

Extension to the 2003 Home Care User Experience Survey

PSSRU

RESEARCH SUMMARY

29

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BACKGROUND

Reflecting and learning from the perspective of service users is an increasingly important aspect of government policy. In order to reflect this in performance indicators relating to the quality of services, all Councils with Social Services Responsibilities (CSSRs) have been required to undertake user experience surveys (UES) since 2001–2002 on a three-year rolling basis.

Originally a requirement set out in the White Paper *Modernising Social Services* (Department of Health, 1998), client satisfaction surveys are one of several Best Value service-specific surveys. In 2002–2003 the survey focused on older users of home care.

The Office for National Statistics developed a full questionnaire for this purpose (Qureshi and Rowlands, forthcoming) but only four questions from this were compulsory for CSSRs to include in their surveys. The results from these compulsory questions were to feed into performance indicators (PIs) of the quality of home care.

The extended home care UES has been undertaken by the PSSRU as part of their programme of research into the Costs, Quality and Outcomes of social care. This programme is currently focusing on quality and costs of home care services maintaining older people in their own homes.

AIMS AND OBJECTIVES

The principal aims of the UES extension study were:

- to add value to the User Experience Surveys for a sample of participating local authorities by enhancing comparability across dimensions not included in the four required items;
- to enable authorities to compare the quality of home care provided by different providers used by their authority and that by providers used by other authorities;
- to assess the questions devised by ONS for their suitability as performance indicators; and
- to facilitate the further development of measurement of quality of home care services.

Individual reports have been provided for participating councils to facilitate the first aim. This summary focuses on evaluating:

- the conduct of the survey;
- the validity of the performance indicators;
- the development of indicators of user experiences of quality and outcome;
- the factors associated with the variations in these experiences which the indicators reveal.

METHOD

There were three main stages to the development of the questionnaire used in the extended UES.

- Initially the Office for National Statistics (ONS), supported by the Social Policy Research Unit

(SPRU) at the University of York, developed and tested questions for use by the Department of Health (DH) in their satisfaction surveys.

- A PSSRU study was conducted with service users and their carers to identify key aspects of service quality and to explore the application of some of the ONS survey questions to specific dimensions of quality. An initial review of the literature and subsequent interviews with home care users and their carers identified the most important aspects of quality in a home care service and explored the most meaningful way of measuring those domains (Francis and Netten, 2003).
- The final questionnaire was then developed, based on the original ONS version, drawing on the PSSRU study and in collaboration with Hazel Qureshi from SPRU and with advice from local council and DH representatives.

All councils were invited to participate in the extended study, which required them to use the PSSRU questionnaire and identify the service provider for each user. Thirty-four councils took part: one London borough, eight metropolitan authorities, 14 shire counties and 11 unitary authorities.

Participating councils were asked to follow the guidance — including that on sampling, data collection and management of the survey — that was provided by the DH. Councils in the extended survey made separate data returns to the DH for the four compulsory

questions and to the PSSRU on the results from the extended questionnaire. Information was collated from over 20,000 individual respondents, who were users of services from almost 700 different home care providers.

FINDINGS

- Councils had expressed concerns that the longer questionnaire would affect response rates. There was no evidence of this. The average response rate for the extended UES was 65 per cent compared with a national response rate of 61 per cent (Department of Health/ONS, 2003a).
- There was limited information about the characteristics and circumstances of service users. The vast majority (84 per cent) were 75 or over and about a quarter were men. Most (98.5 per cent) of respondents described themselves as white (British, Irish or any other white background) and 85 per cent reported that they received practical help from family, friends or neighbours.
- The average number of hours received by service users in the survey (6.1 hours per week) was less than both the national average (8.1 hours per week) (Department of Health, 2003a) and the average among home care service users in the participating authorities (7.8 hours per week). This appeared to be due to lower responses from those at the very highest level of service receipt.
- A general satisfaction question with seven levels of satisfaction ranging from 'extremely satisfied' to 'extremely dissatisfied' was used as the basis of a Best Value performance indicator.
- On the Best Value performance indicator for general satisfaction, almost 60 per cent of respondents were 'very' or 'extremely' satisfied with the help they received from social services

compared with 57 per cent nationally. Among authority types the group with the highest percentage satisfied was the group of metropolitan councils and the London borough.

- On the performance indicator reflecting the flexibility of the service, 64 per cent in our sample felt requested changes were always made, compared with 65 per cent nationally. However, both nationally and in our sample almost half the respondents said that they had never requested any changes. Of these, 16 per cent did not feel able to request changes to their care.
- The vast majority (90 per cent) felt that they received sufficient visits and three-quarters felt they had the things done that they wanted, but in practice almost a third felt that at least on occasions less time was spent with them than they were entitled to. Linked to this, over half of the respondents reported that, at least sometimes, care workers were in a rush and a fifth that care workers were only sometimes or even less often on time,

with 5 per cent never knowing when the care worker was going to arrive. In each of these three indicators of pressure on care workers to deliver the full allocated service on time there were lower levels of performance in the more rural shire authorities.

Figures 1 to 4 below show the overall results for questions relating to aspects of quality that were found in our previous work to be of great importance to service users: flexibility of the service (figure 1), reliability of the service (figure 2), continuity of care workers (figure 3) and providers' standard of communication (figure 4). Generally levels of satisfaction were high but it was of concern that 12.8 per cent of service users were never informed about changes and that 19.1 per cent had unreliable services — where care workers were sometimes late or their timekeeping was unpredictable.

Validity and reliability of performance indicators

In order to test whether the performance indicators were valid and

Figure 1 If you ask for changes in the help you are given, are those changes made?

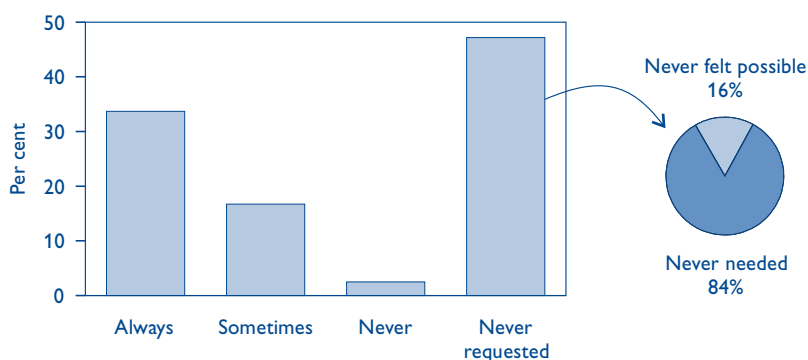


Figure 2 Do your care workers arrive on time?

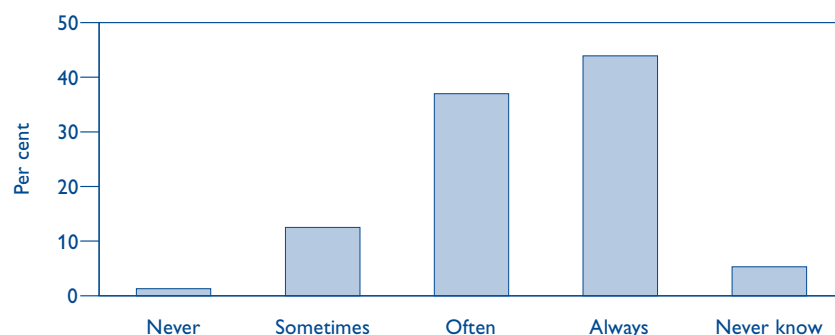


Figure 3 Do you see the same care workers?

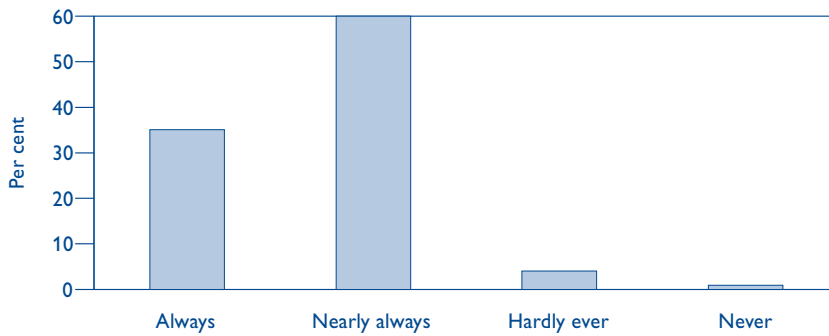
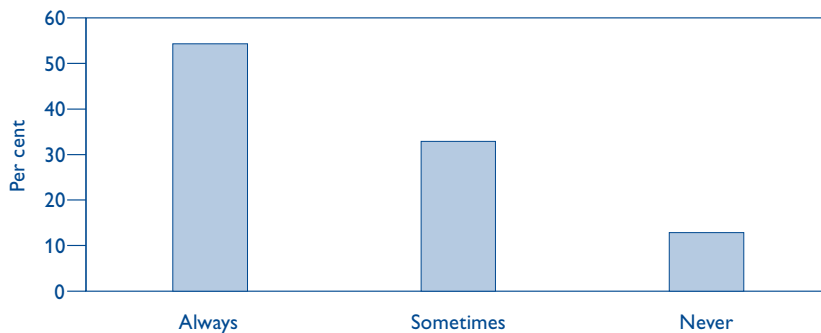


Figure 4 Are you kept informed, by your home care service, about changes in your care?



reliable the questions on which they were based were compared with the responses to other questions on quality of home care.

■ The results of factor analyses suggested that the performance indicators for general satisfaction and for whether services came at suitable times were both reflecting the overall experience of service users and the service quality. The questions asking about flexibility of services and whether social services contacted service users were not closely associated with other aspects of quality.

■ We derived four indicators of home care quality that were found to best reflect service user experiences: service quality, positive and negative care worker characteristics, and outcome.

■ In the Best Value indicator the cut-off point for the general satisfaction question includes only those responding that they were very or extremely satisfied. There were higher levels of correlation between the quality measures and the satisfaction indicator using this cut-off point

than when 'quite' satisfied was included (see figure 5), suggesting that this was the most appropriate cut off point for a performance indicator.

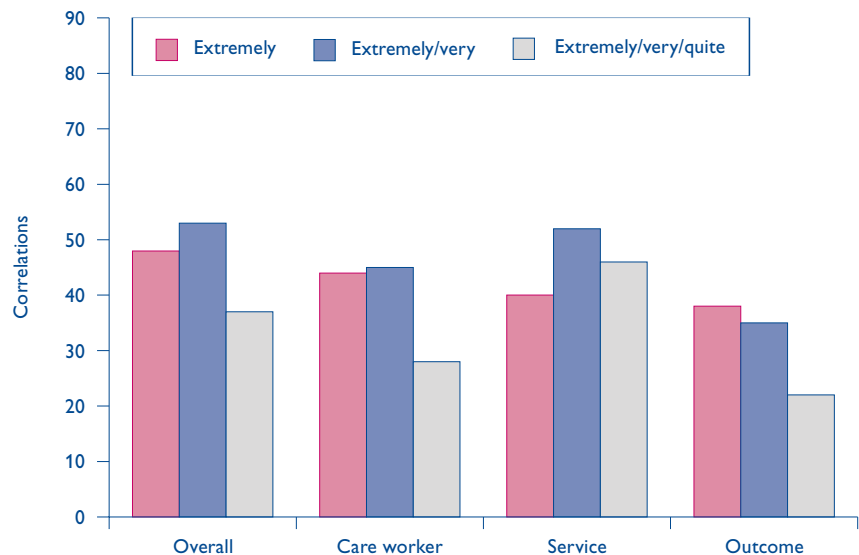
■ The 54 per cent of our sample who had assistance in completing the questionnaire (other than from their care workers) reported lower levels of satisfaction and quality.

■ In terms of individual and service characteristics, better perceptions of home care were significantly associated with the user being male, being younger, being white, receiving practical help from others, receiving ten or fewer hours of home care, receiving home care from only one provider, and receiving help from an in-house provider.

■ Area level associations showed that better experiences were associated with lower average weekly expenditure for home care per person, not being resident in shire or unitary authorities, higher hourly cost for home care, and lower local rates of employment and wages.

■ Although significantly associated with users' experiences, these factors explained a very low proportion of the variation in the indicators of home care quality. This is likely to be due to the fact that it was not possible to include many important likely predictors of people's experiences. At the individual level this included functional ability and levels of morale. Many of the individual characteristics that were associated with preferences were likely to be related to high dependency on services and low functional ability with associated low morale.

Figure 5 Correlations between quality measures and satisfaction indicators



- Black and minority ethnic (BME) service users expressed lower levels of satisfaction both in our study and nationally (Department of Health, 2003b). These service users tended to be receiving more hours, suggesting that they were at higher levels of physical and cognitive disability, and that this may in part explain their overall lower levels of satisfaction. However, BME service users' lower levels of satisfaction were related to carer quality rather than service quality characteristics, suggesting that problems may be associated with cultural clashes or expectations about care worker behaviour rather than delivery of poorer services to this group.
- Labour market factors did appear to have an effect on quality, as did the provision of more highly targeted services. These are probably associated with problems for providers related to recruitment of suitable staff and provision of more intensive packages of care.
- Although these factors were significant, the low proportion of variation explained does not suggest any need to adjust performance indicators to reflect characteristics beyond the control of councils. However, it is important in interpreting the results to be aware that there is under-representation of the most intensive service users and that this group generally was least satisfied with the quality of home care services.
- The main project report (Netten et al., 2004) ends by discussing the possible direction of future performance indicators and further work that might inform our understanding and interpretation of existing performance indicators and factors associated with variations in quality of care. It is proposed that the extension is repeated in 2005/06 when the survey is repeated.

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Further Information

Two reports from this work (as well as this summary) are available at the PSSRU website, www.pssru.ac.uk.

- An overview of the individual reports provided for participating councils: Francis, J. and Netten, A. (2003) *Quality in home care: client and provider views*, PSSRU Discussion Paper 2017.
- The final UES extension report, which includes survey findings and addresses their implications: Netten, A., Francis, J., Jones, K. and Bebbington, A (2004) *Performance and quality: user experiences of home care services*, PSSRU Discussion Paper 2104.

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