

### **SURVEY OVERVIEW**

The survey covers different aspects of the home and community support service experience. This includes scheduling, communication, partnership, coordination, physical and emotional needs and cultural safety. Demographics are collected to understand how experiences vary between different population groups.

### **PROGRAMMING INSTRUCTIONS**

This version of the survey shows the logic that 'skips' people to appropriate questions based on their answers. Not all people see all the questions.

Programming instructions are noted **[LIKE THIS]**. They show question type and any routing or visual reference information as well as indicators for piping in responses. They are not visible in the online questionnaire itself. If nothing is shown for filter the default base is all respondents and default question type is single choice.

No questions are compulsory.

### **QUESTION RATIONALE**

The rationale and thinking behind each survey question is shown *like this*.

### **SELF-COMPLETE PAPER**

A self-complete paper option was also provided in some cases. The self-complete version differed from the online version slightly to remove the need for skip logic. Contact [survey@hqsc.govt.nz](mailto:survey@hqsc.govt.nz).



## **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. You can find more information about the survey here: <https://www.hqsc.govt.nz/our-data/patient-reported-measures/patient-experience/taking-part/home-and-community>

### **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 = I am 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 = I am 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
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 = I am 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 (for example, help with preparing meals, cleaning or laundry)
2. Personal care (for example, help with eating, showering, medication, getting dressed or getting around the house)
3. Respite care
4. Transportation or outings to get to places in your community
97. Something else (please specify)

**{Page break}**

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 = I am 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 care plan, did they have the right skills and training?*

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

### Q11 SW\_SkillNeededOE

**[SHOW IF SW\_SkillNeeded = Usually / sometimes / no]**

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

*Please explain, in as much detail as possible.*

**{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 QSurveyOnBehalf = Completing on behalf of someone else]**

**{Page break}**

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 QSurveyOnBehalf = 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 QSurveyOnBehalf = 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*

**{Page break}**



## 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 = I am 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\_ComplaintKnowOE

**[SHOW IF SM\_ComplaintKnow = No OR Maybe]**

What makes you say this?

*Please explain in as much detail as possible*

**Q22 SM\_ComplaintRaise****[SHOW IF SM\_ComplaintKnow = Yes]**

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

**{Page break}****Your support overall**

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 = I am 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.*

**{Page break}**

**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 = I am 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 difficulties you have doing certain activities because of a **health problem**.

**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

**{Page break}**

These questions are about difficulties you have doing certain activities because of a **health problem**.

**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

**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

**{Page break}**

## ADDITIONAL COMMENTS

### Q38 QNaturalCarerOE

**[SHOW IF Who\_answers = I am 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 about the support provided by {provider name}?

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

**{Page break}**

## 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.

**{Page break}**

## 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}

### [ALL]

Thanks again.