from a subcontractor or partner service provider who is not participating in the survey, are in residential care, or have a date of death recorded.

Minimising sample bias

To ensure the recorded results represent the population as a whole, at least three risks in sampling need to be addressed:

1. collecting a sample of respondents that is too small, leading to excessively wide confidence intervals and unstable results, which make equity gaps and changes over time hard to interpret
2. collecting a sample that is unrepresentative of the population structure
3. non-response bias, which can occur when people are either unwilling or unable to respond to the survey and have a systematically different experience (that is, respondents with unrepresentative opinions, who are either more or less content with their experiences than the average, may be less likely to respond).

Well-designed samples can reduce these risks.

Sample size

The HCSS survey approach to sampling is to obtain as many responses as possible among all eligible contactable people who are receiving home and community support services from participating service providers.

To boost the sample size where needed, service providers who have, at day nine of fieldwork, received fewer than 30 completed responses, or have achieved a response rate lower than 15 percent, are offered the option of sending self-completed paper questionnaires.

Equity considerations

To improve equity in participation, the content and style of the survey invitation and questionnaire were pre-tested with Māori, Pacific peoples and disabled people. Equity in survey response is assessed through analysis of response rates and other survey performance metrics. Equity in experience is assessed through analysis and reporting by examining differences in experience between population groups and by funder type.

Non-response bias

To minimise bias introduced from certain cohorts being more likely or less likely to respond to the HCSS survey, the following steps were taken:

- both the survey invitation (Appendix 1) and questionnaire assured people of confidentiality and explained the survey was being done on behalf of service providers by an independent research company
- people were advised they could have someone help them complete the survey, but they should make sure the answers given were from their point of view
- proxy respondents (for example, family and whānau carers) could complete the survey either for or with people who, because of their age or disabilities, could not respond for themselves or needed help to fully understand the questions
- hard copy surveys were offered as an option for providers (although online was the main mode for completion)
- Ipsos offered a survey helpdesk that people could contact for help in completing the survey, via email or 0800 freephone.

HCSS survey response rates are monitored across different demographic groups to confirm no systematic bias appears to have been introduced.

Previously, a study of adult hospital inpatient experience survey respondents found that people who responded to the initial invitation had similar experiences to people who were non-responders initially but did complete the survey after follow-up.[10]

Limitations

- The survey sample does not include family and whānau carers, unless they are responding as proxies. The experience of carers was identified as a priority area,

---

[10] Thomson M, Pledger M, Hamblin R, et al. 2018. Comparing initial and follow-up responders to a New Zealand patient experience survey. *New Zealand Medical Journal*. 131(1482): 46–58.

however, consent and logistical barriers meant they were unable to be included in 2024. To address this gap, an extra question is included at the end of the questionnaire that is only asked if someone is completing as a proxy on behalf of the person receiving support. This question is open-ended and asks if they would like to add anything else about the support from their service provider.

Data collection

Survey mode

The survey can be delivered for completion either online or on paper, with providers given the option to select one or both methods. Most providers opted to use online only.

Proxy or self-complete online

The HCSS survey is primarily a self-complete online survey but has been developed so family and whānau carers can complete it on behalf of the person receiving support, if required. Children aged under 15 years may be invited to take part, but the invitation would be sent to their parent or guardian, and it is recommended the survey be completed with them, on their behalf.

Online data collection was selected as the primary method because it is a cost-effective and efficient method to obtain client feedback. The online survey tool is mobile-optimised. This means the tool is screen-adaptive and the site recognises the size of the screen as it loads and adapts accordingly. The tool is also screen-reader compatible meaning it can be effectively used by people who rely on screen readers. A link to complete a test and dummy version of the survey is available on the Te Tāhū Hauora website.[11]

It is expected most people receiving home and community support services have internet access to enable them to complete an online survey. In 2021, 94 percent of New Zealanders had access to the internet.[12]

The survey is part of the Health New Zealand Sponsored Data initiative. This means people will not be charged any data for completing the survey if their internet provider is Spark, Skinny, One NZ (Vodafone) or 2degrees.

Proxy or self-complete paper

A self-complete paper version of the questionnaire was developed as an alternative, to address the concern that an online survey might not be suitable for all client groups, particularly older people. The paper version differs slightly from the online version to remove the need for skip logic. Service providers were able to choose the paper version to supplement their online responses if they had not reached a certain response threshold by a

---

[11] See the Te Tāhū Hauora Health Quality & Safety Commission website for a copy of the home and community support services experience survey questionnaire (www.hqsc.govt.nz/resources/resource-library/new-zealand-home-and-community-support-services-experience-survey-questionnaire).

[12] For more information, see the Datareportal website (https://datareportal.com/reports/digital-2021-new-zealand).

week into fieldwork. Given the relatively high resource requirements for paper administration, however, only a small number of providers chose to use this.

Support to complete the survey

Ipsos has a survey helpdesk that people can contact for help in completing the survey, via email or 0800 freephone, throughout the surveying period. People can complete the survey over the phone with the help of a helpdesk operator.

Translation

The online questionnaire is translated into te reo Māori. People can choose whether to complete the survey in English or te reo Māori and can shift between these as they go. Open-ended responses received in te reo Māori are translated into English for analysis and reporting.

Fieldwork

Pre-notification

Sending advance notice to potential respondents, before the survey invitation is sent, may increase response rates and improve data quality by creating awareness and building trust.

A communications toolkit[13] was developed for service providers to help them promote the survey and encourage people to take part. The toolkit contained:

- text for newsletters, websites, and pre-notification emails
- survey information flyer (available in English, te reo Māori, Samoan, Tongan, Hindi and Simplified Chinese)
- information for staff, to raise their awareness of the survey and prepare them to answer any queries they may receive.

Invitation to participate and fieldwork process

The HCSS survey fieldwork process is as follows.

- All eligible people with an email address are emailed a survey invitation to complete the survey online – day 1.
- All eligible people with a cell phone number are texted a survey invitation to complete the survey online – 2 days following the email invitation.
- People who have not completed the survey are sent an email reminder to complete the survey online – 7 days following the email invitation.
- Service providers decide on whether to use the self-complete paper survey option – 9 days following the email invitation.

---

[13] See 'Survey resources for home and community support services staff' on the Te Tāhū Hauora Health Quality & Safety Commission website, for more information (www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-resources-for-home-and-community-support-services-staff/).

- If service providers decide to use the self-complete paper survey option, all eligible people at that provider with a postal address and who have not opened or completed the online survey are mailed a paper copy of the survey – as soon as the service providers can manage this.
- Survey closes – 28 days following paper survey mailout.

The survey invitation (Appendix 1) explains that:

- the survey is being done on behalf of service providers by Ipsos, an independent research company
- the survey is voluntary and anonymous
- people can choose if they want to take part and their service provider will not know who has responded
- people's answers will not be connected to them in any way.

The survey invitation includes a link to a webpage on the Te Tāhū Hauora website with further information about the survey, including how Ipsos received their contact details and how their information is being protected.[14]

Informing people about the use of their information

The non-clinical client information needed to send the survey invitations and report results is collected by service providers directly from their clients. Providers, through their privacy statements and other notices, advise clients that their contact information may be used to monitor quality. Service providers are aware of the need to ensure their general privacy statement or consent form covers the collection and sharing of information for quality improvement purposes.

Opting out

People can opt out of taking part in the survey. The invitation explains the survey's purpose, that it is voluntary and anonymous, that people can choose if they want to take part, and their service provider will not know who has responded.

All emails sent by Ipsos have a clear 'unsubscribe' option and if someone clicks this then no further emails will be sent by Ipsos to that email address. People can also unsubscribe by calling or emailing the survey helpdesk or by replying to the survey text message with 'unsubscribe' or 'stop'. Instructions for opting out of the survey are included on the 'taking part' webpage.[15]

---

[14] See 'Home and community support services experience survey – have your say' on the Te Tāhū Hauora Health Quality & Safety Commission website, for more information (www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/taking-part/home-and-community/).

[15] Ibid.

Survey frequency

The survey will be repeated annually for three years. Te Tāhū Hauora and Ipsos will support new service providers to join the survey each year if they wish.

Response rate

The response rate is calculated for each provider and combined into a total rate. The response rate according to survey invitation type is also calculated. Invitation methods include email, SMS and paper (mail). The denominator for the response rate is all those who were invited to participate in the survey and the numerator is those who completed the survey. The response rate is reported as a percentage.

Data processing

Imputing missing demographic data

Ethnic group, age group and gender are determined by self-report in the survey in the first instance. If self-report is unknown, these demographics are imputed based on what is recorded in the provider sample file. Disability status is determined by self-report only because this information is not contained in provider sample files.

Defining ethnic group

Ethnic group is collected and reported in accordance with the Ethnicity New Zealand Standard Classification 2005 V2.1.0 and the HISO 10001:2017 Ethnicity Data Protocols. A person's ethnic group is determined by self-report in the survey.

The survey uses a prioritised classification of ethnicity. This means that people who report identification with more than one ethnic group are counted only in one of those groups, in the prioritised order of Māori, Pacific peoples, Asian and European/Other. For example, if a person responds that they are Samoan and Māori, they are classified as Māori for the purpose of analysis. We acknowledge the limitations of the prioritised method but have used it so the response percentages of the different groups can add to 100 percent.

Defining disability status

Survey respondents are asked two sets of questions about whether they are disabled: the Washington Group Short Set on Functioning (WG-SS) and a self-identified question. A person is classified as being disabled if they indicate they could not do, or would have a lot of difficulty doing, any of the six activities included in the WG-SS, or if they self-identify as disabled.

Ongoing review and improvement

At the completion of each annual survey, Te Tāhū Hauora and Ipsos review questionnaire performance to ensure it continues to collect valid and reliable data while minimising response burden as much as possible. Refinements for the following year will be made as needed. Performance metrics include:

- survey completion time (median number of minutes taken to complete the online survey)
- survey completion rates (proportion of people who started the online survey who then went on to complete the final question)
- item non-response analysis (to identify any questions that people may have greater difficulty answering or be less willing to answer)
- item response analysis (to identify any questions that are subject to ceiling effects or showing little variation between groups)
- participant feedback
- requests to the survey helpdesk for help with completing the survey.

Participating service providers are encouraged to review and improve the quality of their sample files and contact information collection.

Appendix 1: Email and text message survey invitations and reminders

Email invitation

From: MyHealthExperience Survey on behalf of **[PROVIDER]** <support@myexperience.health.nz>
Sent: Monday, 23 September 1:07 PM
To: **[RESPONDENT EMAIL ADDRESS]**
Subject: Feedback on your home and community support service experience

PROVIDER LOGO

IPSOS LOGO

Kia ora **[RESPONDENT NAME]**

[PROVIDER NAME] would like to invite you to complete this 10–15 minute survey asking about your recent experience of the support they have given you.

The survey is being done for **[PROVIDER NAME]** by Ipsos New Zealand (an independent research company). We would value hearing your feedback, to help us understand what went well and how to improve the services provided to you and your whānau.

This survey is voluntary and anonymous. You can choose if you want to take part and **[PROVIDER NAME]** will not know who has responded. Your answers will not be connected to you in any way.

Your login code is [LOGIN CODE]

Start the survey

If the link does not work, please copy the URL below into your browser:
https://myexperience.health.nz/Survey/v2/**[LOGIN CODE]**?mode=epi01&mode=epi01

If you use Spark, Skinny, One NZ (Vodafone) or 2degrees, completing this survey is free (you will not be charged any data).

This survey is for the person named on this invitation. 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 represent 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.

More information about the survey is available here.

If you have any questions about the survey, please contact Ipsos New Zealand at support@myexperience.health.nz or 0800 121 650 and quote **[LOGIN CODE]**.

Ngā mihi

PROVIDER SIGNATURE

Our mailing address is:
IPSOS
Level 5, 166 Featherston Street
Wellington 6011
New Zealand
support@myexperience.health.nz

Want to stop receiving these emails?
Unsubscribe from this survey.

Text invitation

Kia ora **[RESPONDENT NAME]**, **[PROVIDER NAME]** would like your feedback on the support they provide to you. Please visit **[UNIQUE LINK]** (no mobile data charges). If you represent the person receiving support, please complete the survey either with or for them.

Email reminder

From: MyHealthExperience Survey on behalf of **[PROVIDER]** <support@myexperience.health.nz>
Sent: Monday, 30 September 1:07 PM
To: **[RESPONDENT EMAIL ADDRESS]**
Subject: Reminder – Feedback on your home and community support service experience

PROVIDER LOGO

IPSOS LOGO

Kia ora **[RESPONDENT NAME]**

Recently you will have received an invitation to complete a survey on your experience of the support provided to you by **[PROVIDER NAME]**.

Thank you to everyone who has responded. If you have not yet been able to complete the survey, please do so before **[SURVEY END DATE]**.

This survey is being done for **[PROVIDER NAME]** by Ipsos New Zealand (an independent research company). Your valuable feedback will help us understand what went well and how to improve the services provided to you and your whānau. It may take **10–15 minutes** to complete.

This survey is voluntary and anonymous. You can choose if you want to take part and **[PROVIDER NAME]** will not know who has responded. Your answers will not be connected to you in any way.

Your login code is [LOGIN CODE]

Start the survey

If the link does not work, please copy the URL below into your browser:
https://myexperience.health.nz/Survey/v2/**[LOGIN CODE]**?mode=epi01&mode=epi01

If you use Spark, Skinny, One NZ (Vodafone) or 2degrees, completing this survey is free (you will not be charged any data).

This survey is for the person named on this invitation. 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 represent a person over 15, please have them complete the survey if they can, otherwise complete it for or with them to make sure they have fully understood the questions.

More information about the survey is available here.

If you have any questions about the survey, please contact Ipsos New Zealand at support@myexperience.health.nz or 0800 121 650 and quote **[LOGIN CODE]**.

Ngā mihi

PROVIDER SIGNATURE

Our mailing address is:
IPSOS
Level 5, 166 Featherston Street
Wellington 6011
New Zealand
support@myexperience.health.nz

Want to stop receiving these emails?
Unsubscribe from this survey.

Paper / mail cover letter

PROVIDER LOGO

IPSOS LOGO

He ratonga tautoko, he aroha tangata

Home and community support services experience survey

Kia ora **[RESPONDENT NAME]**,

[PROVIDER NAME] would like to invite you to complete this survey about your recent experience of the support they have given you.

This survey is being done for **[PROVIDER NAME]** by Ipsos New Zealand (an independent research company). We would value hearing your feedback, to help understand what went well and how to improve the services provided to you.

Taking part in this survey is voluntary – we appreciate you completing it. Your answers will be anonymous and not connected to you in any way.

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 and quote **{CaseNumber}**.

This survey is for the person named on this invitation. Someone can help you complete the survey, but please make sure the answers given are from your point of view. It is important for us to hear your story. If you are a parent/guardian of a child under 15, we recommend you complete the survey either for or with them.

Once you have completed the survey please return it in the envelope provided **by 23 October 2024**. You do not need to put a stamp on the envelope. Please only return the survey, not this letter.

You may also have recently received an email or text message invitation for this survey. Thank you if you have already responded that way, you do not need to complete this paper copy.

If you would prefer to do the survey online, please visit:
https://myexperience.health.nz/Survey/v2

And enter your Login Code: **{CaseNumber}**

Ngā mihi,

[PROVIDER SIGNATURE 1]
[PROVIDER SIGNATURE 2]
[PROVIDER SIGNATURE 3]

Appendix 2: Sample file data extract rules

Sample rules

The client extract pulled by each service provider should include all clients that satisfy the following rules.

1. Frequency: Minimum one month per annum according to the survey timetable (to be developed). Extracted at approximately 9 am Tuesday (this allows for most public holidays which fall on Mondays).
2. Date range: Clients booked and received an appointment for 28-day period from Monday 00:01 to Sunday 23:59.
   Example: Extract performed on Tuesday 18 August 2024 includes clients seen between Monday 27 July 00:00 until Sunday 9 August 23:59.
3. Each client should only appear once in the extract file – providers to check for and remove duplicates.
4. Client must have received the service. Exclude clients who did not.
5. All deceased clients should be excluded from the extract (as at the date that the extract is run, not the extract date range). This includes all cases where the provider has been notified that the client has died.
6. Use prioritised ethnicity to select one ethnicity per client based on level 2 ethnicity.
7. Include people who receive HCSS, i.e. disability, older people and short-term clients. Include those whose support team are employed by the provider, including where the support worker is a paid family carer. Exclude clients who are self-contracting. Exclude clients who are in residential care.
8. Exclude clients who receive their support from a subcontractor/partner provider.

Sample dataset specification

Field	**Data type**	**Mandatory value**	**Allowed options (if restricted)**	**Example data**	**Comment**
NHI	Alphanumeric	✓	–	CHB2702	People can receive care from more than one provider. If they appear in more than one provider list, the provider who is providing the most direct client time will be selected. If direct client time is blank, it will be read as 0.

<table>
<tr><th>Field</th><th>Data type</th><th>Mandatory value</th><th>Allowed options (if restricted)</th><th colspan="2">Example data</th><th>Comment</th></tr>
<tr><td>Salutation</td><td>Text</td><td>–</td><td>–</td><td colspan="2">Mrs</td><td>Where salutation is provided clients will be addressed “Kia ora Mrs Smith”, where not provided “Kia ora Mary Smith”</td></tr>
<tr><td>First Name</td><td>Text</td><td>✓</td><td>Max 50 characters</td><td colspan="2">Mary</td><td></td></tr>
<tr><td>Last Name</td><td>Text</td><td>✓</td><td>Max 50 characters</td><td colspan="2">Smith</td><td></td></tr>
<tr><td>Address1</td><td>Text</td><td>✓</td><td>–</td><td>1 Story Street</td><td>1 Story Street</td><td></td></tr>
<tr><td>Address2</td><td>Text</td><td>✓</td><td>–</td><td>Timaru</td><td>RD1</td><td></td></tr>
<tr><td>Address3</td><td>Text</td><td>–</td><td>–</td><td></td><td>Waitahora</td><td></td></tr>
<tr><td>Address4</td><td>Text</td><td>–</td><td>–</td><td></td><td>Dannevirke</td><td></td></tr>
<tr><td>Postcode</td><td>Text</td><td>–</td><td>–</td><td colspan="2">6035</td><td></td></tr>
<tr><td>Cell phone</td><td>Text</td><td>–</td><td>–</td><td colspan="2">0279876543</td><td>SMS invite/reminder for everyone</td></tr>
<tr><td>Email address</td><td>Text</td><td>–</td><td>–</td><td colspan="2">david@gmail.com</td><td>All invitations will be sent via email</td></tr>
<tr><td>Gender*</td><td>Text</td><td>✓</td><td>F
I
M
U</td><td colspan="2">F</td><td>Allowed codes from: http://www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/sex-type-code-table</td></tr>
<tr><td>Date of birth*</td><td>Date</td><td>✓</td><td>–</td><td colspan="2">20110816</td><td></td></tr>
<tr><td>Last visit date*</td><td>Date</td><td>✓</td><td>–</td><td colspan="2">20110816</td><td>The date the person was last seen, within the survey sample period</td></tr>
<tr><td>Service start date*</td><td>Date</td><td>✓</td><td>–</td><td colspan="2">20110816</td><td>For the current period of service</td></tr>
</table>

Field	**Data type**	**Mandatory value**	**Allowed options (if restricted)**	**Example data**	**Comment**
Ethnicity*	Integer	✓	Only those codes in the Level 2 code table	21	Allowed codes from: www.health.govt.nz/nz-health-statistics/data-references/code-tables/common-code-tables/ethnicity-code-tables
Provider name*	Text	✓			For the invitation, what provider is usually called in communications
Service type*	Text		Max 100 characters	HCSS | MIS | RTI | over 65 | LTC | short-term acute | respite | respite for caregivers of fragile children | responsive model of care - over 65 | long term chronic | START | short term acute | short term acute (respite – STS clients) | disability support services | DSS – IF	Descriptors may be unique to provider. Use pipe separators
Service level*			Max 50 characters		If a lower level than provider required for reporting
District of domicile*	Integer	✓	DHB Area codes	123 or 011	See district codes below
Funder*	Text	✓	Max 50 characters	ACC | DSS | Te Whatu Ora	Multiple response options are allowed. Use pipe separators
Direct client time per week*	Integer	✓	Whole number in minutes		In the week of last visit date
Optional 1*	Text	–	–	Optional for service providers if they want to include further information from their systems	
Optional 2*	Text	–	–		
Optional 3*	Text	–	–		

* Pulled through to be included in survey results dataset.

District of domicile codes:

011 Northland
021 Waitematā
022 Auckland
023 Counties Manukau
031 Waikato
042 Lakes
047 Bay of Plenty
051 Hauroa Tairāwhiti
061 Hawke's Bay
071 Taranaki
081 MidCentral
082 Whanganui
091 Capital & Coast
092 Hutt Valley
093 Wairarapa
101 Nelson Marlborough
111 West Coast
121 Canterbury
123 South Canterbury
160 Southern
999 Overseas

File format

The file received from the provider is expected to meet the following.

- The file must be in comma delimited format (conforming to http://tools.ietf.org/html/rfc4180 standard).
- All column headings must be provided as the first line and must match the specified Field name.
- The extract file must be named using the following convention: for example, xxxxPE_From_yyyymmdd_To_yyyymmdd.csv, where “yyyymmdd” is the formatted date/time of the date range used for the extract.
- Codes as opposed to descriptions will be used in columns wherever possible.