He ratonga tautoko,
he aroha tangata

Home and community support
services experience survey

Home and community support services experience survey: *National results 2024*

July 2025

Te Tāhū Hauora
Health Quality & Safety
Commission

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Te Kāwanatanga o Aotearoa
New Zealand Government

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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. Feedback helps drive 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.

Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) is mandated under part 3 subpart 3 of the Pae Ora (Health 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 important as this information is often missing from national reporting and gives important insights into the experience of disabled people.

The programme is overseen by the Patient Reported Measures Steering Group (the Steering Group). The Steering Group provides independent advice to Te Tāhū Hauora on the patient-reported measures programme. This includes ensuring the results of the surveys 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).

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[1] https://www.standards.govt.nz/shop/nzs-81342021

[2] https://www.hqsc.govt.nz/consumer-hub/engaging-consumers-and-whanau/code-of-expectations-for-health-entities-engagement-with-consumers-and-whanau/

[3] https://www.legislation.govt.nz/act/public/2022/0030/latest/versions.aspx

[4] https://www.hqsc.govt.nz/our-data/patient-reported-measures/

[5] https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results/

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. The survey intends to help HCSS providers understand how well they are meeting people's needs and how they can improve the services they are providing to people.

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. Additional funding was provided by Health New Zealand | Te Whatu Ora. This is the first time we have run a large survey of HCSS clients across Aotearoa New Zealand. The results offer useful insights for participating providers and their clients, as well as for funders, policy makers and advocates.

The survey started in 2024 and will be run annually for three years. The questionnaire was developed with consumers and providers. Themes for the questionnaire were informed by the Ngā Paerewa Health and Disability Support Services Standard,[6] the National Framework for Home and Community Support Services,[7] and the principles of Enabling Good Lives.[8] The survey covers different parts of the home and community support service experience. This includes scheduling, communication, partnership, coordination, physical and emotional needs and cultural safety.

In the first year, 16 providers chose to participate (see Appendix), and 25,000 invitations were sent to their clients. Responses were received from 5,515 people.

Key findings

Overall, people reported that services and support were provided in an inclusive way that respected their identity and circumstances. Areas identified for improvement were in communication, being able to contact providers, and scheduling. Wide variation was evident between providers in responses to questions relating to support worker scheduling and communication. For example, in the proportion of clients who knew in advance who the support worker would be, who were informed in advance of changes, and clients reporting support workers arrived on time. This variation indicates the potential for process improvements for some providers.

These results have been separately shared with the participating HCSS providers, comparing their organisation to national results. Those reports were developed to help providers understand what they are doing that benefits their clients the most, and to identify where opportunities exist for improvement. They also support HCSS providers to understand how well the care they are providing links to best practice.

Related reports

The following reports can be accessed on the Te Tāhū Hauora website:

- Methodology and procedures: **https://www.hqsc.govt.nz/resources/resource-library/home-and-community-support-service-experience-survey-methodology-and-procedures/**
- Survey questionnaire: **www.hqsc.govt.nz/resources/resource-library/new-zealand-home-and-community-support-services-experience-survey-questionnaire**
- Privacy impact assessment: **www.hqsc.govt.nz/resources/resource-library/home-and-community-support-services-experience-survey-privacy-impact-assessment-report**

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

[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).

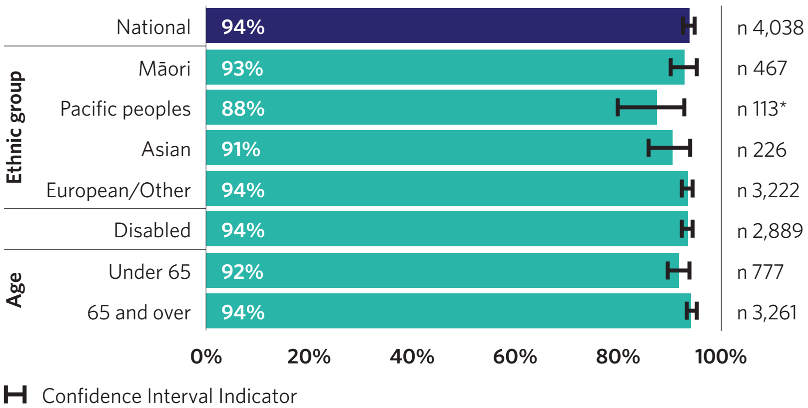
[8] See the Enabling Good Lives website, for more information (www.enablinggoodlives.co.nz).

Top three and bottom three scoring questions

Results are reported as the percentage of people who selected the most positive response to each question, representing the best-case scenario for them. The number of people who answered the question is also shown (n).

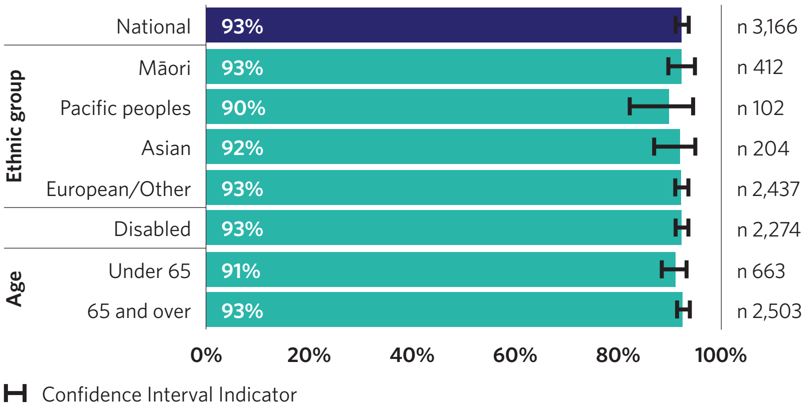
Top three highest performing results

During the visits from the support worker(s) was your culture respected?



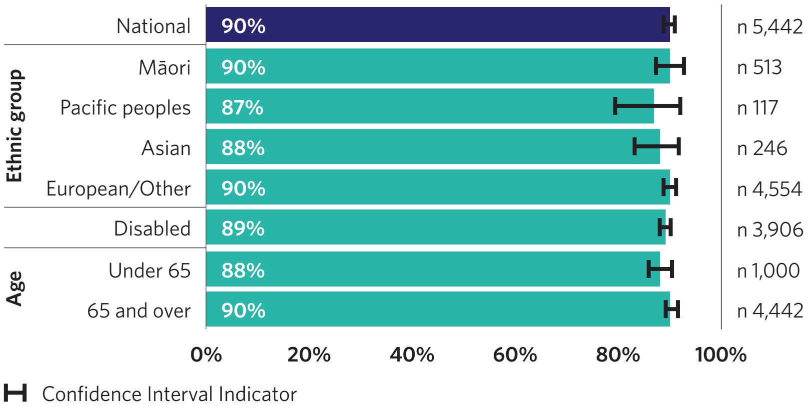
An asterisk appears if the rate is significantly different from the National rate.

During the visits from the support worker(s) were your spirituality and beliefs respected?



An asterisk appears if the rate is significantly different from the National rate.

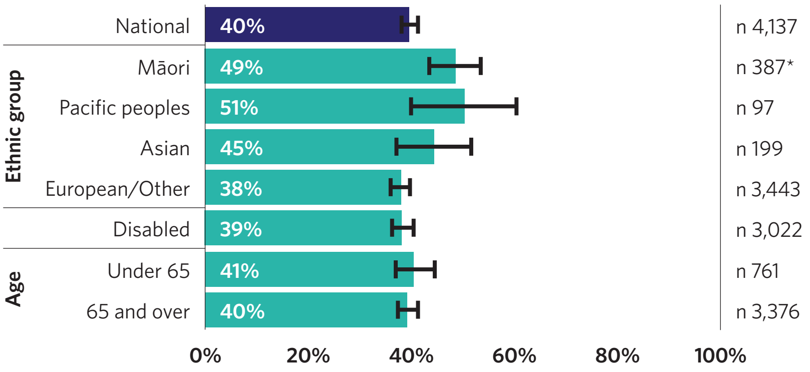
Did the support worker(s) treat you with respect and kindness?



An asterisk appears if the rate is significantly different from the National rate.

Bottom three lowest performing results

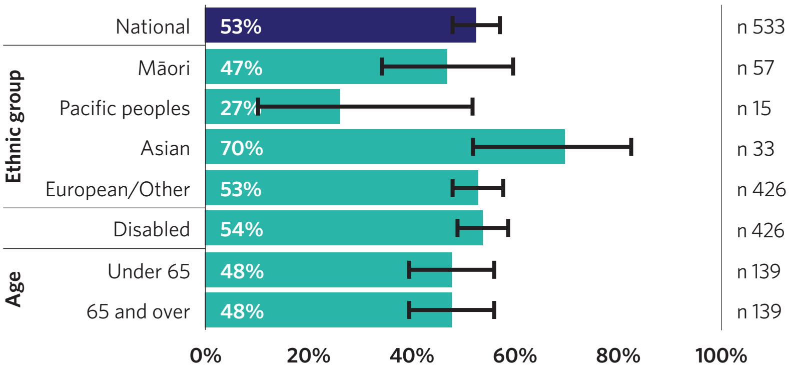
If there were changes to your support arrangements, did someone from your provider let you know in advance?



Confidence Interval Indicator

An asterisk appears if the rate is significantly different from the National rate.

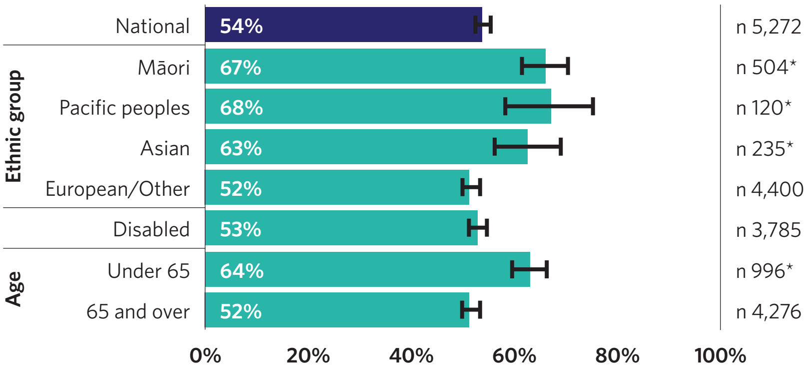
Did your provider take your concern or complaint seriously?



Confidence Interval Indicator

An asterisk appears if the rate is significantly different from the National rate.

Did you know in advance who your support worker(s) would be?



Confidence Interval Indicator

An asterisk appears if the rate is significantly different from the National rate.

Interpreting this report

Demographic analysis

Results are reported separately by ethnic group, disability status and age group. Where differences are statistically significant to the national average, this is shown by an asterisk.

In general, no consistent statistically significant differences were evident in response by ethnic group, disability status or age group. Few instances were evident where responses were significantly different by gender, so results by gender are not shown. We will repeat these analyses when year two results are available, pooling with the year one results. The higher combined sample size may enable us to identify consistent sub-group differences especially for groups with small sample sizes such as Māori, Pacific, and Asian clients responding to the survey in the younger age bands.

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; if self-reported ethnicity is unknown then ethnic group is based on what is recorded in the sample file.

This report uses a prioritised classification of ethnic group. 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.

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.

Tip: Interpreting confidence intervals

Confidence intervals give a range of values that are used to estimate the true value. For this report, the confidence intervals are calculated at 95 percent confidence level. This means we are 95 percent confident that the true value lies somewhere within the given range. If the lower or upper limits do not overlap with other groups, the difference is considered statistically significant.

Tip: Low sample sizes

When the sample size is fewer than 30 respondents, interpret results with caution because there may be more random variation in the results as reflected by the wider confidence intervals.

Survey reference period

The survey questions ask about people's experience of their home and community support services over the four-week reference period before they completed the survey (questions asked people 'in the last four weeks…').

Comparing results with other patient experience surveys

Some of the questions included in this survey are similar to those included in the adult hospital inpatient experience survey and the adult primary care patient experience survey. Where this is the case, weighted[9] results from these surveys are included for benchmarking purposes, acknowledging that the care context is very different.

Results for these surveys are available online: **www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-results**.

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[9] Weighting adjusts for under- or over-representation in responses by age, gender and ethnic group and means the results account for differences in response rates within a population.

Results by theme

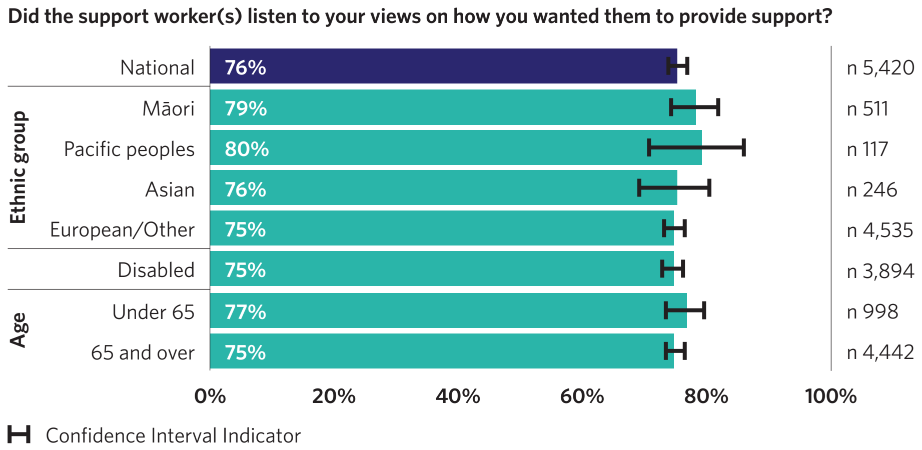
The survey questions and themes for reporting were informed by the Ngā Paerewa Health and Disability Services Standard and the principles of Enabling Good Lives. Responses to the questions are reported under four main themes:

1. Effective communication
2. Effective scheduling
3. Treated with respect
4. Ease of contact.

Theme 1: Effective communication

Questions under this theme seek to understand the quality of communication from providers to clients. Effective communication was one of the most common themes emerging from people's responses to open-ended questions about what would have made their support service better. Effective communication means that people receiving services feel listened to and that what they say is valued. It means service providers ensure communication is clear and open. Effective communication is essential for a functional partnership. Figures 1 to 4 present results to questions about effective communication.

Figure 1: Listened to by support worker

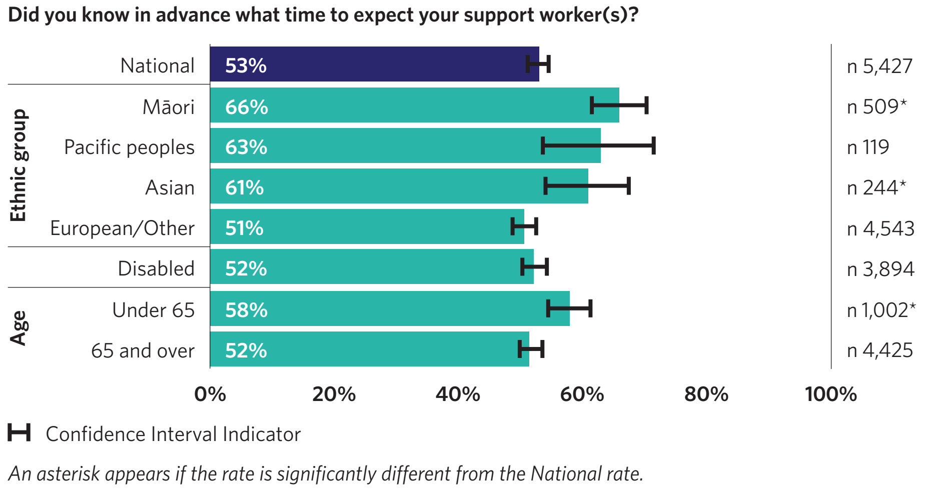


An asterisk appears if the rate is significantly different from the National rate.

Seventy six percent of people reported that, in the last four weeks, their support workers always listened to their views on how they wanted those support workers to provide support.

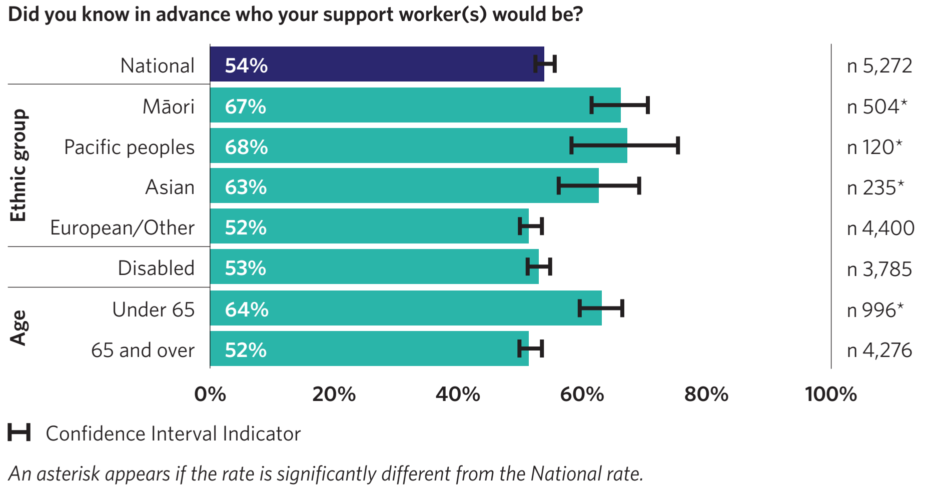
A similar question is also asked in the adult hospital inpatient experience survey and the adult primary care patient experience survey. HCSS clients responded less positively than hospital inpatients (85 percent report the doctors listened to their views and concerns) and primary care patients (92 percent report the healthcare professional listened to them). This may reflect the different context in which care is provided for HCSS clients, compared with other health services.

Figure 2: Knew in advance what time to expect support



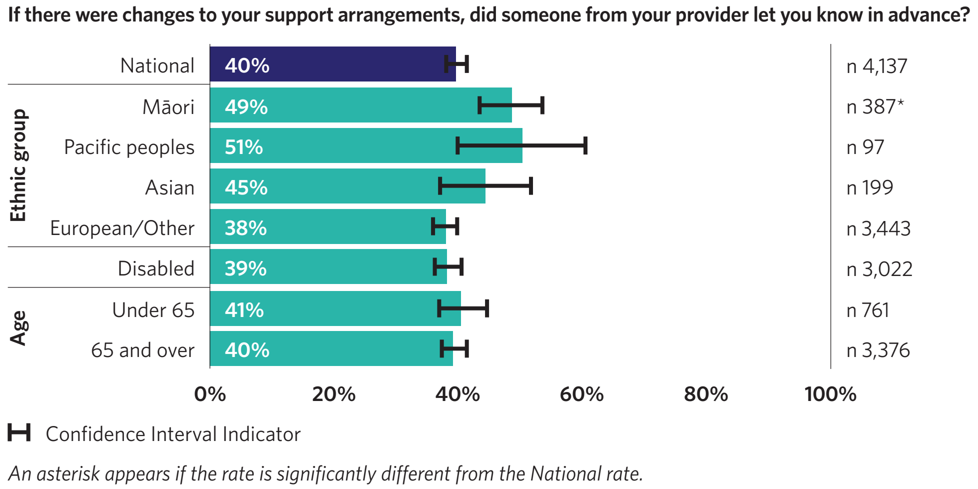
Fifty-three percent of people reported that in the last four weeks they always knew in advance what time to expect their support worker(s). Responses to this question varied between providers, from between 29 percent to 89 percent of clients responding that they always knew in advance what time to expect their support worker.

Figure 3: Knew who support worker would be in advance



Fifty-four percent of people reported that in the last four weeks they always knew in advance who their support worker(s) would be. This was a question where responses varied widely by provider. For the lowest-scoring provider, only 13 percent of their clients reported always knowing in advance who their support worker would be, compared with 95 percent of clients for the highest-scoring provider.

Figure 4: Advised of changes in advance



If changes were made to their support arrangements in the last four weeks, 40 percent of people reported their providers always let them know in advance. This includes, for example, being informed ahead of time if their support time was changed, that the support worker could not make it, or that the support worker would be a different person from who was expected. The denominator excludes people who did not have changes to their support arrangements in the past four weeks.

Comments from people about effective communication

Effective communication was one of the most common themes that emerged in response to the open-ended questions. Elements of effective communication that were mentioned included:

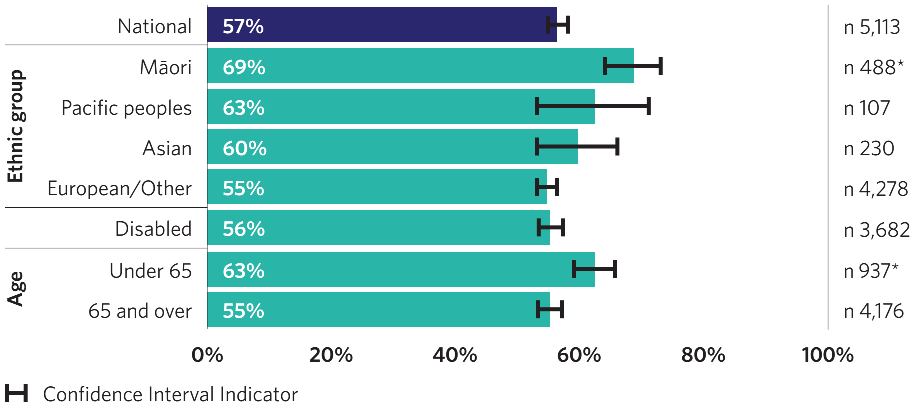
- access to rosters
- being informed about schedule changes
- internal communication between coordinators and support workers
- being listened to
- language barriers between support workers and clients.

Theme 2: Effective scheduling

These questions show the degree to which the scheduling and delivery of support was person-centred and tailored to needs over the four-week reference period. Part of providing respectful support includes support workers arriving as expected and on time and support being delivered in a way that meets people's specific needs. Disruption and cancellations should be minimised. People providing support need to be appropriately informed on what support is required and how to provide it. Figures 5 to 8 present results on questions relating to effective scheduling.

Figure 5: Support arrived at expected time

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

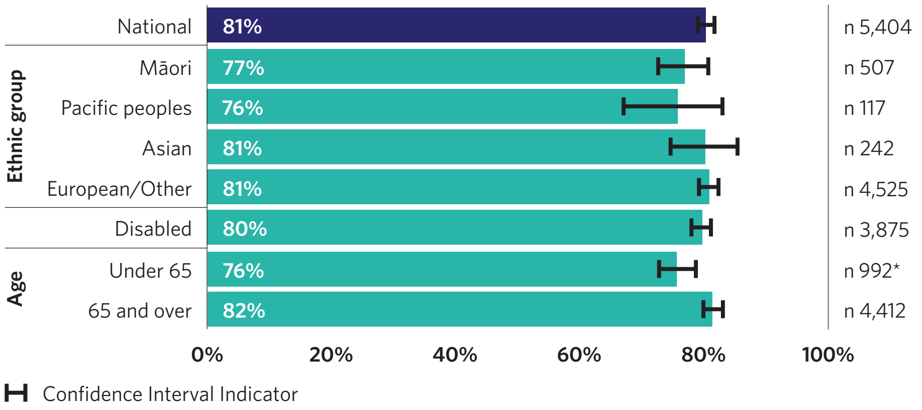


An asterisk appears if the rate is significantly different from the National rate.

Fifty-seven percent of people reported that in the last four weeks their support workers always arrived at around the time expected. This question was only asked of those who had previously answered that, in the past four weeks, they always, usually or sometimes knew in advance when to expect their support workers. For clients of the highest-scoring provider, this happened 91 percent of the time, compared with 40 percent of clients with lowest-scoring provider.

Figure 6: No occasion when support did not turn up

Has a support worker not turned up at all when one was supposed to?

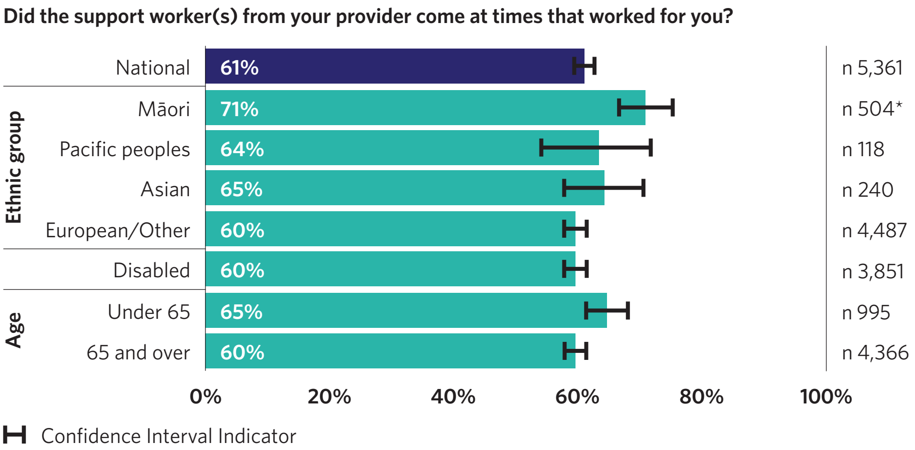


An asterisk appears if the rate is significantly different from the National rate.

Eighty-one percent of people reported that in the last four weeks there was no occasion when their support worker did not turn up when supposed to. This means 19 percent, around one in five people, experienced a time when their support worker did not turn up when supposed to.

A common reason why this might occur is if the usual support worker is unavailable, either through planned or unplanned leave. Providers are encouraged to understand what their absence rate is and what processes they have in place to manage unplanned absences.

Figure 7: Support times worked for people

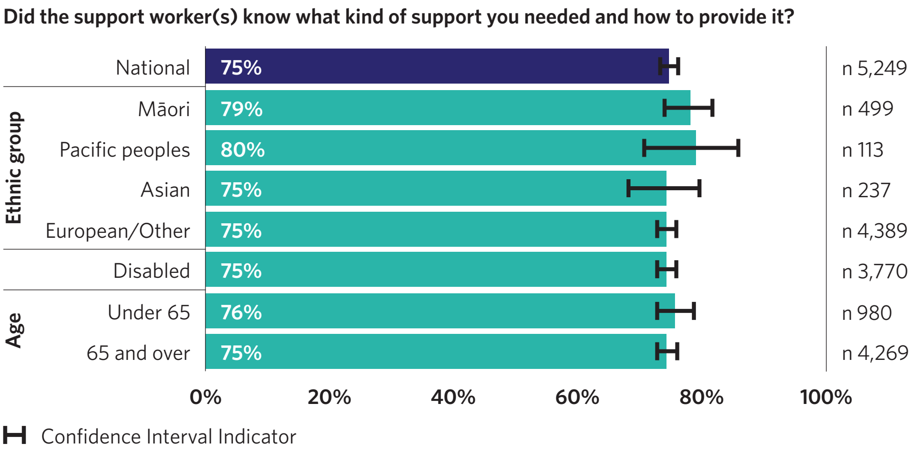


An asterisk appears if the rate is significantly different from the National rate.

Sixty-one percent of people reported that in the last four weeks their support workers always came at times that worked for them.

The wording of this question was framed to find a balance between the times of day that people needed support and the constraints within which providers were working. Although providers may not always be able deliver this, it is a gap at a national level.

Figure 8: Support workers had the necessary knowledge and skills



An asterisk appears if the rate is significantly different from the National rate.

Seventy-five percent of people reported that in the last four weeks their support workers always knew what kind of support they needed and how to provide it. For example, support workers knew what was in people's care plans, and had the right skills and training.

Qualitative comments about effective scheduling

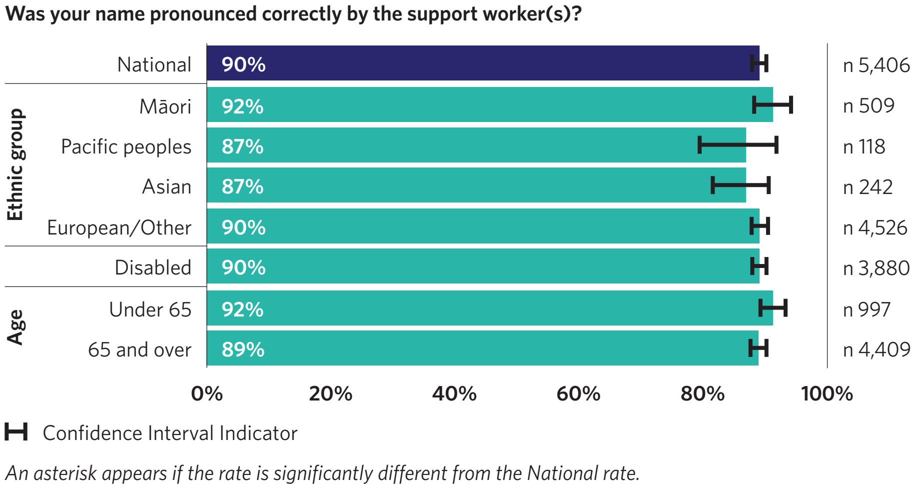
The timing and standard of support provision was a common theme in response to the open-ended questions. Elements of effective scheduling that clients noted included:

- reliable support
- regular support workers and regular times
- consideration of travel time for support workers
- while regular support workers tended to know what kind of support was needed and how to provide it, new or relief workers did not
- the need for pre-preparation for support workers, in terms of reading care plans and receiving briefing from coordinators
- scheduling that enables social participation
- standard of support and tasks completed.

Theme 3: Treated with respect

These questions are indicators of people being treated with respect, with services and support being provided in an inclusive way that respects people's identity and circumstances. Correct name pronunciation is an aspect of this and is important for building trust and respect, and providing culturally safe care. Figures 9 to 13 present results relating to being treated with respect.

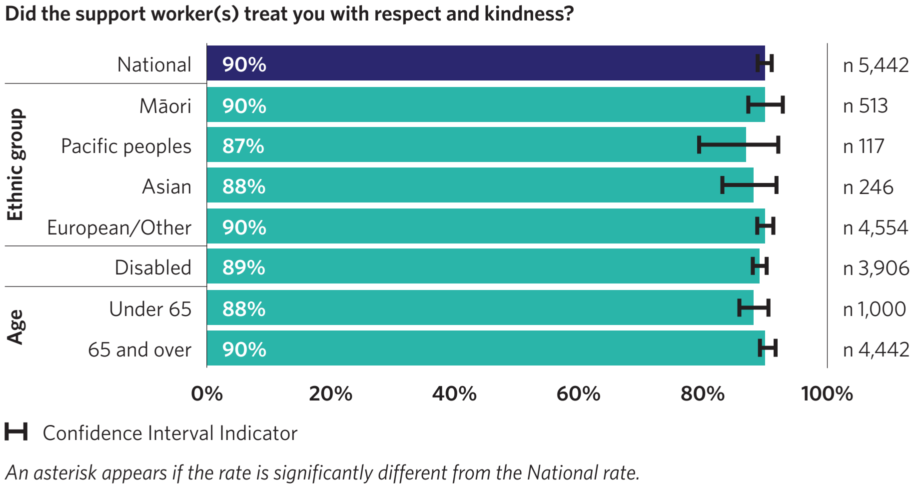
Figure 9: Name pronounced properly



Ninety percent of people reported that in the past four weeks their name was always pronounced properly by the support workers, or they were addressed appropriately without their name being used. While this was one of the high-scoring questions, it does mean that 10 percent did not always have their name pronounced properly or were not always addressed appropriately.

This compares favourably with responses to the adult hospital inpatient experience survey, where 88 percent of people responded 'yes, always' to this question and less favourably than the adult primary care patient experience survey, where 95 percent of respondents answered 'yes, always'.

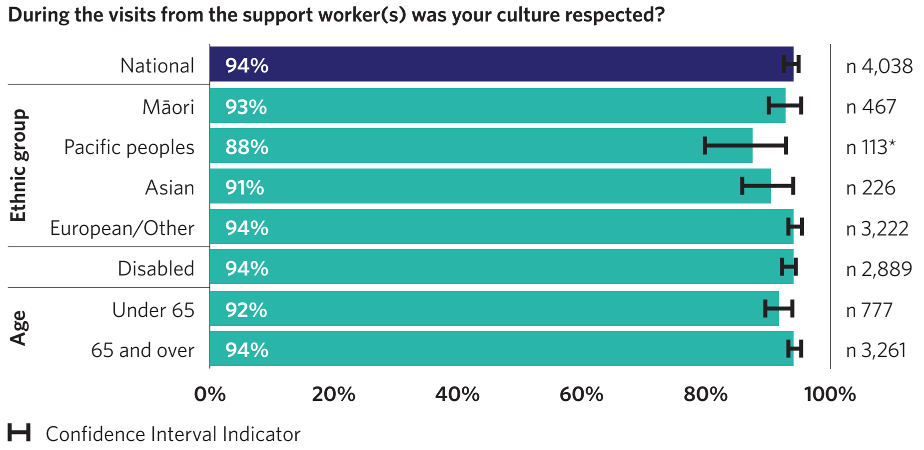
Figure 10: Treated with respect and kindness



Ninety percent of people reported that in the last four weeks the support workers always treated them with respect and kindness. While this appears high overall, it highlights that one in ten people are not always feeling treated with respect and kindness.

This is similar to responses from the adult hospital inpatient experience survey, where 90 percent of people responded 'yes, definitely' to this question and less favourably than the adult primary care patient experience survey, where 96 percent of respondents answered 'yes, definitely'.

Figure 11: Culture respected

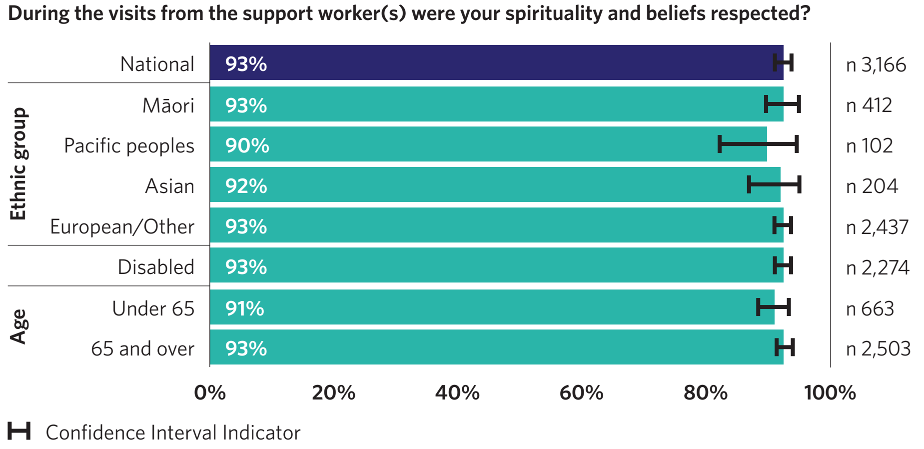


An asterisk appears if the rate is significantly different from the National rate.

Ninety-four percent of people reported that during visits from support workers in the last four weeks their culture was always respected. The denominator excludes people who responded that the question did not apply to them.

This is more positive than responses from the adult hospital inpatient experience survey, where 88 percent of people responded 'yes, definitely' to this question and similar to the adult primary care patient experience survey, where 92 percent of respondents answered 'yes, definitely'.

Figure 12: Spirituality and beliefs respected

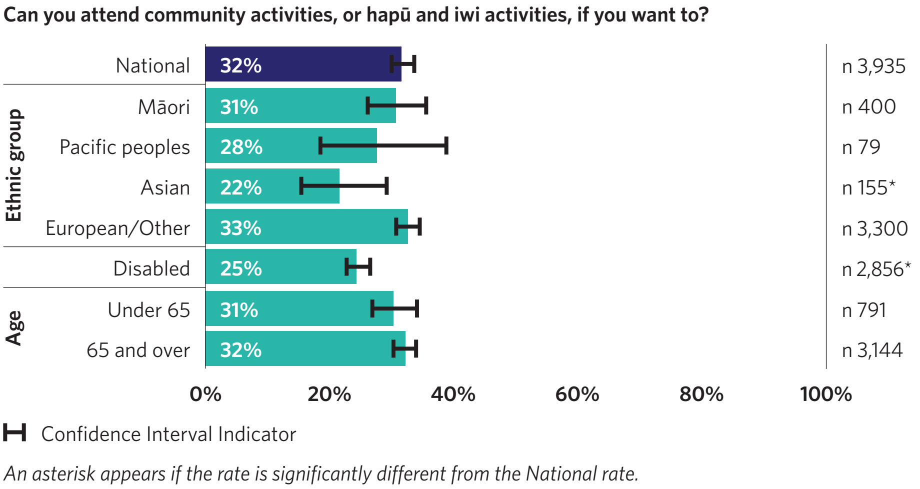


An asterisk appears if the rate is significantly different from the National rate.

Ninety-three percent of people reported that during visits from support workers in the last four weeks their spirituality and beliefs were always respected. The denominator excludes people who responded that the question did not apply to them.

This is more positive than responses to a similar question in the adult hospital inpatient experience survey, where 82 percent of people responded 'yes, definitely' and more positive than the adult primary care patient experience survey, where 85 percent answered 'yes, definitely'.

Figure 13: Able to attend activities



An asterisk appears if the rate is significantly different from the National rate.

Thirty-two percent of people were definitely able to attend community activities, or hapū and iwi activities, if they wanted to. The denominator excludes people who responded that they did not want or need this. The question asked about attendance in general and was not tied to the four-week reference period. Although providers may not be able to provide this type of support if it is not in care plans, it is a clear gap at a national level and has a flow-on effect for social isolation.

Being an older adult or having a mental or physical challenge puts people at a higher risk of social isolation, which in turn increases the risk of developing serious mental and physical health conditions.[10]

Qualitative comments about being treated with respect

Comments people made about being treated with respect were mostly positive but highlighted areas for improvement. Elements of being treated with respect that appeared in the comments included:

- kindness, care, helpfulness
- being talked to respectfully
- respect for household rules and tikanga
- privacy
- keeping things sanitary
- focusing on a person's individual needs.

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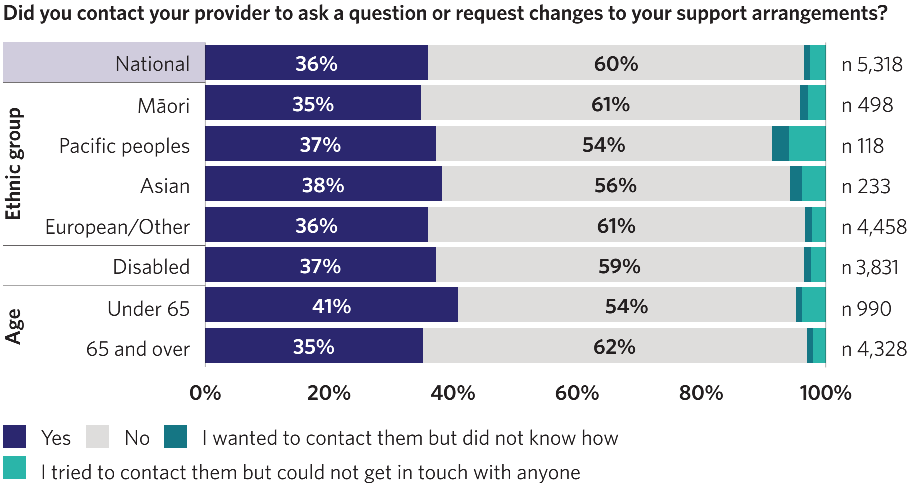
[10] For more information, see Health Effects of Social Isolation and Loneliness on the US Centers for Disease Control and Prevention website (www.cdc.gov/social-connectedness/risk-factors/index.html).

Theme 4: Ease of contact

This theme looks at whether clients were easily able to contact their provider to have a question or request answered, including to make a complaint. Ngā Paerewa, standard 1.8, interprets the right to complain as meaning that people feel it is easy to make a complaint and that, when they do, they are taken seriously and receive a timely response. Figures 14 to 18 present results relating to how easily clients could contact their providers.

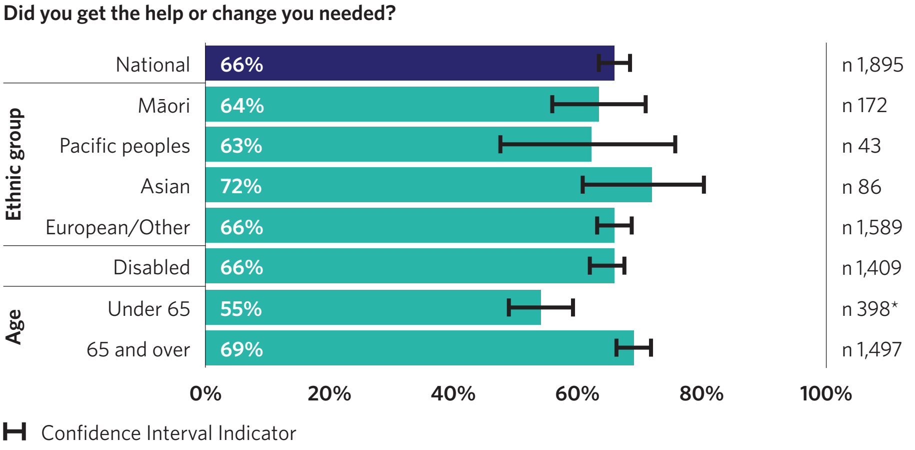
Figure 14: Asking questions or requesting changes



Thirty-six percent of people reported that in the last four weeks they had contacted their provider to ask a question or request changes to their support arrangements. Sixty percent had not done this, 1 percent wanted to contact their provider but did not know how, and 2 percent had tried to contact their provider but could not get in touch with anyone.

This question does not have a 'most positive' response. It was used to provide branching logic to the following survey question ('Did you get the help or change you needed?'). However, the responses 'I wanted to contact them but did not know how' and 'I tried to contact them but could not get in touch with anyone' are indicators of being insufficiently informed about processes and ineffective communication.

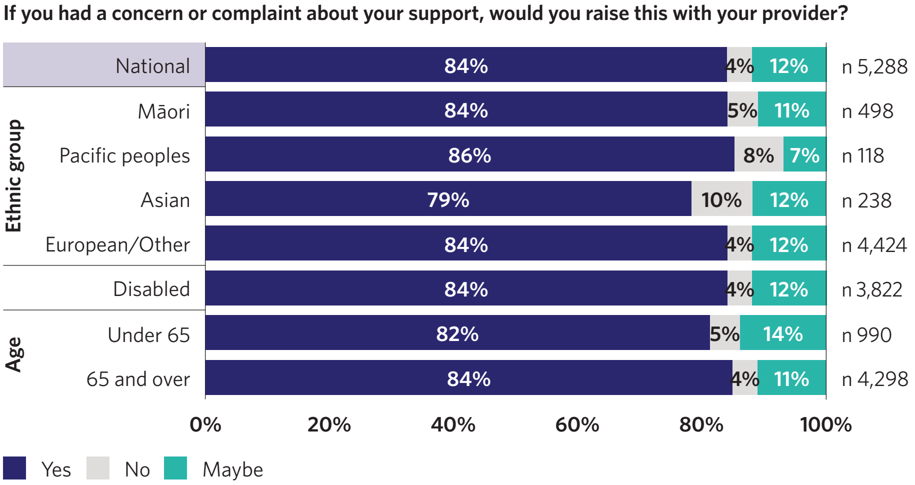
Figure 15: Got help or change needed



An asterisk appears if the rate is significantly different from the National rate.

Sixty-six percent of people reported they got the help or change they needed when they contacted their provider to ask a question or request changes to their support arrangements. Only those people who had contacted their provider for this purpose in the last four weeks were asked this question (n=1,895).

Figure 16: Would raise a concern or complaint



Eighty-four percent of people reported that, if they had a concern or complaint about their support, they would raise it with their provider. Four percent reported they would not raise it and 12 percent reported they would maybe raise it.

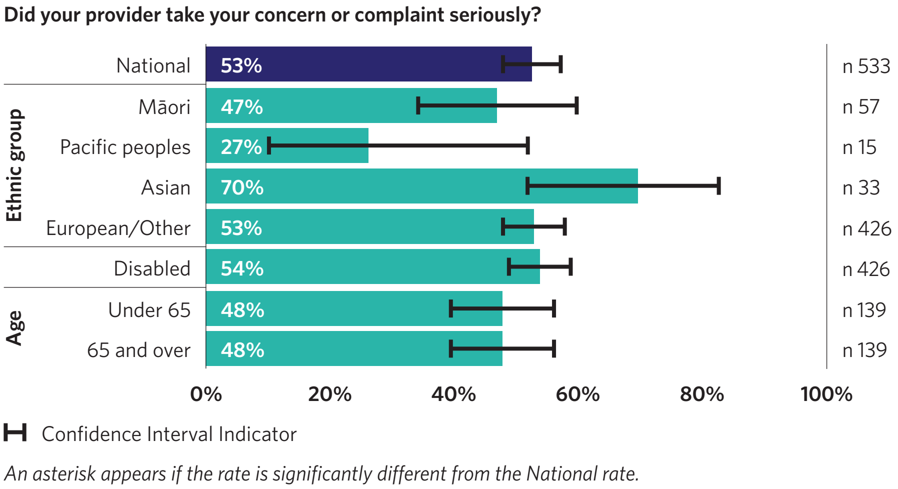
This question does not have a 'most positive' response. It was used to provide branching logic to the following survey question ('Did you contact your provider to raise a concern or make a complaint about your support?').

Figure 17: Did raise a concern or complaint

Twelve percent of people reported they had contacted their provider to raise a concern or complaint about their support in the last four weeks. Eighty-five percent had not done so, 1 percent wanted to contact their provider but did not know how, and 2 percent had tried to contact their provider but could not get in touch with anyone. Only those people who said 'yes' they would raise a concern or complaint about their support with their provider' were asked this question.

This question does not have a 'most positive' response. It was used to provide branching logic to the following survey question ('Did the provider take your concern or complaint seriously?'). However, the responses 'I wanted to contact them but did not know how' and 'I tried to contact them but could not get in touch with anyone' are indicators of being insufficiently informed about processes and ineffective communication.

Figure 18: Concern or complaint taken seriously



Of those who had contacted their provider to raise a concern or complaint in the last four weeks, nationally 53 percent reported that their provider definitely took their concern or complaint seriously. If people had raised more than one concern or complaint in the last four weeks they were advised to think about the most recent occasion when answering the question.

Qualitative comments about ease of contact

Elements of ease of contact that appeared in the comments at a national level included:

- getting in touch with providers and getting a response in return
- knowing who to contact
- fear of consequences for themselves or their support worker
- not wanting to be a bother
- concerns being dismissed or nothing changing.

Respondent profile

Who responded to the survey?

- Most respondents (82%) were aged 65 and over and most were female (67%).
- Of respondents, 9.4 percent identified as being of Māori ethnicity, 4.5 percent Asian ethnicity, 2.2 percent Pacific peoples and 84 percent were European/Other ethnicities.
- A higher proportion of Māori (37%), Pacific peoples (44%) and Asian (27%) respondents were aged less than 65 than those of European/Other ethnicities (15%).
- Of respondents, 72 percent had a functional disability based on the WG-SS and/or self-identified as disabled or as having a disability.
- Of respondents, 79 percent completed the survey for themselves and 21 percent had someone else complete the survey on their behalf. The proportion of completed on their behalf was much higher for Pacific peoples and Asian respondents, at 40 percent and 46 percent respectively.
- Household management was the most common type of support received, with 68 percent of respondents receiving this type of support, followed by personal care at 53 percent (noting that more than one support type may be provided).
- The typical (median) completion time for the HCSS survey was 10.9 minutes.
- Most respondents who completed the first question went on to complete the final question (completion rate 92%).

Demographics of survey respondents

Table 1 provides a summary of the demographics of respondents to the HCSS survey.

Table 1: Summary demographics

Age band	Māori	Pacific peoples	Asian	Other	Total	Percent of total
14 years or under	7	<5	5	23	38	**1**
15–44 years	50	15	30	192	288	**5**
45–64 years	137	36	32	481	688	**12**
65–74 years	145	19	58	796	1,020	**18**
75–84 years	130	29	76	1,795	2,036	**37**
85 years or over	53	19	47	1,371	1,491	**27**
Total	**522**	**120**	**248**	**4,658**	**5,561**	
Percent of total	**9.4**	**2.2**	**4.5**	**83.8**	**100**	

The rows do not always sum to the total because those of unknown ethnicity are not reported separately in the table.

Response rates

Table 2 and table 3 show response rates with counts of those who responded included in brackets. Response rates varied by provider, from 18 percent to 63 percent. In part, this reflects the quality of the sample file, with some providers only having mobile contacts. Hard copy yielded a high response rate for some providers.

Looking at the response rates by invitation method shows that the highest response rate was achieved when people were invited by both email and SMS. This was only possible where the sample uploaded by the provider contained both of these contact details. When interpreting the response rates, be aware that the New Zealand total is largely driven by those of the European/Other ethnic group.

Table 2: Percentage of those invited who responded to the survey by ethnicity and invitation method (count of those who responded in brackets)

		Invitation method			
	Total	Via SMS	Via email	Via email and SMS invitation	Via hard copy
Māori	20% (414)	16% (130)	6% (3)	24% (177)	24% (104)
Pacific peoples	17% (133)	9% (30)	15% (8)	22% (83)	36% (12)
Asian	15% (209)	9% (50)	16% (14)	18% (138)	26% (7)
European/Other	26% (4,449)	16% (1,261)	25% (283)	35% (2,779)	35% (126)
NZ total	**24% (5,514)**	**15% (1,597)**	**23% (321)**	**32% (3,347)**	**29% (249)**

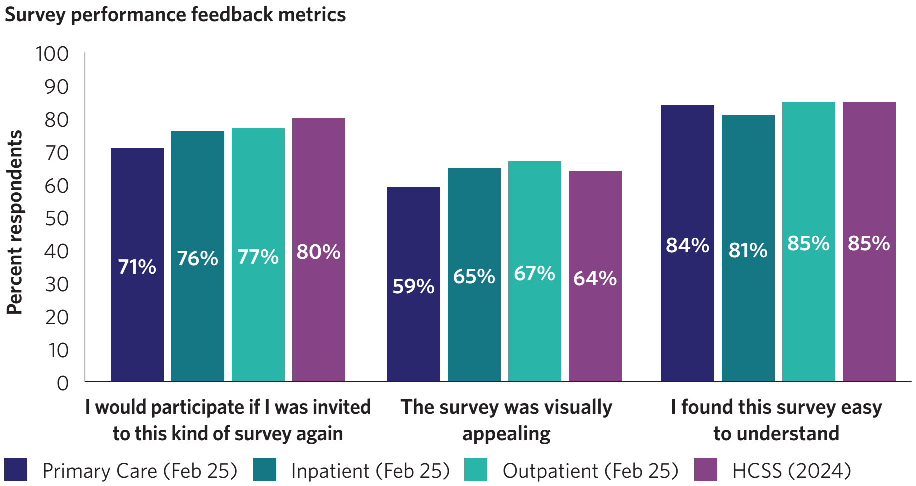
Table 3: Percentage of those invited who responded to the survey by age group (count of those who responded in brackets)

	Total
Under 65	21% (964)
65 to 75 years	26% (1,029)
75 to 84 years	26% (2,052)
85 years or over	21% (1,469)
NZ total	**24% (5,514)**

Feedback on the survey

As part of monitoring survey performance, respondents are asked to provide feedback on the survey. Figure 19 shows that the HCSS survey performed similarly to the other patient experience surveys run by Te Tāhū Hauora. This is a pleasing result, given the high proportion of disabled people responding to the survey.

Figure 19: HCSS survey performance feedback



More information

- Information on the survey, including the questionnaire, data dictionary and methodology and procedures report: **https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/about-our-patient-experience-surveys/home-and-community-support-services-experience-survey/**
- Information for people who have been invited to take part: **www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/taking-part/home-and-community**
- Survey resources for home and community support services staff: **www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/survey-resources-for-home-and-community-support-services-staff**

Appendix: Participating providers

The following providers are recognised for supporting this national work from its inception and seeing the value of a national approach that allows services to better understand and benchmark their performance. We thank each provider for their contribution to the survey development process and commend them for the time they have given to understand their client's experiences for the purpose of improving the quality of their services:

- Drake Medox
- Geneva Healthcare
- HealthCare NZ
- Life Plus
- Lifewise Health and Disability Services
- Nurse Maude
- NZCL Whānau Support
- Pacific Homecare
- Pirirākau Hauora
- Presbyterian Support East Coast
- Presbyterian Support Northern (Enliven)
- Te Kōhao Health
- Te Puna Ora o Mataatua
- Tuwharetoa Health Charitable Trust
- Visionwest
- Whaioranga Trust.

Te Kāwanatanga
o Aotearoa
New Zealand Government

Te Tāhū Hauora
Health Quality & Safety
Commission