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Performance and quality: user experiences of home care services

Final Report

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The views expressed in this report are those of the authors and do not necessarily reflect the views of the Department of Health.

Summary

1. 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 CSSRs are required to undertake user experience surveys (UES). In 2002-2003 the survey focused on older users of home care. This paper reports on the findings of an extension to that survey conducted as part of the PSSRU Costs, Quality and Outcomes programme.

2. 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 providers in their authorities and with providers used by other authorities;
    - to assess the questions devised by ONS for their suitability as performance indicators;
    - to facilitate the further development measurement of quality of homecare service.

This report focuses on the evaluation of the conduct of the survey, the validity of the performance indicators, development of indicators of user experiences of quality and outcome and the factors associated with variations in these.

1. All councils with social services responsibilities (CSSRs) were invited to participate in the extension study, which required them to use a questionnaire based on the original that had been developed for the Department by the Office for National Statistics (ONS) and Social Policy Research Unit (SPRU) at the University of York. This questionnaire was adapted in the light of findings of other research conducted at PSSRU into quality of home care and in consultation with an advisory group that included council and DH representatives. The extended questionnaire included an identifier in order to allow later analyses to relate the findings to individual providers. 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.

2. Thirty-four councils participated: one London borough, eight metropolitan authorities, 14 shire counties and 11 unitary authorities. London councils were under represented in the sample, primarily because a benchmarking group had already agreed another extended version of the UES. Information was collated from over 20,000 individual respondents, who were users of services from almost 700 different home care providers.

3. 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, 2003d).

4. 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. Ninety-nine 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.

5. The average number of hours received by service users in the survey (6.10 hours per week) was less than both the national average (8.1 hours per week) (Department of Health, 2003d) 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.

6. Using the Best Value performance indicator for general satisfaction, almost 60 per cent of respondents were “very” or “extremely” satisfied with the help they receive from social services, compared with 57 per cent nationally. Among authority types the group with the highest percentage satisfied was the metropolitan councils, including the London Borough.

7. 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.

8. 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.

9. The results of factor analyses suggested that the performance indicators for general satisfaction and on 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.

10. In the Best Value indicator, the cut-off point for the general satisfaction question is to include just those responding they were very or extremely satisfied. The analyses suggested that this was the most appropriate cut-off point, with those reporting that they were quite satisfied receiving a noticeably lower quality of service.

11. 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.

12. Just over half of the sample had assistance in completing the questionnaire from someone other than his or her care worker. These people generally reported lower levels of satisfaction and quality.

13. 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 10 hours or less of home care, receiving home care from only one provider, and receiving help from an in-house provider.

14. Area level associations showed that better experiences were associated with lower average weekly expenditure for home care per person, being resident in metropolitan areas, higher hourly cost for home care, and lower employment and local wage rates.

15. 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.

16. Black and minority ethnic (BME) service users expressed lower levels of satisfaction 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.

17. Labour market factors did appear to have an effect on quality, as did the provision of more highly targeted services. These are possibly associated with problems for providers associated with recruitment of suitable staff and provision of more intensive packages of care.

18. 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.

19. The report 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.

Background

Good quality domiciliary care is fundamental to supporting older and disabled people in their own homes. The raising and maintaining of quality in home care is of widespread concern and in England a number of policies have been put in place with the objective of ensuring that "social services deliver care of the highest possible quality and standard" (Department of Health, 2000). These policies include the introduction of regulation of domiciliary care agencies from April 2003 (Department of Health, 2002a), the introduction of National Minimum Standards (NMS) (Department of Health, 2003a), the use of the *Best Value* regime that requires councils to demonstrate that they are challenging, comparing, consulting and competing in service delivery and, for councils with social services responsibilities (CSSRs), the Performance Assessment Framework (Department of Health, 1999) that monitors personal social services (PSS) and compares areas through performance indicators. The mechanisms through which quality is to be raised include training, inspecting and encouraging providers to meet the NMS, and enforcing them, by law, to comply with the regulations (Department of Health, 2002b). Other mechanisms include the publication of performance indicators and star ratings (Department of Health, 2002c) of CSSRs based on these indicators and providing guidelines and examples of good practice.

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 CSSRs have been required to undertake user experience surveys (UES) since 2001-2002. 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. The surveys in the first two years covered newly assessed clients. Subsequently a programme of surveys to be conducted on a three year rolling basis has been agreed. At the time of writing satisfaction surveys are planned to cover children's services and community based services used by people aged 18-64 with physical or sensory impairments. 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 ongoing DH funded programme of research into the Costs Quality and Outcomes of social care, key aspects of social and health care provision. If the best use of our resources is to be assured, it is important to understand both how much services cost and how effective they are in delivering the desired quality of service and outcomes. Variations in costs of home care are being addressed through separate but related research within the programme.

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 providers in their authorities and with providers used by other authorities
- to assess the questions devised by ONS for their suitability as performance indicators
- to facilitate the further development measurement of quality of homecare service

In this last aim the study was designed to inform the ongoing work of the PSSRU research programme on the evaluation of quality and efficiency of homecare services.

Individual reports have been provided for participating councils to facilitate the first aim. This report focuses on the evaluation of the conduct of the survey, the validity of the performance indicators, development of indicators of user experiences of quality and outcome and the factors associated with variations in these.

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) 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 in order to identify relevant aspects of service quality and to explore the application of some of the ONS survey questions to specific dimensions of quality (Francis and Netten, 2003). Finally, in collaboration with Hazel Qureshi from SPRU and with advice from local council and DH representatives, the PSSRU developed the final questionnaire for use as an extended version of the UES 2002-3.

The ONS/ SPRU study

Aware of the particular problems related to surveying social services users, the DH commissioned the ONS to develop and test questions so that they would be suitable for use with people currently in receipt of personal social services. The Social Work Research and Development Unit and SPRU at the University of York, supported ONS by providing briefings based on research into user experience and satisfaction (Qureshi and Rowlands, forthcoming). Research findings relating to the preferences and experiences of service users and their carers informed the coverage of the questionnaire, and cognitive testing was used to shape the exact nature of the individual items and the construction of the questionnaire itself.

The ONS/SPRU work emphasized the importance in the user surveys of achieving a good response rate, by emphasising respondent's sense of being rewarded by completing the questionnaire, and by ensuring the survey caused little inconvenience. This was reflected in the cover page and statements, which thanked respondents for their help, gave them a guarantee of confidentiality and provided contact telephone numbers in the event of queries. In the attempt to reduce the survey's inconvenience, ONS/SPRU also recommended details such as a large font size and style (Bookman old style font in 14 point), adequate spacing and clear, consistent instructions.

Cognitive testing, which explores the mental processes used by respondents to answer questions, includes the "think aloud" technique for interviewing and "probing" which is commonly used at the end of self administered questionnaires. Respondents in the ONS/SPRU work were asked to reflect on aspects of the questionnaire such as text size, whether they had read the information on the front cover, whether they understood and were reassured by the confidentiality guarantee, and how they arrived at the answers to certain questions. They were also asked what they understood by the term 'home care services' and what term, if any, they would instead use to describe those service providers.

All aspects of the questionnaire were modified by an iterative process until the researchers were satisfied that cognitive testing identified no further problems. A number of the changes to questions related to the instructions such as that used for the grid questions, which originally read, "Please read each of the following statements and place a tick under the answer which comes closest to the one you want to give". One respondent, taking note of the instruction to tick one box only had ticked only one statement in each grid. As a result the instruction was changed to finally read, "Please read each of the following statements and place a tick *next to each statement* under the answer which comes closest to the one you want to give". Further details of the testing process and modifications made to individual items can be found in Qureshi and Rowlands (forthcoming).

The full questionnaire that was designed for older users of home care services was made available by the Department of Health for councils to draw on, but only four of the questions drawn from this questionnaire were compulsory. This original questionnaire is referred to below as the ONS questionnaire.

The PSSRU study: Quality in home care

The main concern of the PSSRU study of quality in home care was to establish the key aspects of quality and an approach to measuring the quality of care at the provider level. A literature search first identified aspects of quality highlighted by previous research as being of importance to home care service users and to explore existing approaches to the measurement of quality in personal social services. In-depth interviews were carried out with thirty-two home care service users and their carers and with managers from thirteen providers, primarily from one local authority. In order to address the perspectives and include any specific preferences of older people from minority ethnic groups, purposive sampling was undertaken through specialist providers in three other authorities (Francis and Netten, 2003).

Seven key aspects of quality identified in the literature and early interviews with service users were investigated: continuity (Edebalk et al., 1995), reliability (Qureshi et al., 1998), flexibility (Henwood et al., 1998), communication (Raynes et al., 2001), staff attitudes (Sinclair and Gibbs, 2000; Qureshi and Henwood, 2000), skills and knowledge (Raynes et al., 2001) and trust. Reliability, staff attitudes and flexibility were of key concern to service users, identified most frequently when first asked about the aspects of service quality that are important to them. The three staff attitudes most commonly cited as important were being ‘understanding’, ‘friendly’ and ‘obliging’. Other common views were that care workers should be cheerful and that they should treat people with respect.

Communication was also important to service users and was intrinsically linked to reliability. While service users appreciated that care workers could not always be on time, service users felt it was essential that they were kept informed about any changes to their normal care routine in terms of both.

In addition to exploring the importance of individual aspects of quality, the interviews also examined the usefulness of some ONS questions from the full-length version of the questionnaire. This included the question on reliability, which initially asked people how often their care workers arrive when they expect them to; an item about flexibility that asked ‘If you ask for changes in the help you are given, are those changes made?’ and a question on continuity asking ‘Do you always see the same care workers?’ Questions were also formulated for the interviews that covered the domains of quality identified in the literature but that were not covered in the ONS questionnaire. They were used in the same way as the

ONS items to measure the quality of respondent's own provider and to explore the usefulness of the questions and how meaningful they were to service users.

The survey questionnaire

Amendments were made to the initial questionnaire designed by ONS on the basis of the findings of the PSSRU study. A copy of our final UES extension study questionnaire can be found in appendix A. Here we summarise the amendments that were made and their rationale.

In the open-ended questions of the interviews in the PSSRU quality of care study, ten respondents identified problems with the reliability of visits by their care worker, including completely missed calls in some instances, but when asked the closed question from the full ONS questionnaire, all bar one responded that care workers always or usually came when they were expected. It is possible that service users were actually judging whether their care workers were *reasonably* on time – whether it was excusable that they were often late; alternatively, the response may simply reflect that they expected them to be late. As the reliability question proposed for the UES was not reflecting genuine variations in user experiences, this was adapted for the questionnaire used by CSSRs participating in the extended survey to read "Do your carers arrive on time?"

The flexibility question in the ONS designed questionnaire was one of the four compulsory items. However, it was clear from the in depth interviews that the options presented as answers to the question did not reflect everyone's experience of the flexibility of their service. The fourth option, "I have never asked for any changes" was shown in the interviews to encompass quite different experiences: some had never needed to ask for changes in their care, while others did not feel able to ask for changes. This was particularly pertinent since in a pilot study of the UES in Birmingham over 50 per cent of respondents had not asked for changes (Lahel, 2003). Since it was too late to make amendments to the compulsory UES questions, a secondary question was added with the aim of capturing the different experiences.

In the ONS questionnaire, staff attitudes, or characteristics, were incorporated through a series of statements about different aspects of their care worker's character (being understanding, being obliging and so on). Respondents were asked to agree or disagree with each statement on a four point Likert scale. This was based on an approach successfully used in a study of the management and effectiveness of home care (Sinclair and Gibbs, 2000) and had been cognitively tested (Qureshi and Rowlands, forthcoming). Nevertheless, a number of councils had expressed some concern that the questions would appear daunting to respondents. There were also methodological concerns about incorporating this approach into the type of quality measure envisaged for the PSSRU programme. As a result, in the extension study, an additional broad question was included that asked respondents about how happy they were with the way their home care worker treated them.

In the ONS questionnaire, no items were designed to pick up on the issue of communication between the provider and the service user. An additional question was included in the extended survey that asked respondents whether they are kept informed by their home care service about changes to their care.

In addition to the changes described above, slight amendments were made to the format of the original ONS questionnaire. In order to ensure consistency with councils not participating in the study and to maximise responses to the four compulsory items, those four questions were presented at the beginning of the extended survey. This resulted in some other re-ordering in the questionnaire. A few questions were deleted to respond to concerns expressed by a number of councils that the length of the questionnaire would affect the response rates. A question was added to the section on demographic characteristics on the number of care hours received. The ethnicity question was collapsed into a far more succinct format than had appeared in the original questionnaire.

Beyond content and ordering, the extended questionnaire followed the recommended font, layout and style of the ONS designed questionnaire, with the inclusion of an identifier in order to allow later analyses to relate the findings to individual providers. Participating councils were asked to follow the guidance including sampling, data collection and management of the survey that was provided by the DH (Department of Health, 2002d). Authorities were given detailed advice on achieving a margin of error around their results of no more than +/-4 per cent, which is Best Value practice for social services user surveys. The guidance explained how councils should work out their sample sizes to ensure that the confidence level would be achieved and they outlined different approaches to sampling. The guidance recommended that the majority of the questionnaires be self completed but that other methods, where necessary, should be used. In order to maximise response rates and minimise pressure on clients, the DH recommended that a maximum of two reminder letters be sent to non-respondents. Other suggestions for boosting council’s response rates included giving advance publicity of the impending survey.

Response rates

All 150 councils were invited to participate in the extended UES. Thirty-four councils participated in all, including one London borough, eight metropolitan authorities, 14 shire counties and 11 unitary authorities. London councils were under represented in the sample, primarily because the London ADSS Benchmarking group with Starfish Consulting Limited had already agreed another extended version of the UES (Starfish, 2003).

Information was collated from over 20,000 individual respondents, who were users of services from almost 700 different home care providers. Three hundred and fifty-seven providers were represented by more than ten survey respondents, and 204 by more than 20 service users.

The vast majority of respondents, 94 per cent, were contacted through postal questionnaires, 2 per cent via telephone interviews, 3 per cent by surveys delivered by hand and 0.8 per cent via face-to-face interviews. Only three questionnaires were given at review.

Many of the councils who declined to participate in the extended UES and, as identified above, some of those who did take part had expressed concerns about questionnaire length and resultant response rates. In practice, participating councils achieved better response rates than the national average. Using the overall satisfaction question that was used as a Best Value performance indicator as an indicator of a valid response[1], the average response rate for the extended UES was 65 per cent. This compares to a national response rate to the same question for the main user survey, of 61 per cent (Department of Health, 2003d). The response rates for the 34 participating councils ranged from 36 to 81 and in one authority was reported as 100 per cent.

Many of the concerns about questionnaire length and format centred on a question about care worker's attitudes and skills laid out as a large grid (question 14, see appendix A). As a result of these concerns, two councils omitted it. However there was no evidence that the inclusion of these questions affected response rates. Indeed, in one instance, where this question was included and where no reminders had been sent, a council achieved an impressive 74 per cent response rate.

There were variations in response rates to items within this question. For example, among those who responded to the questionnaire at all, the positively phrased questions "My care

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[1] This was the first question in our questionnaire and was least likely to be omitted by respondents. Even where questionnaires were returned incomplete respondents had in 20,451 cases (95.8 per cent) answered this question.

workers are understanding” and “My care workers are honest” had response rates of 86 per cent and 84 per cent respectively. On the other hand, the statements “My care workers are unfriendly” and “My care workers are miserable” both received overall response rates of 69 per cent. In general, people were more likely to not respond to a question if it was phrased in a negative way. It is not clear about whether this was due to confusion (the double negative implicit in disagreeing with a negative statement) or not wishing to identify a negative characteristic when it was present.

Further analysis investigated whether any questionnaires had been returned with either all positive or all negative answers. This was found to be the case in few instances. No respondents had given all extreme negative responses and only 33 people (2 per cent) had given all extremely positive answers. The finding that respondents do not consistently give extreme negative answers remained when selecting only a proportion of items. We also checked whether any respondents had simply ticked the first column in answer to questions framed as grids. This had only occurred on five occasions and these cases have been omitted from our subsequent analyses.

Factors associated with responses

Not surprisingly there were higher response rates across all questions for those who were helped to complete their questionnaire. It was similarly unsurprising that there was some association between levels of satisfaction and whether respondents were helped in the completion of their questionnaire. Of the 5 per cent who were helped by their care worker, a higher proportion compared with those that received no help expressed extreme satisfaction with items including; “My care workers do the things I want done” (85 per cent compared with 80 per cent) and “My care workers are excellent” (57 per cent compared with 52 per cent). The 54 per cent who were helped by others were consistently less likely to express satisfaction with items.

As reported above, 92 per cent of returned questionnaires had been sent as postal surveys. On many of the questionnaire items there were associations between survey mode and satisfaction. In the majority of instances, those who completed the postal survey were more satisfied with each specific aspect of quality.

Associations were also identified between response rates for questionnaire items and type of authority. The response rates for individual items were most consistently better for unitary authorities. In an attempt to explain the variation, we investigated the survey modes used and the degree to which people were helped to complete their questionnaire in different authorities types. These two factors did not explain response rate differences for councils.

Characteristics of service users

The survey was confined to people aged 65 and over but 189 respondents reported that they were less than 65 years old[2]. For the purpose of the analyses, those cases were removed. Table 1 shows the demographic make up of the final sample.

Table 1: Characteristics of service users

Characteristics	*n*	*%*
Gender		
Male	5012	24
Female	15580	76
Age group		
65-74	3224	16
75-84	8731	42
85 or over	8703	42
Ethnic origin		
White	20371	99
Mixed	49	> 0
Asian	89	> 0
Black	150	1
Chinese	12	> 0
Other	15	> 0

Note: Percentages have been rounded up so in total do not add up to 100 per cent.

The vast majority (84 per cent) were 75 or over and about a quarter were men. This is the type of demographic profile we would expect in this group. Generally people from black and minority ethnic (BME) populations are under-represented among older service users. The majority, 99 per cent, of respondents described themselves as white (British, Irish or any other white background). The largest single other group described themselves as black.

Eighty-five per cent reported that they received practical help from family, friends or neighbours.

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[2] A few councils have expressed the view that this may have been the age of carers who were filling out the form on behalf of the older person rather than the service user themselves.

Home care service

Information was collected about the number of weekly home care hours received by respondents. The overall mean was 6.10 per week and the median 4.5 hours per week. This is lower than both the national average (mean = 8.1) (Department of Health, 2003d) and the average among home care service users in the participating authorities (mean 7.8). The definition of an intensive service used in the Performance Assessment Framework (PAF) is receipt of more than 10 hours per week and no fewer than five visits (Department of Health, 2003d). In our sample, 18 per cent were in receipt of more than 10 hours of home care per week, very close to the 19 per cent of home care in the participating authorities as a whole. This suggests that it may be those at the very highest level of service receipt: those most dependent on services that are under-represented. In our sample, 3 per cent received over 20 hours per week and just eight people received the maximum possible level of care: twenty-four hours, seven days a week.

Hours received were associated with ethnic origin: the mean number of hours received by white people in the extended survey was 6.1 and for non-white respondents 7.7 hours per week.

Service user views

The responses to the individual items by type of council are presented in appendix B. As identified above, four of the items in the UES were compulsory with the answers to be used as the basis for performance indicators, with two questions providing the basis for Best Value and PAF indicators. These questions were:

- *Satisfaction* - Overall how satisfied are you with the help from Social Services that you receive in your own home? (BV)
- *SS contact* - Does anyone contact you from Social Services to check you are satisfied with the home care that you receive?
- *Suitable times* - Do care workers come at times that suit you?
- *Changes* - If you ask for changes in the help you are given, are those changes made? (BV)

Table 2 shows the results for our participating authorities compared with the national average and confidence intervals reported by the Department of Health (Department of Health, 2003d). The picture was very similar in the participating authorities compared with the national averages, although the minor differences reported below are all statistically significant as the 95 per cent confidence intervals for each Performance Indicator is less than 1 per cent.

Table 2: Compulsory items comparison with national figures

	PSSRU Extension		*National figures*
	n	*%*	*%*
Overall, how satisfied are you with the help from Social Services that you receive in your own home?			
Extremely satisfied	5237	26	25
Very satisfied	6926	34	32
Quite satisfied	6553	32	31
Neutral	1022	5	6
Fairly dissatisfied	438	2	3
Very dissatisfied	164	1	1
Extremely dissatisfied	106	1	1
Does anyone contact you from Social Services to check that you are satisfied with the home care you receive?			
Yes	10121	51	55
No	9764	49	45
Do your care workers come at times that suit you?			
Always			
Usually	8253	41	45
Sometimes	9567	47	43
Never	2075	10	10
	288	1	2
If you ask for changes in help you are given, are those changes made?			
Always	6733	34	37
Sometimes	3335	17	17
Never	491	3	3
Never asked for changes	9426	47	43

Note: Percentages have been rounded up so in total do not add up to 100 per cent.

Overall, among the 34 participating councils, almost 60 per cent of respondents were satisfied[3] with the help they receive from social services compared with 57 per cent nationally. In our sample the highest proportion of satisfied users was 73 per cent in one council compared with 42 per cent at the lowest end. Among authority types, the group with

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[3] Only extremely and very were included in the numerator for the satisfaction indicator (AO/D52)

the highest percentage satisfied was the metropolitan councils, including the London Borough.

There was a fairly even split between those who reported having had a check by social services and those who had not. Compared with the national picture, there was a slightly lower level of contact with social services in our authorities (51 per cent compared with 55 per cent). The variation was most marked at the individual authority level, in one council only 36 per cent of respondents had been contacted compared with 76 per cent in another authority.

Overall, about two-thirds of respondents felt that care workers always came at times that suited them, slightly lower than the national average, although in terms of the Performance Indicator exactly the same proportion (89 per cent) always or usually came at times that suited the service user. The proportion that always came at times that suited varied considerably between authorities in our sample. In one authority the proportion was as low as 31 per cent while at the upper end just under 70 per cent in another authority expressed satisfaction with that aspect of quality.

One of the compulsory questions picked up on service user experiences of the flexibility of home care. Of all respondents about a third reported that the changes they ask for are always made, again slightly lower than the national average. This was reflected in the Performance Indicator, which omits those who have not asked for changes. On this basis 65 per cent nationally always got changes they asked for compared with 64 per cent in our sample. However, 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.

One of the purposes of the extension survey was to provide a wider base for comparability between councils in terms of the quality of home care being delivered. The other items provided insights into satisfaction with the levels of service being received, the degree to which users received this service reliability and continuity. 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 (see Appendix B). It is interesting to note that 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, where organising travelling between visits is a particularly difficult issue. Service users were also much less likely to always see the same care workers (28 per cent in shire counties compared with 42 per cent in other types of authority).

Earlier in-depth work showed the great importance service users attach to being kept informed by their provider, about changes to their care routine (Francis and Netten, 2002). Responses to the survey indicated that more than half of all respondents felt they were kept informed (see Appendix B). Of the remaining 45 per cent who were not satisfied with that aspect of their service, 13 per cent reported that they "never really know what's going on".

Overall, 74 per cent were satisfied with the way their care workers treat them. At the individual authority level, the proportion that were reportedly 'always happy' with the way their care workers treat them ranged from 61 per cent in one council to 91 per cent in another. This general question was used to see if it could act as a proxy for the thirteen items in question 14, which (as discussed above) had caused considerable disquiet among councils. Over a quarter (27 per cent) of the variation in responses to this general question could be explained by levels of agreement to individual statements in question 14 (whether care workers were understanding, miserable, obliging, unfriendly, excellent, less thorough, respectful, do things their way or careless).

Generally respondents had a very positive view of care workers. It was interesting to note however, that the negatively phrased questions were more likely to elicit dissatisfaction than the positively phrased items. For example, only 3 per cent of service users disagreed with the statement "…my care workers keep any personal details they know about me to themselves" compared with 6 per cent who agreed that their care workers gossiped about other people they care for. As discussed above, the lower level of response to the negative questions may in part reflect reluctance on the part of service users to identify negative aspects of the service.

Ultimately the outcomes of home care are the degree to which service users' needs are met and their independence is enhanced by the services. Making the link with service provision is less than straightforward and we have discussed outcome measurement and a specific approach to measuring these outcomes elsewhere (Netten et al., 2002). A set of questions did ask respondents to agree or disagree with statements about aspects of quality of life related to social care provision, ranging from feeling safe at home to whether they feel clean. As with the question on care worker characteristics, there was a slight decrease in response levels to the negatively phrased items. For example, 78 per cent of respondents answered the item, "I don't feel safe in my own home" where 89 per cent answered the item "I get up and go to bed at times which suit me". The aspect of quality of life with which respondents seemed most content was their own feeling of cleanliness, with 57 per cent strongly agreeing to the question, "I am always clean", and only 3 per cent disagreeing. The area with which respondents were least happy was in being sufficiently stimulated. Thirty-seven per cent agreed with the statement "I spend too long with nothing interesting to do", and only 17 per cent strongly disagreed. The only item that asked respondents to focus specifically on the impact of social services was the final independence item. A third strongly agreed that services had made them more independent than they were, 11 per cent disagreed.

As discussed further below, there were higher levels of satisfaction among those who received less than the median (4.5) weekly care hours. The only questionnaire items where a higher proportion of those receiving more than 4.5 hours expressed satisfaction were: "Does anyone contact you from social services to check that you are satisfied with your service?", "Do you have as many visits from your care workers as you need?", "Do you have something in writing which says what your care workers are supposed to do for you?", "My care workers are miserable" and "The help I get from social services made me more independent than I was". The first four of these items suggest that councils are more closely monitoring those people receiving more intensive services. This group may also be more likely to feel that they are able to remain at home (rather than move to a care home) because of services and thus attribute this level of independence to services. It is not entirely clear why their care workers are more likely to be seen as miserable – although they will be seeing more of them.

Performance indicators

The purpose in using service user responses as performance indicators is to reflect genuine differences in the quality of services received as experienced by service users. This raises the questions:

- Do the responses reflect overall and different dimensions of quality?
- Are the performance indicators using the most appropriate cut-off points?
- Would other questions or combinations of questions provide more effective performance indicators?

Comparing the responses for the four compulsory questions and the other items in our extended questionnaire, we are able to consider whether we do appear to be identifying a single overall construct reflecting the user experience of home care. Using factor analysis to identify a single factor, 29 per cent of the overall variance in responses was explained with a Cronbach's Alpha of .91 indicating a very high level of reliability. Using a cut-off point of

.45 [4] for the factor loading, below which items were excluded, this single factor included 25 items in the questionnaire relating to the service user experience. The items with the highest factor loadings related to the positive characteristics of the care workers:

- My care workers are excellent at what they do (.77)
- My care workers are understanding (.73)
- My care workers are obliging (.71)
- My care workers treat me with respect (.70)
- My care workers are gentle (.70)

Two of the compulsory questions were highly correlated with the overall quality factor with factor loadings of .66 for *Satisfaction* and .56 for *Suitable times.* However, along with six other items, two of the compulsory questions: *SS contact* and *Changes* were excluded from the factor, suggesting these were not linked to the overall construct being measured.

The high level of reliability of the single factor suggests that we are indeed identifying a single quality construct but the best solution to the factor analysis identified three factors that together explained 39 per cent of the variance. These were:

- Carer characteristics (16 per cent of variance explained, Cronbach’s Alpha =.89)
- Service quality (13 per cent of variance explained, Cronbach’s Alpha =.84)
- Outcomes (10 per cent of variance explained, Cronbach’s Alpha =.73)

Carer characteristics included 12 items that asked users to agree or disagree with statements about the attitudes, expertise and behaviour of their care workers. Service quality included nine items covering aspects of service performance such as reliability, continuity and communication. The five outcomes items reflected the degree to which users felt they were clean, comfortable, had contact with others, get up and go to bed at appropriate times and were facilitated in their independence by social services. Clearly for many of these outcomes other factors than home care, or even social services more broadly will have an important impact, but unmet needs in these areas would be the concern of social services so at the broadest level these are outcome indicators for councils with social service responsibilities.

These three factors reflected what we would expect in terms of the key dimensions of user experience and what the questions were intended to identify. Overall *Satisfaction* and *Suitable times* were both associated with service quality, with factor loadings of .61 and .69 respectively. Again *Changes* and *SS contact* were excluded from the solution with four other items.

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[4] Comrey and Lee (1992) suggest that loadings in excess of .71 are considered excellent, .63 very good, .55 good .45 fair, and .32 poor. Choice of the cut-off for size of loading to be interpreted is a matter of researcher preference (cited in Tabachnick and Fidell, 2001, p. 625).

The results suggest that *Satisfaction* and *Suitable times* as performance indicators are both reflecting the overall experience of services users and the service quality. *Satisfaction,* as the basis of a Best Value indicator, is highly associated with other indicators of user's experience and excluding it from the analysis resulted in less than .4 per cent change in the proportion of variation explained. However, the performance indicator itself is the proportion of people who are very or extremely satisfied with the help they received: the top two codes of the *Satisfaction* item. This raises the question whether this is the most appropriate cut off point.

Table 3 shows the correlations between the *Satisfaction* item using different cut off points and the factors when the *Satisfaction* item is excluded. In terms of overall and service quality there is a closer level of association when very and extremely are used as the indicator, compared with using extremely satisfied alone or also incorporating quite satisfied. For the other two factors it is less clear that this cut off point works any better than extremely satisfied used alone, but in each case the top two codes perform much better than including the "quite" category.

Table 3: Correlations between the *Satisfaction* item using different cut off points and the factors

Levels of Satisfaction With Service	*Extremely Satisfied*	*Extremely/ Very Satisfied*	*Extremely/Very/ Quite Satisfied*
Overall Quality	0.48***	0.53***	0.37***
Service Quality	0.40***	0.52***	0.46***
Carer Quality	0.44***	0.45***	0.28***
Outcome	0.38***	0.35***	0.22***

Significance Level: p<0.001***

If the overall *Satisfaction* item is a good indicator of people's overall experience we would expect high levels of satisfaction to be very rarely associated with negative experiences and very low levels of overall satisfaction to be associated with a lower incidence of reporting of high quality services. Tables C1a-c and C2a-c in Appendix C show that this is indeed the case.

Overall there is very little reporting of low quality services or outcomes with high overall satisfaction (for the most part less than 10 per cent of cases), although, as we would expect, the more inclusive the cut-off point on the *satisfaction* item the more occurrences of negative experiences with high satisfaction. However, there is a noticeable jump in the frequency of these negative experiences when “quite” satisfied is included (for example from 7.2 per cent to 12.8 per cent of respondents agreeing that “My care workers are less thorough than I would like”), confirming the finding above that the extremely and very cut off point is more appropriate for a performance indicator.

Problems are most likely to occur in terms of care workers doing things their own way rather than the service users’, lack of contact with social services, having a written care plan, levels of occupation and feeling safe.

As would be expected, there were many more occurrences of overall low satisfaction being expressed alongside high levels of satisfaction with individual aspects of quality in terms of carer performance, service quality and outcomes (see tables C2a-c, Appendix C). For example, 94 per cent of people who were dissatisfied felt that their care workers treated them with respect. Where there are lower incidences of high ratings of a particular aspect and overall low satisfaction, it suggests that this may be an important source of dissatisfaction. It was noticeable that only 20 per cent of users who were dissatisfied had been contacted by social services, compared with 51 per cent in the sample as a whole. Of the quality indicators overall, it appeared that the service quality was most closely associated with high levels of dissatisfaction, particularly the item on reliability (only 33 per cent reported that their care workers always or often came on time). However, two aspects of carer quality stood out: dissatisfied respondents were much less likely to disagree with the statements that their care workers were less thorough than they would like (35 per cent) or that they did things in their own way rather than the service users’ (31 per cent).

Quality and outcome indicators

A primary objective in identifying the service user experiences is to improve our understanding of the factors associated with variations in quality of home care, and ultimately to learn from these to improve older people’s experiences. In order to explore factors associated with quality it is important to develop reliable, transparent measures.

One approach to this would be simply to add the scores of those items found to be reflecting underlying quality constructs in the factor analysis. However, in doing this implicit weights are assigned to each level for each item that reflect the scoring system rather than any true variation in the quality of the service. By transforming raw scores into dichotomous (or binary) scores, we are clear that each element of the measure is weighted equally. While this is less than ideal (we really want to weight each aspect of quality to reflect its relative importance to service users) this is at least transparent. Moreover, for each item the majority of clients responded using the top two ratings in a four point scale. As in the discussion above about the most appropriate cut-off point for the general satisfaction measure, it is likely that the most important difference will be between service users who responded at the extreme end of each scale and the other codes. Responses to the user experience survey items were therefore recoded (see Table C3 Appendix C). Based on the previous factor analysis, contact with social services and having a care plan was assumed to reflect an unrelated aspect of quality assurance and was therefore excluded from further analysis.

Using these dichotomous scores we investigated the degree to which we had reliable indicators of underlying quality constructs. Factor analysis again identified a single factor that explained 51 per cent of the variance in responses (compared with 29 per cent of the variance explained when raw scores were used). Reliability was high (Cronbach's Alpha = 0.93). Using a cut-off point of .5 for the factor loading, this single factor included 26 items in the questionnaire relating to the service user experience (see Table C4 in Appendix C for factor loadings). Consistent with the analyses reported above, the items with the highest factor loadings related to the positive characteristics of the care worker. Overall higher factor loadings were achieved using dichotomous scores, suggesting that this approach to coding the items represent a better measure of the construct:

- My care workers are excellent at what they do (.89)
- My care workers are understanding (.85)
- My care workers are obliging (.87)
- My care workers treat me with respect (.90)
- My care workers are gentle (.89)

As in the previous analyses *Suitable times* was highly correlated with the overall quality with a factor loading of .56 and *Changes* was again excluded from the factor. Along with items that reflected the councils' role (such as *SS* Contact) *Satisfaction* was excluded from the analysis as this question asked about overall satisfaction with social services rather than home care service quality.

The best solution was four independent factors that together explained 65 per cent of the variance compared with 41 per cent of the variance explained by three factors in the earlier analysis. These were:

- Positive carer characteristics (20 per cent of variance explained, Cronbach’s Alpha = .92)
- Negative carer characteristics (17 per cent of variance explained, Cronbach’s Alpha =.86)
- Service quality (17 per cent of variance explained, Cronbach’s Alpha = .81)
- Outcome (12 per cent of variance explained, Cronbach’s Alpha =.81)

Overall 37 per cent of the variance was explained by the positive and negative carer quality factors, compared with only 16 per cent in the initial factor analysis that combined carer characteristics into a single factor.

Positive carer quality included all items reflecting positive opinions about the care workers. Service quality included eight items covering service performance. Again *Changes* was excluded from the solution. Negative carer quality included all items reflecting negative opinions about the care worker. As before the outcome measure reflected the degree to which users felt they were clean, comfortable, safe, had contact with others, get up and go to bed at appropriate times and were helped in their independence by social services. The factor scores and reliability scores can be found in Table C5 in Appendix C.

Table 4 shows the distribution and number of respondents for which we have information for each measure of quality and outcome. The lower numbers of cases for the overall quality and carer quality indicators reflect the omission of the carer characteristics question by two authorities and lower level of responses to the negative questions generally.

Table 5 shows the relationship between the performance indicators *Satisfaction*, *Suitable times*, *changes* and *SS contact* and the measures of each aspect of quality. As before, it is the service quality factor that is most highly associated with the performance indicators.

Table 4: Distribution of quality measures

Quality Measures	*n*	*mean*	*standard deviation*	*minimum score*	*maximum score*
Overall Quality	9417	12.00	7.64	0.00	26.00
Service Quality	18236	4.41	2.50	0.00	8.00
Positive Carer Quality	13838	3.42	2.86	0.00	7.00
Negative Carer Quality	13269	2.83	2.22	0.00	6.00
Outcome	14589	2.10	1.98	0.00	6.00

Table 5: Associations between quality measures and performance indicators

Performance Indicators	*Overall Quality*	*Service Quality*	*Carer quality (positive)*	*Carer quality (negative)*	*Outcome*
Extremely/Very Satisfied	0.48***	0.51***	0.41***	0.38***	0.29***
Someone checks that I am satisfied with home care	0.13***	0.17***	0.11***	0.12***	0.07***
Carers always come at times that suit me	0.42***	0.57***	0.35***	0.29***	0.27***
Changes are always made	0.23***	0.25***	0.19***	0.18***	0.13***

Significance Level: $p<0.001$***

Factors influencing variation in the perception of quality

In interpreting Performance Indicators of satisfaction and investigating quality of care, it is essential we understand the likely factors that will affect service users' experiences of home care. These influences will occur at the individual, the service and the area level.

At an individual level, personal characteristics may be expected to influence both people's experiences and their reported levels of satisfaction. This will be in terms of factors affecting their perceptions, such as levels of depression, and in terms of their levels of dependence on the service and the degree to which reliability of the service, for example, affects the overall quality of their lives. Other factors, such as expectations and preferences, might be associated with gender, or with cohorts or cultural backgrounds and thus related to age or ethnic origin. These demographic characteristics may also be associated with other characteristics, such as dependency or access to services, which might again affect people's perceptions.

Of course, the characteristics of the service being received would be expected to affect people's experiences. The number of different service providers, the number of hours, and the number and timing of visits will all affect service user experiences. Characteristics of the organisation and the workforce will also be important. The ethos of the organisation, degree to which training is provided, supervision levels, experience of staff, wages paid and terms and conditions of workers would all be expected to be associated with service quality. Other care worker characteristics may also affect the quality of services delivered. Service users identified the importance of motivation and personal characteristics such as age and gender as being of importance (Francis and Netten, 2002).

Less directly area effects may be important. In areas where there is low unemployment it may be both more difficult and more costly to recruit staff. In more rural areas it may be more difficult to both recruit staff and deliver services because of the additional travelling involved between visits.

Many of these factors, such as the local labour market, will be beyond the control of local authorities. However, other factors within their control will also be expected to affect the quality of care. These include the balance of use of in-house and independent services, commissioning arrangements including fees paid and contract types, the use of quality assurance arrangements in contracting and the role of care managers in commissioning appropriate and timely packages of care.

Ideally we would investigate all of these factors, but in practice data were available about only a very limited number of individual, service and area characteristics. Tables 6 and 7 show those characteristics for which we had data that were associated with variations in perceptions of quality, in terms of overall home care quality, service quality, carer attributes and outcome[5].

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[5] Ratings given to Local Authorities for how well Social Services are serving adults was not associated with variations in perceptions of quality and was therefore omitted from further analyses.

Table 6: Individual factors influencing variation in perception of quality

Individual Factors	*Overall Quality*		*Service Quality*		*Positive Carer Quality*		*Negative Carer Quality (higher scores = lower negative opinions)*		*Outcome*	
	Mean	*N*	*Mean*	*N*	*Mean*	*N*	*Mean*	*N*	*Mean*	*N*
Age										
< 85	12.27***	5412	4.56***	10541	3.49**	8000	2.85	7665	2.15***	8343
85+	11.63	3969	4.20	7524	3.35	5714	2.79	5511	2.03	6174
Gender										
Male	12.24	2224	4.52**	4393	3.53*	3328	2.93**	3212	2.06	3557
Female	11.93	7141	4.37	13623	3.40	10360	2.80	9942	2.12	10932
Ethnic Minority										
White	12.03*	9228	4.41	17732	3.44**	13498	2.84***	12954	2.11*	14261
Non-White	10.48	136	4.17	270	2.80	187	2.26	198	1.78	220
Hours of Home Care										
< =10 hours	12.17**	7166	4.51***	13878	3.45	10486	2.87*	10085	2.15***	11110
> 10 hours	11.50	1678	3.89	2754	3.39	2300	2.75	2253	1.94	2384
Receiving practical help										
Yes	11.91***	8036	4.34***	14884	3.39***	11547	2.83	11219	2.09	12296
No	12.76	1156	4.74	2648	3.67	1864	2.80	1679	2.17	1890
Provider										
1 provider	12.05**	8453	4.36***	15149	3.41**	11883	2.80	11455	2.11**	12651
> 1 provider	10.90	471	3.78	820	3.08	631	2.64	650	1.88	707
Type of Provider										
In-House	12.75***	3933	4.55***	7303	3.62***	5532	2.97***	5414	2.20 ***	6089
Independent	11.43	4473	4.17**	8081	3.22	6552	2.65	6238	2.03	6771
In-House and Independent	10.79	318	3.78	585	3.08	430	2.67	453	1.93	498

Significance Level: p<0.001*** p< 0.01** p< 0.05*

Table 7: Area effects influencing variation in perception of quality

Area Effects	*Overall Quality*		*Service Quality*		*Positive Carer Quality*		*Negative Carer Quality (higher scores = lower negative opinions)*		*Outcome*	
	Mean	*N*	*Mean*	*N*	*Mean*	*N*	*Mean*	*N*	*Mean*	*N*
Type of authority										
Shire	11.56***	4150	4.07***	8883	3.31***[1]	5935	2.81	6138	2.04***[2]	7459
Unitary	12.36	2828	4.56	4622	3.43*[1]	3868	2.77*[1]	3529	2.20	3766
Metropolitan	12.34	2439	4.89	4731	3.61	4035	2.90	3602	2.13	3364
Average weekly expenditure for home care per person - £77										
Below average	12.56***	3140	4.62***	8350	3.58***	5086	2.95***	5356	2.17**	6128
Above average	11.78	6042	4.24	9617	3.36	8502	2.77	7650	2.07	8184
Average hourly cost of home care - £12										
Below average	12.32***	4975	4.64***	8741	3.52***	7531	2.87**	6794	2.17***	6682
Above average	11.62	4197	4.19	9058	3.31	5935	2.77	6173	2.04	7562
Gross weekly wage for females employed in a caring personal social services occupation in England										
Below £190.43	12.02	6361	4.28***	11571	3.43	9012	2.81	8102	2.14**	9590
Above £190.43	11.96	3056	4.63	6665	3.41	4826	2.85	5167	2.03	4999
Overall employment rate for working age in England										
Below 75 per cent	12.65***	3450	4.77***	7523	3.62***	5517	2.91***	5735	2.19***	5599
Above 75 per cent	11.63	5967	4.15	10713	3.30	8321	2.76	7534	2.04	8990
Employment rate among females in England										
Below 69.5 per cent	12.60***	3732	4.74***	7992	3.59***	5907	2.90**	6060	2.20***	5984
Above 69.5 per cent	11.61	5685	4.15	10244	3.31	7931	2.76	7209	2.03	8605
Average number of people per hectare										
Below average 12.56	11.80***	6569	4.22***	12753	3.35***	9276	2.78**	9167	2.07**	10669
Above average 12.56	12.46	2848	4.85	5483	3.58	4562	2.92	4102	2.18	3920

Significance Level: p<0.001*** p< 0.01** p< 0.05*

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[1] In comparison with Metropolitan Authorities

[2] In comparison with Unitary Authorities

Age, gender, belonging to an ethnic minority, hours of home care, receiving practical help from others, and number of providers from whom the individual was receiving services were all were associated with perceptions of quality. Higher levels of perceived quality were reported among service users who were younger, male, white, receiving 10 hours or less of home care, not receiving practical help from others and receiving help from only one provider. Receiving help from in-house providers also positively influenced perceptions of quality. Just over half (54 per cent) of the sample had assistance in completing the questionnaire from someone other than his or her care worker. These people reported lower levels of satisfaction and quality. The small number of people (less than 5 per cent) who reported receiving help from their care worker completing the questionnaire expressed higher levels of satisfaction.

Table 7 shows that type of authority, average weekly expenditure on home care per service user, average hourly cost of home care, average gross weekly wage for females employed in a caring personal social services occupation[6], number of people per hectare, overall employment rate and female employment rate[7] were all significantly associated with perception of quality. Higher levels of expenditure per head are associated with more targeted services, where we might expect more stress upon services and lower levels of quality and thus satisfaction with services. It is surprising to see higher hourly costs associated with lower quality, but this may be related to local labour market factors pushing up the wage rate and making suitable care workers more difficult to find.

Clearly these factors are associated with one another, so it is of interest to unpick whether each is associated with service user experiences once other influences have been allowed for. Table 8 shows the results of multivariate analyses[8]. After controlling for individual and provider effects, area effects significantly increased the amount of variance explained for perceptions of quality. However the total amount being explained was still very small (1 per cent – 6 per cent), suggesting that many important factors associated with home care users' perceptions of quality (in particular characteristics of service providers) have not been included.

Better perceptions of overall quality were significantly associated with not receiving assistance in completing the questionnaire (other than from the care worker), receiving home

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[6] Data drawn from Nomis - Official Labour Market Statistics

[7] Data drawn from Nomis - Official Labour Market Statistics

[8] Technically ethnic origin should have been excluded from the sample as less than 10 per cent of the sample was non-white. However, the impact of this factor is of particular interest so it has been included where significant associations were found. The stability of the results was checked through running a series of analyses incorporating all those belonging to ethnic minorities and randomly selected samples of 1000 white respondents.

care from only one provider and receiving help from an in-house provider. At an area level, not receiving help within shire authorities[9] was associated with higher quality.

Table 8: Hierarchical multiple regression analyses of factors influencing perception of quality

	Overall Quality *β*	*Service Quality* *β*	*Positive Carer Quality* *β*	*Negative Carer Quality* *β*	*Outcome* *β*
Individual/provider factors					
Over 85 yrs old		-0.03***			
Female		-0.03***	-0.02*	-0.03**	
White				0.03**	
Receiving more than 10 hours of home care		-0.06***			-0.03**
Receiving help from others to complete questionnaire	-0.16***	-0.16***	-0.14***	-0.10***	-0.18***
Not receiving practical help from others				-0.03**	-0.03**
Two or more providers	-0.04***	-0.05***	-0.03**		
In-house provider	0.07***	0.05***	0.05***	0.06***	0.03**
Area effects					
Shire Authority	-0.05***	-0.12***	-0.05***		
Unitary Authority		-0.04***	-0.03*		
Average weekly expenditure on home care		-0.05***			
Hourly cost of homecare		0.03**			
Average female weekly wage		-0.02*	-0.04***		-0.03**
Female employment rate		-0.03**			-0.06***
N	8823	14297	12230	11587	12027
R^2	0.04	0.06	0.03	0.02	0.04
Adjusted R^2	0.04	0.06	0.03	0.01	0.04

*p< 0.05 **p< 0.01 ***p< 0.001

Better experiences of service quality were significantly associated with being younger, being male, receiving 10 hours or less of home care, not receiving assistance in completing the questionnaire (other than from the care worker), receiving home help from only one provider, receiving help from an in-house provider, not receiving help within shire authorities or unitary authorities, lower average weekly expenditure for home care per person, higher hourly cost for home care, lower female employment rates and lower average weekly wage for females employed within a caring personal social services occupation.

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[9] Type of authority was entered into the multivariate analysis rather than hectares because compared with hectares, authority type explained more variation in quality.

A high opinion of care workers was significantly associated with being male, not receiving assistance in completing the questionnaire (other than from the care worker), receiving home help from only one provider, and receiving help from an in-house provider. Belonging to a black or minority ethnic group was excluded from the results reported in table 8 but was at borderline levels of significance (p=.05 to p=.06) in predicting positive carer characteristics. At an area level higher quality was associated with not receiving help within either shire or unitary authorities and lower average weekly wage for females employed within a caring personal social services occupation.

A lower negative opinion about the care worker (so better experience) was significantly associated with being male, being white, not receiving assistance in completing the questionnaire (other than from the care worker), receiving practical help from others and receiving help from an in-house provider. Only 1 per cent of the variance within negative carer quality was explained by these factors. Area effects did not make a significant contribution to the prediction of negative carer quality.

Better outcomes were significantly associated with receiving 10 hours or less of care, receiving help from only one provider, not receiving assistance in completing the questionnaire (other than from the care worker), receiving practical help from others, receiving help from an in-house provider, lower female employment rate, and lower average weekly wage for females employed within a caring personal social services occupation.

We discuss the interpretation and implications of these findings below.

Discussion

The study provided us with a valuable opportunity to investigate the validity of Performance Indicators designed to reflect service users' experiences, and to develop measures of quality based on items included in the extended survey, and investigate factors associated in variations in perceptions of quality.

Our sample of authorities is not representative in that it only includes one London Borough. National data suggest that generally there are lower levels of satisfaction in London than elsewhere (Department of Health, 2003b). However, our results, where comparable, were in line with the findings of the benchmarking group in London (Starfish, 2003) and the large number of observations and substantial number of other types of authority enable us to investigate and put in context the Performance Indicators derived from the councils' surveys.

Performance indicators

The principal Best Value Performance Indicator was a general measure of satisfaction. Measures of consumer satisfaction have been used for at least 40 years now, but controversy about them continues. Four types of objection to consumer satisfaction measures are commonly found in the literature:

- They do not correlate with clinical/practitioner judgements
- False consciousness is involved resulting in excessively high levels of satisfaction with poor services
- They have low reliability.
- They are a consequence of factors beyond the immediate service

Appendix D briefly outlines the literature on these criticisms, and how thinking has changed on some of these issues. We have not been able to address each of these concerns here (for example, we have no information about the judgements of social care professionals and have not been able to conduct test-retest reliability analyses) but the evidence does suggest that the *Satisfaction* question is a useful basis for performance measurement in terms of user experience and that the cut-off point currently being used for the Best Value indicator is the most appropriate one to use. Councils had expressed some concerns about the cut-off point (Department of Health, 2003c) but the analyses suggested that the use of the top two levels in a long scale of satisfaction did help to take out the over reporting of satisfaction with relatively poor services. The items used did appear to be reflecting the quality constructs expected and within these there was a high level of reliability. Analyses of factors associated with perceptions of quality did identify that factors beyond the immediate service affected perceptions of quality, and these are discussed below. Nevertheless, the level of variation explained was very low, suggesting that the principal influences on perceptions are those omitted from the analysis: levels of functional ability and associated morale, care service and worker characteristics and commissioning practice.

Of the other performance indicators, *Suitable times* appears to be picking up on an associated measure of service quality and might be retained in future years if this was seen as a key aspect of service quality. Ideally, however, we would establish which aspects of service quality are of most importance to service users and incorporate an item that most closely reflects this.

Contact with social services reflects an unrelated aspect of quality assurance on the part of commissioning that may be useful as a performance indicator if this is seen as the most critical aspect of the service commissioner’s role. In terms of individual service user experience, however, our earlier research suggests that it is communication with the service provider that is of more direct relevance to older people (Francis and Netten, 2003).

We identified above that there were problems with the *Changes* item in terms of interpretation of responses and low reporting of service users asking for changes. Nevertheless this does represent a separate aspect of quality in that it is not correlated with other quality indicators and as such may be performing a valuable function that could be enhanced with adaptations to incorporate the option that people have not felt able to ask for changes. The results of the UES of 2003/04, which is focused on the experiences of younger disabled people may provide some insight, as an amended question has been included as one of the compulsory questions.

However, it is important that we are clear what the question is reflecting in terms of users' experience. Are we identifying day-to-day changes in what users want done, for example, requests for help with laundry or housework that has not been commissioned, or major changes in the care plan which might involve reassessments by care managers? In earlier in-depth work, the former interpretation was used and it was clear that responses reflected as much the care workers level of experience and approach to rules as the commissioners' and providers' policies and practice.

The results suggest that other aspects of users' experience are not reflected in the current performance indicators that we might want to include in future. One item that was excluded from the factor analysis, suggesting it was picking up on another dimension of service user experience, was whether people were receiving enough visits. However, there were clearly differences between areas (and types of authority) in terms of the degree to which these visits were delivered fully and reliably, so it would be important to be able to supplement apparent high levels of satisfaction with the number of visits with people's experiences of the delivery of these visits. Perhaps more importantly, the three-factor solution reported above suggested that there were two major dimensions of service user experience that are not included within current PIs that are worthy of consideration: care worker attitudes and skills, and outcome indicators.

Of the indicators of care worker attitudes and skills:

- "Excellent" "Respect" and "Gentle" were all highly correlated with overall quality (.9)
- "Not miserable" and "not unfriendly" were most highly correlated with carer quality (.8)
- "Respect" was most highly correlated positive carer quality (.6)

- Care workers “doing things their own way” and “less thorough” were most closely associated with low satisfaction

Of the outcome indicators “Comfortable” was most highly correlated with the overall quality factor (.7). However, we might want to generate a discussion about what the key aspects of outcome are for older users of home care. Given current government policy encouraging an enabling ethos in home care it may be that we would want to make use of the item: “Social services make me more independent than I was”.

Quality of the home care experience

The results suggested that using the extreme cut-off point for each survey item represented a better measure for each factor, supporting the rationale for using the extreme response level as a useful measure of quality and outcome in subsequent analyses. These measures may provide a useful basis for future quality assurance items or research instruments that are known to be associated with Performance Indicators.

When investigating causes of variation in quality it was not possible to include important likely predictors of people’s experiences including level of functional ability and incidence of depression. 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: higher levels of service receipt and needing to receive services from more than one provider, receiving help from others and greater age. Other research has shown that morale is associated with levels of expressed satisfaction with services and that low morale in turn is associated with high levels of impairment (Davies et al, 2000).

As we identified above, BME service users tended to be receiving more hours, suggesting that they are at higher levels of physical and cognitive disability, and that this may in part explain their overall lower levels of satisfaction. Certainly this did not remain a predictor of overall quality or service quality when other factors relating to service receipt were taken into consideration. However, it was interesting to note that 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.

It was identified above that service users in shire counties tended to have poorer experiences of individual aspects of service quality such as reliability and continuity. This could be attributed at least in part to the greater organisational problems presented by more rural areas.

While lower quality was experienced in areas where there was higher expenditure per head, higher quality was experienced in areas where there was higher hourly cost for home care. In-house providers independently of these effects were also found to be providing higher quality services on all measures of quality and outcome.

Labour market effects were also evident with lower quality associated with areas of high employment levels among women and where there were higher wages. In such areas it is likely to be even more difficult than elsewhere to recruit suitable staff.

Clearly people's experiences of services are influenced by their own circumstances, by the provider organisation characteristics and area level factors. As we have pointed out on several occasions the analysis of variations is very partial as important elements could not be included. Future analyses may use multilevel modelling to refine our understanding but it is clear that, although these factors are important, they explain a very small proportion of the variation in service user experiences to be explained. Any potential adjustment to performance indicators based on characteristics beyond councils' control is, at this stage, likely to produce very little change in overall indicators or rankings. However, it is important to bear in mind in our interpretation of the results that older people with the most intensive service use are those that appear to be underrepresented among respondents. This is not surprising as this is the group that is going to find it most difficult to respond. However this group were consistently shown to have a poorer experience of quality of home care.

Further work

Although they may not explain much of the variation, the analyses do raise questions that might be addressed by further research.

In-house services are generally more costly than independently provided services, but the results here suggest they also provide higher quality services overall. While there may be hypotheses about the reasons for this (for example, better terms and conditions for care staff, more training, higher qualifications), very little is known either about how different providers vary or how their practices affect quality. If quality is to be raised generally we need to understand more about this and the critical role of care workers themselves.

The lower levels of satisfaction among BME respondents also raises a number of questions. This finding was reflected at a national level (Department of Health, 2003b) and in other work (Lahel, 2003) indicating that this is not something peculiar to our sample. In part, the effect is due to the fact that BME service users would appear to be more dependent on services suggesting that they are at higher levels of dependency. This may be due to lack of access to services at earlier stages. Our results suggest that their primary dissatisfaction relates to care workers. More work is urgently needed to investigate the bases for these findings.

Lower levels of response to negative questions raised interesting methodological points. Councils generally were not keen on these questions and may prefer to see them omitted from future surveys. However, they did appear to be picking up on some important aspects of care that otherwise would not be reflected. Moreover, it is important to be able to interpret the low response to negative questions – are respondents confused, do the questions seem irrelevant and thus unanswerable, or do they simply not wish to express a negative view?

The survey is to be repeated in 2005/06 and it would seem appropriate to follow up some of the issues raised in this study by conducting another extension to the survey. In particular it would be helpful to include some indicator of functional impairment and perhaps household characteristics. There may be issues about older people’s fears of identifying that they live alone in a postal questionnaire but councils may be able to supply this information. A repeat study could also compare responses across a wide variety of questions, investigating for example, whether services have increased service users’ sense of independence. There will also be the issue of direct payments and contrasting people’s experiences of organising their own care with councils’ arrangements.

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Appendix A

Questionnaire

Your Home Care Service

What we would like you to do
We would like you to help us by taking a few minutes to answer some questions about the home care services you receive. If you do not wish to answer these questions, there will be no consequences for your care.

Why you were selected
Your name is just one of many that have been selected at random from Social Services' records.

What will be done with the results of the survey
The results of the survey will be used by both the Department of Health and your local social services department to see how happy people are with the home care services and also to see whether changes need to be made to the services.

Confidentiality
Your answers will be treated as confidential: they will not be passed on to your care workers, your social worker or anyone else responsible for providing you with home care or other help.
If you say on the form that you are being hurt or abused by anybody, someone (but not your care worker) will contact you to talk about it.

What to do if you need help
If you would like, you can ask a friend or a relative to help you complete the questionnaire.

What to do if you have queries or would like to obtain information on the results
If you or your friend or relative have questions you would like to ask about the questionnaire, please ring .... on Monday to Friday between 10.00 am and 12.00 p.m. or between 2.00 p.m. and 4.00 pm.

Sending back the completed questionnaire
Once you have completed the questionnaire please return it in the envelope provided. You don't need to put a stamp on the envelope.

Thank you for helping us by completing this questionnaire

SECTION 1

First, we'd like to know how you feel about the overall quality of care you receive in your home.

1. Overall, how satisfied are you with the help from Social Services that you receive in your own home?

Please tick [✓] one box

I am **extremely satisfied** ☐

I am **very satisfied** ☐

I am **quite satisfied** ☐

I am **neither satisfied nor dissatisfied** ☐

I am **fairly dissatisfied** ☐

I am **very dissatisfied** ☐

I am **extremely dissatisfied** ☐

2. Does anyone contact you from Social Services to check that you are satisfied with the home care that you receive?

Please tick [✓] one box

Yes ☐

No ☐

The next questions are about the home care workers who do housework for you or help you with personal care

3. Do your care workers come at times that suit you?

Please tick [✓] one box

They **always** come at times that suit me ☐

They **usually** come at times that suit me ☐

They **sometimes** come at times that suit me ☐

They **never** come at times that suit me ☐

4(a) If you ask for changes in the help you are given, are those changes made?

Please tick [✓] one box

The changes I ask for are **always** made ☐

The changes I ask for are **sometimes** made ☐

The changes I ask for are **never** made ☐

I **have never asked** for changes ☐

(b) If you have never asked for any changes; why is that?

Please tick [✓] one box

I have **never felt I could** ask for any changes ☐

I have **never needed** to ask for any changes ☐

5. Do your carers arrive on time?

Please tick [✓] one box

My carers are **never** on time ☐

My carers are **sometimes** on time ☐

My carers are **often** on time ☐

My carers are **always** on time ☐

I never know what time my carer is going to arrive ☐

6. Do your care workers spend less time with you than they are supposed to?

Please tick [✓] one box

They **never** spend less time with me than they are supposed to ☐

They **sometimes** spend less time with me than they are supposed to ☐

They **often** spend less time with me than they are supposed to ☐

They **always** spend less time with me than they are supposed to ☐

7. Are your care workers in a rush?

Please tick [✓] one box

They are **never** in a rush ☐

They are **sometimes** in a rush ☐

They are **often** in a rush ☐

They are **always** in a rush ☐

8. Do you have as many visits from your care workers as you need?

Please tick [✓] one box

Yes, I have as many visits as I need ☐

No, I need a **few more** visits ☐

No, I need a **lot more** visits ☐

9. Do you always see the same care workers?

Please tick [✓] one box

Yes, I **always** see the same care workers ☐

No, but I **nearly always** see the same care workers ☐

No, I **hardly ever** see the same care workers ☐

No, I **never** see the same care workers ☐

10. Do your care workers do the things that you want done?

Please tick [✓] one box

They **always** do the things I want done ☐

They **nearly always** do the things I want done ☐

They **sometimes** do the things I want done ☐

They **never** do the things I want done ☐

11. Are you kept informed, by your home care service, about changes in your care? (e.g. your visit will be late or you'll have a different carer)

Please tick [✓] one box

Someone **always lets me know** about changes ☐

I **sometimes know** about changes and sometimes don't ☐

I **never really know** what's going on ☐

12. Do you have anything in writing which says what your care workers are supposed to do for you?

Please tick [✓] one box

Yes ☐

No ☐

13. Overall, how do you feel about the way your care workers treat you? (e.g. whether they are understanding and treat you with respect)

Please tick [✓] one box

I am **always happy** with the way my carers treat me	☐
I am **usually happy** with the way my carers treat me	☐
I am **sometimes happy** with the way my carers treat me	☐
I am **never happy** with the way my carers treat me	☐

14. Now, please read the following statements and then put a tick (✓) next to each statement under the answer which comes closest to the one you want to give.

	Strongly agree	Agree	Disagree	Strongly disagree
My care workers are understanding				
My care workers are miserable				
My care workers are obliging				
My care workers are unfriendly				
As far as I know, my care workers keep any personal details they know about me to themselves				

	Strongly agree	Agree	Disagree	Strongly disagree
My care workers gossip to me about other people they care for				
My care workers are excellent at what they do				
My care workers are less thorough than I would like				
My care workers treat me with respect				
My care workers do things in their way rather than mine				
My care workers are gentle with me				
My care workers are careless				
My care workers are honest				

15. If you could change <u>one</u> thing about your home care Services, what would it be

Please write your answer in the box

This question is about the sort of life you have now.

16. Please read the following statements and then put a tick (✓) next to each statement under the answer which comes closest to the one you want to give.

	Strongly agree	**Agree**	**Disagree**	**Strongly disagree**
I am always clean				
I always feel comfortable				
I don’t feel safe in my home				
I have as much contact with other people as I want				
I spend too long with nothing interesting to do				
I get up and go to bed at times which suit me				

And, overall;

	Strongly agree	**Agree**	**Disagree**	**Strongly disagree**
The help I get from Social Services has made me more independent than I was				

SECTION 2

The answers to the next few questions will be used to make sure that we have a balanced sample of home care users.

17. Are you male or female?

Please tick [✓] one box

Male ☐

Female ☐

18. How old are you?

Please tick [✓] one box

Under 65 ☐

65-74 ☐

75-84 ☐

85 or over ☐

19. To which of these groups do you consider you belong?

Please tick [✓] one box

a) White (British, Irish, any other white background) ☐

b) Mixed (White and black Caribbean, White and Black African, White and Asian, any other mixed background) ☐

c) Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background) ☐

d) Black or Black British (Caribbean, African or any other Black background) ☐

e) Chinese ☐

f) Any other ethnic group ☐

20. How many hours of home care do you usually receive each week?

Please write in the box

☐

21. Do you receive any practical help from any friends, neighbours or family members?

Please tick [✓] one box

Yes ☐

No ☐

And finally;

22. Did you fill in this questionnaire by yourself or did you have help from someone else?

Please tick [✓] one box

I filled it in myself ☐

I had help from a care worker ☐

I had help from someone else ☐

23. Please write any other comments you would like to make about the home care you receive in this box

☐

Thank you for helping us by filling in this questionnaire.

Please post it back to us in the envelope provided.

You don’t need to put a stamp on the envelope.

~Space available here for local contact numbers and information~

For office use only

I.D. ☐ ☐ ☐ ☐ ☐ ☐

HCP1. ☐ ☐ ☐ ☐ ☐
HCP2. ☐ ☐ ☐ ☐ ☐
HCP3. ☐ ☐ ☐ ☐ ☐

Appendix B

Initial feedback to councils

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
SECTION A								
Questions 1 to 4								
Q01 Overall satisfaction								
1 Extremely satisfied	5237	25.6	1309	25.7	2367	23.6	1561	29.4
2 Very satisfied	6926	33.9	1689	33.2	3582	35.7	1655	31.2
3 Quite satisfied	6553	32.1	1648	32.4	3253	32.4	1652	31.1
4 Neutral	1022	5.0	248	4.9	517	5.1	257	4.8
5 Fairly dissatisfied	438	2.1	124	2.4	205	2.0	109	2.1
6 Very dissatisfied	164	0.8	53	1.0	63	0.6	48	0.9
7 Extremely dissatisfied	106	0.5	23	0.5	54	0.5	29	0.5
Total	**20446**	**100.0**	**5094**	**100.0**	**10041**	**100.0**	**5311**	**100.0**
Q02 Any check by Social Services								
1 Yes	10121	50.9	2492	50.1	5042	51.7	2587	50.1
2 No	9764	49.1	2482	49.9	4710	48.3	2572	49.9
Total	**19885**	**100.0**	**4974**	**100.0**	**9752**	**100.0**	**5159**	**100.0**
Q03 Times that suit								
1 Always	8253	40.9	2201	43.7	3522	35.6	2530	48.3
2 Usually	9567	47.4	2282	45.3	5085	51.4	2200	42.0
3 Sometimes	2075	10.3	486	9.6	1143	11.5	446	8.5
4 Never	288	1.4	73	1.4	149	1.5	66	1.3
Total	**20183**	**100.0**	**5042**	**100.0**	**9899**	**100.0**	**5242**	**100.0**
Q04A Are changes made?								
1 Always	6733	33.7	1670	33.5	3293	33.5	1770	34.3
2 Sometimes	3335	16.7	762	15.3	1793	18.2	780	15.1
3 Never	491	2.5	123	2.5	236	2.4	132	2.6
4 Never requested	9426	47.2	2429	48.7	4519	45.9	2478	48.0
Total	**19985**	**100.0**	**4984**	**100.0**	**9841**	**100.0**	**5160**	**100.0**
Q04B Why change never requested?								
1 Never felt possible	**1520**	**16.3**	**356**	**15.3**	**770**	**16.7**	**394**	**16.4**
2 Never needed	**7826**	**83.7**	**1977**	**84.7**	**3842**	**83.3**	**2007**	**83.6**
Total	**9346**	**100.0**	**2333**	**100.0**	**4612**	**100.0**	**2401**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
SECTION B:								
Questions 5 to 13								
Q05 Carers arrive on time?								
1 Never	273	1.3	83	1.6	124	1.2	66	1.3
2 Sometimes	2524	12.5	670	13.2	1320	13.3	534	10.1
3 Often	7502	37.0	1809	35.8	3971	40.0	1722	32.7
4 Always	8897	43.9	2280	45.1	3877	39.0	2740	52.0
5 Never know	1065	5.3	217	4.3	645	6.5	203	3.9
Total	**20261**	**100.0**	**5059**	**100.0**	**9937**	**100.0**	**5265**	**100.0**
Q06 Less time spent than supposed to								
1 Never less	13469	67.4	3485	69.6	6300	64.2	3684	71.4
2 Sometimes less	5013	25.1	1127	22.5	2764	28.2	1122	21.7
3 Often less	938	4.7	228	4.6	491	5.0	219	4.2
4 Always less	558	2.8	164	3.3	257	2.6	137	2.7
Total	**19978**	**100.0**	**5004**	**100.0**	**9812**	**100.0**	**5162**	**100.0**
Q07 Care workers in a rush?								
1 Never	10023	49.4	2721	53.9	4547	45.6	2755	52.3
2 Sometimes	8186	40.4	1882	37.3	4312	43.3	1992	37.8
3 Often	1362	6.7	285	5.6	761	7.6	316	6.0
4 Always	704	3.5	160	3.2	341	3.4	203	3.9
Total	**20275**	**100.0**	**5048**	**100.0**	**9961**	**100.0**	**5266**	**100.0**
Q08 Sufficient visits								
1 Yes	18116	90.0	4446	88.8	8999	91.1	4671	89.3
2 need few more	1804	9.0	507	10.1	792	8.0	505	9.7
3 need lots more	198	1.0	56	1.1	85	0.9	57	1.1
Total	**20118**	**100.0**	5009	**100.0**	**9876**	**100.0**	**5233**	**100.0**
Q09 Same care workers?								
1 Always	7138	35.1	1903	37.6	2799	28.1	2436	46.0
2 Nearly always	12195	60.0	2885	57.0	6642	66.6	2668	50.4
3 Hardly ever	814	4.0	220	4.3	442	4.4	152	2.9
4 Never	178	0.9	50	1.0	87	0.9	41	0.8
Total	**20325**	**100.0**	**5058**	**100.0**	**9970**	**100.0**	**5297**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
Q10 Do things you want done?								
1 Always	15043	74.4	3814	75.9	7174	72.3	4055	76.7
2 Nearly always	4139	20.5	953	19.0	2247	22.7	939	17.8
3 Sometimes	947	4.7	232	4.6	453	4.6	262	5.0
4 Never	98	0.5	23	0.5	45	0.5	30	0.6
Total	**20227**	**100.0**	**5022**	**100.0**	**9919**	**100.0**	**5286**	**100.0**
Q11 Informed about changes?								
1 Always	10965	54.3	2691	53.2	5020	50.8	3254	62.1
2 Sometimes	6644	32.9	1701	33.6	3563	36.0	1380	26.4
3 Never	2575	12.8	666	13.2	1306	13.2	603	11.5
Total	**20184**	**100.0**	**5058**	**100.0**	**9889**	**100.0**	**5237**	**100.0**
Q12 Care plan								
1 Yes	12199	61.6	2893	58.2	6344	65.6	2962	57.3
2 No	7607	38.4	2075	41.8	3322	34.4	2210	42.7
Total	**19806**	**100.0**	**4968**	**100.0**	**9666**	**100.0**	**5172**	**100.0**
Q13 Carers attitude								
1 Always happy	15053	73.9	3878	75.9	7087	71.5	4088	76.5
2 Usually happy	4680	23.0	1087	21.3	2531	25.5	1062	19.9
3 Sometimes happy	578	2.8	133	2.6	273	2.8	172	3.2
4 Never happy	20361	0.2	12	0.2	19	0.2	19	0.4
Total	**20549**	**100.0**	**5110**	**100.0**	**9910**	**100.0**	**5341**	**100.0**
SECTION C: **Questions 14 & 16**								
Q14A Care workers understanding								
1 Strongly agree	8928	48.5	2,422	49.2	3883	46.6	2623	51.1
2 Agree	9215	50.1	2,433	49.4	4345	52.1	2437	47.5
3 Disagree	202	1.1	54	1.1	86	1.0	62	1.2
4 Strongly disagree	47	0.3	12	0.2	24	0.3	11	0.2
Total	**18392**	**100.0**	**4,921**	**100.0**	**8338**	**100.0**	**5133**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
Q14B Care workers miserable								
1 Strongly agree	194	1.3	49	1.3	91	1.3	54	1.3
2 Agree	288	2.0	74	1.9	141	2.1	73	1.8
3 Disagree	5557	37.9	1,506	38.9	2552	37.6	1499	37.4
4 Strongly disagree	8631	58.8	2,242	57.9	4011	59.0	2378	59.4
Total	**14670**	**100.0**	**3,871**	**100.0**	**6795**	**100.0**	**4004**	**100.0**
Q14C Care workers obliging								
1 Strongly agree	8209	47.7	2,213	48.3	3632	46.1	2364	49.8
2 Agree	8656	50.3	2,269	49.5	4105	52.1	2282	48.0
3 Disagree	249	1.4	73	1.6	99	1.3	77	1.6
4 Strongly disagree	104	0.6	30	0.7	46	0.6	28	0.6
Total	**17218**	**100.0**	**4,686**	**100.0**	**7882**	**100.0**	**4751**	**100.0**
Q14D Care workers unfriendly								
1 Strongly agree	241	1.6	66	1.7	99	1.5	76	1.8
2 Agree	336	2.3	66	1.7	169	2.5	101	2.5
3 Disagree	4972	33.6	1,364	35.3	2256	33.1	1352	32.8
4 Strongly disagree	9259	62.5	2,366	61.3	4302	63.0	2591	62.8
Total	**14808**	**100.0**	**3,862**	**100.0**	**6826**	**100.0**	**4120**	**100.0**
Q14E Care workers keep details								
1 Strongly agree	7441	42.5	1,953	42.0	3257	40.7	2231	45.9
2 Agree	9561	54.6	2,570	55.2	4503	56.3	2488	51.1
3 Disagree	274	1.6	67	1.4	131	1.6	76	1.6
4 Strongly disagree	240	1.4	65	1.4	105	1.3	70	1.4
Total	**17516**	**100.0**	**4,655**	**100.0**	**7996**	**100.0**	**4865**	**100.0**
Q14F Care workers gossip								
1 Strongly agree	422	2.6	107	2.5	203	2.7	112	2.5
2 Agree	566	3.5	143	3.4	269	3.6	154	3.5
3 Disagree	7271	45.1	1,951	45.8	3368	45.5	1952	43.8
4 Strongly disagree	7864	48.8	2,061	48.4	3567	48.2	2236	50.2
Total	**16123**	**100.0**	**4,262**	**100.0**	**7407**	**100.0**	**4454**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
Q14G Care workers excellent								
1 Strongly agree	7815	44.3	2,055	43.8	3460	43.1	2300	46.9
2 Agree	8809	49.9	2,353	50.1	4157	51.7	2299	46.8
3 Disagree	846	4.8	243	5.2	347	4.3	256	5.2
4 Strongly disagree	166	0.9	43	0.9	70	0.9	53	1.1
Total	**17636**	**100.0**	**4,694**	**100.0**	**8034**	**100.0**	**4908**	**100.0**
Q14H Care workers less thorough								
1 Strongly agree	513	3.3	150	3.7	219	3.1	144	3.4
2 Agree	2077	13.4	593	14.5	934	13.1	550	12.9
3 Disagree	7706	49.7	2,020	49.4	3641	50.9	2045	48.1
4 Strongly disagree	5196	33.5	1,323	32.4	2358	33.0	1515	35.6
Total	**15492**	**100.0**	**4,086**	**100.0**	**7152**	**100.0**	**4254**	**100.0**
Q14I Care workers respect								
1 Strongly agree	9392	54.9	2,684	55.7	3,797	52.7	2911	57.3
2 Agree	7435	43.5	2,061	42.7	3,304	45.8	2070	40.8
3 Disagree	136	0.8	34	0.7	49	0.7	53	1.0
4 Strongly disagree	143	0.8	43	0.9	58	0.8	42	0.8
Total	**17106**	**100.0**	**4,822**	**100.0**	**7,208**	**100.0**	**5076**	**100.0**
Q14J Care workers do it their way								
1 Strongly agree	802	5.1	195	4.7	358	5.0	249	5.8
2 Agree	3747	24.0	1,025	24.8	1765	24.5	957	22.3
3 Disagree	7498	48.0	1,981	47.9	3492	48.5	2025	47.3
4 Strongly disagree	3578	22.9	936	22.6	1591	22.1	1051	24.5
Total	**15625**	**100.0**	**4,137**	**100.0**	**7206**	**100.0**	**4282**	**100.0**
Q14K Care workers gentle								
1 Strongly agree	8173	48.3	2,173	49.0	3679	46.8	2321	50.1
2 Agree	8476	50.0	2,194	49.4	4057	51.6	2225	48.0
3 Disagree	184	1.1	38	0.9	85	1.1	61	1.3
4 Strongly disagree	105	0.6	33	0.7	46	0.6	26	0.6
Total	**16938**	**100.0**	**4,438**	**100.0**	**7867**	**100.0**	**4633**	**100.0**

	All authorities		**Unitaries**		**Shires**		**Mets & LB**	
	n	%	n	%	n	%	n	%
Q14L Care workers careless								
1 Strongly agree	192	1.3	58	1.4	74	1.0	60	1.4
2 Agree	434	2.8	114	2.8	206	2.9	114	2.7
3 Disagree	7258	47.4	1,974	48.6	3365	47.4	1919	46.0
4 Strongly disagree	7444	48.6	1,915	47.2	3448	48.6	2081	49.9
Total	**15328**	**100.0**	**4,061**	**100.0**	**7093**	**100.0**	**4174**	**100.0**
Q14M Care workers honest								
1 Strongly agree	10610	59.0	2,831	59.3	4702	57.5	3077	61.3
2 Agree	7066	39.3	1,872	39.2	3355	41.0	1839	36.7
3 Disagree	116	0.6	25	0.5	46	0.6	45	0.9
4 Strongly disagree	177	1.0	46	1.0	75	0.9	56	1.1
Total	**17969**	**100.0**	**4,774**	**100.0**	**8178**	**100.0**	**5017**	**100.0**
Q16A Quality of life: clean								
1 Strongly agree	10630	57.2	2851	59.7	5201	54.8	2578	59.8
2 Agree	7484	40.3	1835	38.4	4013	42.3	1636	38.0
3 Disagree	404	2.2	78	1.6	246	2.6	80	1.9
4 Strongly disagree	62	0.3	12	0.3	36	0.4	14	0.3
Total	**18580**	**100.0**	**4884**	**100.0**	**9496**	**100.0**	**4308**	**100.0**
Q16B Quality of life: comfortable								
1 Strongly agree	8258	44.4	2123	46.2	3851	42.0	2284	47.1
2 Agree	9119	49.0	2192	47.7	4683	51.1	2244	46.3
3 Disagree	1142	6.1	259	5.6	586	6.4	297	6.1
4 Strongly disagree	91	0.5	22	0.5	47	0.5	22	0.5
Total	**18610**	**100.0**	**4596**	**100.0**	**9167**	**100.0**	**4847**	**100.0**
Q16C Quality of life: safe								
1 Strongly agree	1132	6.8	298	7.3	538	6.5	296	7.0
2 Agree	2315	13.9	572	13.9	1118	13.6	625	14.7
3 Disagree	7762	46.8	1898	46.2	3877	47.1	1987	46.7
4 Strongly disagree	5391	32.5	1340	32.6	2703	32.8	1348	31.7
Total	**16600**	**100.0**	**4194**	**100.0**	**8236**	**100.0**	**4256**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
Q16D Quality of life: contact								
1 Strongly agree	5620	30.7	1415	31.1	2663	29.4	1542	32.5
2 Agree	9787	53.4	2418	53.2	4926	54.5	2443	51.6
3 Disagree	2369	12.9	573	12.6	1189	13.1	607	12.8
4 Strongly disagree	549	3.0	138	3.0	265	2.9	146	3.1
Total	**18325**	**100.0**	**4544**	**100.0**	**9043**	**100.0**	**4738**	**100.0**
Q16E Quality of life: bored								
1 Strongly agree	1666	10.0	396	9.6	833	10.1	436	10.1
2 Agree	4576	27.4	1085	26.2	2277	27.6	1214	28.1
3 Disagree	7551	45.2	1892	45.7	3761	45.6	1898	44.0
4 Strongly disagree	2909	17.4	768	18.5	1375	16.7	766	17.8
Total	**16702**	**100.0**	**4142**	**100.0**	**8246**	**100.0**	**4314**	**100.0**
Q16F Quality of life: bed time								
1 Strongly agree	8012	42.3	2153	45.7	3673	39.4	2186	44.5
2 Agree	9759	51.5	2337	49.6	4986	53.5	2436	49.6
3 Disagree	868	4.6	160	3.4	504	5.4	204	4.2
4 Strongly disagree	306	1.6	66	1.4	155	1.7	85	1.7
Total	**18945**	**100.0**	**4716**	**100.0**	**9318**	**100.0**	**4911**	**100.0**
Q16G Quality of life: independence								
1 Strongly agree	6285	33.2	1584	33.5	3042	32.7	1659	33.6
2 Agree	10500	55.4	2616	55.3	5216	56.1	2668	54.1
3 Disagree	1846	9.7	450	9.5	872	9.4	524	10.6
4 Strongly disagree	328	1.7	79	1.7	167	1.8	82	1.7
Total	**18959**	**100.0**	**4729**	**100.0**	**9297**	**100.0**	**4933**	**100.0**
SECTION D:								
Questions 17 to 22								
Q17 Gender								
1 Male	5012	24.3	1194	23.3	2538	25.1	1280	23.9
2 Female	15580	75.7	3929	76.7	7584	74.9	4067	76.1
Total	**20592**	**100.0**	**5123**	**100.0**	**10122**	**100.0**	**5347**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
Q18 Age group								
1 65 to 74	3224	15.6	959	18.6	1397	13.8	868	16.2
2 75 to 84	8731	42.3	2277	44.1	4045	39.9	2409	45.0
3 85 or over	8703	42.1	1925	37.3	4698	46.3	2080	38.8
Total	**20658**	**100.0**	**5161**	**100.0**	**10140**	**100.0**	**5357**	**100.0**
Q19 Ethnic origin								
1 White	20371	98.5	5049	98.7	10011	99.3	5311	96.8
2 Mixed	49	0.2	15	0.3	10	0.1	24	0.4
3 Asian	89	0.4	23	0.4	28	0.3	38	0.7
4 Black	150	0.7	23	0.4	26	0.3	101	1.8
5 Chinese	12	0.1	1	0.0	1	0.0	10	0.2
6 Other	15	0.1	4	0.1	7	0.1	4	0.1
Total	**20686**	**100.0**	**5115**	**100.0**	**10083**	**100.0**	**5488**	**100.0**
Q20 Number of care hours	*hours*		hours		*hours*		*hours*	
Valid n	18,703.0		4,755.0		9,153.0		4,795.0	
Missing n	2,647.0		486.0		1,372.0		789.0	
Mean	6.1		5.7		6.3		6.1	
Std. Deviation	6.8		7.4		6.7		6.3	
Minimum	0.1		0.1		0.2		0.3	
Maximum	168.0		168.0		168.0		168.0	
5th percentile	1.0		0.5		1.0		1.0	
1st quartile	2.0		1.8		3.0		2.0	
Median	4.5		3.5		5.0		4.5	
3rd quartile	8.0		7.0		8.0		9.0	
95th percentile	15.3		15.0		15.0		15.8	
Q21 Receive practical help?								
1 Yes	16822	84.3	4068	83.5	8442	85.8	4312	82.2
2 No	3135	15.7	801	16.5	1400	14.2	934	17.8
Total	**19957**	**100.0**	**4869**	**100.0**	**9842**	**100.0**	**5246**	**100.0**
Q22 Helped with questionnaire								
1 Self	8558	41.8	2307	45.1	3899	38.9	2352	44.1
2 Help from care worker	912	4.5	237	4.6	444	4.4	231	4.3
3 Help from other	11004	53.7	2573	50.3	5676	56.7	2755	51.6
Total	**20474**	**100.0**	**5117**	**100.0**	**10019**	**100.0**	**5338**	**100.0**

	All authorities		Unitaries		Shires		Mets & LB	
	n	%	n	%	n	%	n	%
AI1 Survey mode								
1 Given at review	3	0.0	0	-	2	0.0	1	0.0
2 Posted	18512	94.4	4435	92.2	9598	98.6	4479	88.6
3 Delivered by hand	552	2.8	0	-	0	-	552	10.9
4 Face-to-face	165	0.8	108	2.2	32	0.3	25	0.5
5 Telephone	369	1.9	266	5.5	103	1.1	0	-
Total	**20038**	**100.0**	**5237**	**100.0**	**9742**	**100.0**	**5059**	**100.0**
AI2 Client type								
1 Physically disabled	14584	88.1	3426	90.3	7469	87.7	3689	86.7
2 Other vulnerable	1976	11.9	367	9.7	1045	12.3	564	13.3
Total	**18085**	**100.0**	**4,302**	**100.0**	**8,541**	**100.0**	**4,459**	**100.0**

Appendix C

Table C1a: Percentage of respondents reporting different levels of being satisfied with the service they receive but responding negatively on the survey items – carer quality

Carer Quality	*Extremely satisfied*	*Extremely/ very satisfied*	*Extremely/very/ quite satisfied*
My care workers are understanding (Strongly Disagree/Disagree)	0.3	0.3	0.5
My care workers are miserable (Strongly Agree/Agree)	1.9	2.0	2.4
My care workers are obliging (Strongly Disagree/Disagree)	1.0	0.9	1.2
My care workers are unfriendly (Strongly Agree/Agree)	2.7	2.8	3.3
As far as I know, my care workers keep any personal details they know about me to themselves (Strongly Disagree/Disagree)	2.0	1.9	2.3
My care workers do gossip to me about other people they care for (Strongly Agree/Agree)	5.2	5.0	5.5
My care workers are excellent at what they do (Strongly Disagree/Disagree)	1.0	1.2	3.2
My care workers are less thorough than I would like (Strongly Agree/Agree)	5.6	7.2	12.8
My care workers treat me with respect (Strongly Disagree/Disagree)	1.1	1.1	1.2
My care workers do things in their own way rather than mine (Strongly Agree/Agree)	15.4	19.1	25.7
My care workers are gentle with me (Strongly Disagree/Disagree)	0.9	1.1	1.3
My care workers are careless (Strongly Agree/Agree)	1.4	1.6	2.9
My care workers are honest (Strongly Disagree/Disagree)	1.4	1.3	1.4

Table C1b: Percentage of respondents reporting different levels of being satisfied with the service they receive but responding negatively on the survey items - service quality

Service Quality	*Extremely satisfied*	*Extremely/ very satisfied*	*Extremely/very/ quite satisfied*
Does anyone contact you from social Services to check that you are satisfied with the home care that you receive? (No)	36.8	40.8	46.5
If you ask for changes in the help you are given, are those changes made? (Never)	0.6	0.7	1.3
If you have never asked for any changes: why is that? (Never felt I could)	5.4	7.7	12.8
Do your care workers come at times that suit you? (Sometimes/Never)	1.7	3.2	7.9
Do your carer workers arrive on time? (I never know what time carer is going to arrive/Never arrives on time)	3.5	3.5	5.0
Do your care workers spend less time with you than they are supposed to? (Always/Often)	1.8	2.6	5.1
Are your care workers in a rush? (Always/Often)	2.3	3.7	7.4
Do you have as many visits from your care workers as you need? (No, I need a lot more visits)	0.4	0.4	0.5
Do you always see the same care workers? (Hardly Ever/Never)	1.1	1.9	3.3
Do your care workers do the things that you want done? (Sometimes/Never)	0.3	0.9	2.7
Are you kept informed, by your home care service, about changes in your care? (Never)	4.5	6.0	9.9
Do you have anything in writing which says what your care workers are supposed to do for you? (No)	32.7	34.7	37.2
Overall, how do you feel about the way your care workers treat you? (Sometimes/Never Happy)	0.3	0.4	1.3

Table C1c: Percentage of respondents reporting different levels of being satisfied with the service they receive but responding negatively on the survey items – outcome

Outcome	*Extremely satisfied*	*Extremely/ Very satisfied*	*Extremely/very/ quite satisfied*
I am always clean (Strongly Disagree/Disagree)	0.7	1.2	1.9
I am always comfortable (Strongly Disagree/Disagree)	2.9	3.8	5.4
I don't feel safe in my home (Strongly Agree/Agree)	18.6	18.4	19.6
I have as much contact with other people as I want (Strongly Disagree/Disagree)	9.4	12.3	14.7
I spend too long with nothing interesting to do (Strongly Agree/Agree)	30.5	32.9	36.0
I get up and go to bed at times which suit me (Strongly Disagree/Disagree)	2.9	4.0	5.4
The help I get from Social Services has made me more independent than I was (Strongly Disagree/Disagree)	5.5	6.6	9.4

Table C2a: Percentage of respondents reporting either being extremely, very or fairly dissatisfied but responding positively on the items from survey items – carer quality

Carer Quality	*%*
My care workers are understanding (Strongly Agree/Agree)	81.2
My care workers are miserable (Strongly Disagree/Disagree)	81.4
My care workers are obliging (Strongly Agree/Agree)	81.5
My care workers are unfriendly (Strongly Disagree/Disagree)	87.3
As far as I know, my care workers keep any personal details they know about me to themselves (Strongly Agree/Agree)	87.9
My care workers do gossip to me about other people they care for (Strongly Disagree/Disagree)	84.2
My care workers are excellent at what they do (Strongly Agree/Agree)	52.1
My care workers are less thorough than I would like (Strongly Disagree/Disagree)	34.7
My care workers treat me with respect (Strongly Agree/Agree)	91.0
My care workers do things in their own way rather than mine (Strongly Disagree/Disagree)	31.4
My care workers are gentle with me (Strongly Agree/Agree)	90.1
My care workers are careless (Strongly Disagree/Disagree)	77.1
My care workers are honest (Strongly Agree/Agree)	94.8

708 home care users expressed dissatisfaction with service

Table C2b: Percentage of respondents reporting being either extremely, very or fairly dissatisfied but responding positively on the items from survey items – service quality

Service Quality	*%*
Does anyone contact you from social Services to check that you are satisfied with the home care that you receive? (Yes)	19.4
If you ask for changes in the help you are given, are those changes made? (Always/Sometimes)	43.9
If you have never asked for any changes: why is that? (Never needed to)	40.2
Do your care workers come at times that suit you? (Always/Usually)	39.1
Do your carer workers arrive on time? (Always/Often)	33.0
Do your care workers spend less time with you than they are supposed to? (Never/Sometimes)	60.1
Are your care workers in a rush? (Never/Sometimes)	52.1
Do you have as many visits from your care workers as you need? (Yes)	58.8
Do you always see the same care workers? (Always/Nearly Always)	70.0
Do your care workers do the things that you want done? (Always/Nearly Always)	56.0
Are you kept informed, by your home care service, about changes in your care? (Always/Sometimes)	46.5
Do you have anything in writing which says what your care workers are supposed to do for you? (Yes)	49.2
Overall, how do you feel about the way your care workers treat you? (Always/Usually)	67.2

708 home care users expressed dissatisfaction with service

Table C2c: Percentage of respondents reporting being either extremely, very or fairly dissatisfied but responding positively on the items from survey items - outcome

Outcome	%
I am always clean (Strongly Agree/Agree)	87.3
I am always comfortable (Strongly Agree/Agree)	73.7
I don't feel safe in my home (Strongly Disagree/Disagree)	62.0
I have as much contact with other people as I want (Strongly Agree/Agree)	67.2
I spend too long with nothing interesting to do (Strongly Disagree/Disagree)	47.5
I get up and go to bed at times which suit me (Strongly Agree/Agree)	83.4
The help I get from Social Services has made me more independent than I was (Strongly Agree/Agree)	55.3

708 home care users expressed dissatisfaction with service

Table C3: Recoding of questionnaire items into dichotomous variables

Item	*'1' indicates*	*'0' indicates*
Do carers come at times that suit you?	Always	All other responses
Are changes made when you ask for them?	Always	All other responses
Do carers arrive on time?	Always	All other responses
Do carers spend less time with you than they are supposed to?	Never	All other responses
Are care workers in a rush?	Never	All other responses
Do you have as many visits as you need?	Yes	All other responses
Do you always see the same care workers?	Always	All other responses
Do care workers do the things that you want done?	Always	All other responses
Are you kept informed about changes?	Always	All other responses
Overall, how do you feel about the way your care workers treats you?	Always happy	All other responses
My care workers are understanding	Strongly agree	All other responses
My care workers are miserable	Strongly disagree	All other responses
My care workers are obliging	Strongly agree	All other responses
My care workers are unfriendly	Strongly disagree	All other responses
As far as I know, my care workers keep any personal details they know about me to themselves	Strongly agree	All other responses
My care workers gossip to me about other people they care for	Strongly disagree	All other responses
My care workers are excellent at what they do	Strongly agree	All other responses
My care workers are less thorough than I would like	Strongly disagree	All other responses
My care workers treat me with respect	Strongly agree	All other responses
My care workers do things in their way rather than mine	Strongly disagree	All other responses
My care workers are gentle with me	Strongly agree	All other responses
My care workers are careless	Strongly disagree	All other responses
My care workers are hones	Strongly agree	All other responses
I am always clean	Strongly agree	All other responses
I always feel comfortable	Strongly agree	All other responses
I don't feel safe in my home	Strongly disagree	All other responses
I have as much contact with other people as I want	Strongly agree	All other responses
I spend too long with nothing interesting to do	Strongly disagree	All other responses
I get up and go to bed at times which suit me	Strongly agree	All other responses
The help I get from Social Services has made me more independent than I was	Strongly agree	All other responses

Table C4: Single quality factor using dichotomous variables

	Loading
Overall Quality Measure -Variance explained 50.62%, Reliability = 0.93	
Care workers come at times that suit you	0.56
Do your care workers arrive on time?	0.54
Do your care workers spend less time with you than they are supposed to?	0.57
Are your care workers in a rush?	0.51
Do your care workers do the things that you want done?	0.65
Overall, how do you feel about the way your care workers treat you?	0.71
My care workers are understanding	0.85
My care workers are not miserable	0.77
My care workers are obliging	0.87
My care workers are not unfriendly	0.77
As far as I know, my care workers keep any personal details they know about me to themselves	0.81
My care workers do not gossip to me about other people they care for	0.70
My care workers are excellent at what they do	0.89
My care workers are not less thorough than I would like	0.86
My care workers treat me with respect	0.90
My care workers do not do things in their way rather than mine	0.83
My care workers are gentle	0.89
My care workers are not careless	0.87
My care workers are honest	0.86
I am always clean	0.73
I always feel comfortable	0.79
I feel safe in my home	0.64
I have as much contact with other people as I want	0.72
I don’t spend too long with nothing interesting to do	0.63
I get up and go to bed at times which suit me	0.74
The help I get from Social Services has made me more independent than I was	0.65

Table C5: Four factor solution using dichotomous variables

	Loading
Carer Quality - Positive Opinions Towards Carer Variance Explained 20.36%, Reliability = 0.92	
My care workers are understanding	0.76
My care workers are obliging	0.73
As far as I know, my care workers keep any personal details they know about me to themselves	0.66
My care workers are excellent at what they do	0.71
My care workers treat me with respect	0.77
My care workers are gentle with me	0.75
My care workers are honest	0.73
Service Quality Variance Explained 17.03%, Reliability = 0.81	
Do your care workers come at times that suit you?	0.73
Do your carers arrive on time?	0.72
Do your care workers spend less time with you than they are supposed to?	0.69
Are your care workers in a rush?	0.66
Do you always see the same care workers?	0.59
Do your care workers do the things that you want done?	0.72
Are you kept informed, by your home care service, about changes in your care?	0.62
Overall, how do you feel about the way your care workers treat you?	0.65
Carer Quality - Negative Opinions Towards Carer Variance Explained 16.59%, Reliability = 0.86	
My care workers are not miserable	0.78
My care workers are not unfriendly	0.79
My care workers do not gossip to me about other people they care for	0.67
My care workers are not less thorough than I would like	0.70
My care workers do not do things in their way rather than mine	0.62
My care workers are not careless	0.75
Outcomes - Variance Explained 12.04%, Reliability = 0.81	
I am always clean	0.63
I am always comfortable	0.66
I feel safe in my home	0.53
I have as much contact with other people as I want	0.73
I don’t spend too long with nothing interesting to do	0.68
I get up and go to bed at times which suit me	0.61

Appendix D

Measuring consumer satisfaction

Appendix D

Is measurement of consumer satisfaction a valid measure performance for long-term care interventions?

Measures of consumer satisfaction have been used as outcome indicators for long-term care services in the US and UK for at least 40 years now, but controversy about them continues. Four types of objection to consumer satisfaction measures are commonly found in the literature.

1. *It doesn't correlate with clinical/practitioner judged outcomes*

   An objection that is most frequently found in relation to acute or medium term medical care rather than long-term care. There are many accounts of this, most notably in relation to mental health care. For example Lambert et al. (1998) found no correlation between consumer satisfaction or improvement rating and tested pathology change. Edwards et al. (1978) found very low correlation, with patients consistently over-rating treatment success. Comparable conclusions were reached by Davies et al. (1990) for long-term home care, comparing outcomes rated by social workers with client satisfaction. Typically such findings were accompanied by a caveat against using satisfaction to measure outcome. This argument has been turned on its head, as I discuss in the conclusion.

2. *False consciousness is involved*

   A frequently mentioned problem is the tendency of satisfaction questions to gravitate toward positive responses that offer little discrimination, consumers saying they are satisfied even if they are receiving care from the weakest providers. A possible factor in ongoing care is a concern among clients of the consequences of criticizing their providers. Applebaum et al. (2000) argue though that this is mainly due to how satisfaction is assessed. Asking consumers whether they are satisfied with care is, they believe, one of the worst ways to find out what older adults like and do not like about their care. McKay et al. (1973) reported that more than half of social work clients whose expectations had not been fulfilled nevertheless reported themselves satisfied. Shaw (1976) argues rather that the problem is most health care consumers are not in a position to discriminate. They could only judge the quality of a service through informed consideration of the possible range of alternatives, an experience which they normally do not get. And Hendricks et al.

(2002) say in the evaluation of their ‘Satisfaction with Hospital Care Scale’, “on some items, patients cannot really tell the difference in quality of care.

3. *It has low reliability*

Sitzia (1999) undertook a review of 195 published patient satisfaction surveys, concluding “With few exceptions, the study instruments in this sample demonstrated little evidence of reliability or validity. Moreover, study authors exhibited a poor understanding of the importance of these properties in the assessment of satisfaction. This lack casts doubts on the credibility of satisfaction findings.” A persistent theme in the literature has been the need to ensure satisfaction questions that take a composite approach, and are not too general: yet at the same time there is criticism of researchers trying to develop one-off scales. Sitzia’s review found that a number of studies had investigated internal reliability through factor analysis or Cronbach’s Alpha; but there were only a tiny minority that had examined test-retest reliability, or had some exogenous test of criterion or construct validity. Kahn et al. (2003) found considerable variation between quality-related items in an examination of the stability of response through time.

4. *It is a consequence of factors beyond the immediate service*

Individual influences shown to affect satisfaction include patient socio-demographic characteristics and a range of psychosocial factors. (Hall and Doran, 1990; Like and Zyzanski, 1987; Blenkiron and Hammill, 2003). Frequent conclusions are higher satisfaction among older people, lower satisfaction among those who less healthy at the outset, and those with low affect or self-rated quality of life. Moreover, satisfaction with the performance of a particular service may be bound up with the wider picture of health treatment. Abramowitz et al. (1987) report that satisfaction with inpatient nursing care seemed to hinge on services not under a nurse's control. with hospital treatment is principally determined by factors. Aiello et al. (2003) report that after allowing for patient characteristics and factors that are specific to the circumstances of the particular hospitalization, the organization of the nursing service makes no difference to satisfaction with it.

Conclusions

Despite these methodological objections, a major achievement of this research has been the increasing recognition of the relevance of consumer views to quality assurance in health and long-term care. Over the 40 years of these measurements, the argument about outcome or performance measures for long term care reflects a highly important ideological shift in its purpose. Early reviewers such as Lenbow (1974) typically see consumer satisfaction as just one outcome of health care, but one that should not be allowed to unduly skew medical care practice. Satisfaction is important because it is associated with compliance with medical advice (Locker and Dunt, 1978). Concern is expressed at this stage that the illusory ease of establishing satisfaction following an intervention may obscure more significant, but longer term and less easily measurable outcomes (Lunnon and Ogles, 1977). The contrasting, modern position, such as is represented by disability rights activists, is to regard consumer satisfaction and the consumer’s definition of quality as the principal criterion for judging long term care services (Glendinning, 1998); a view that has gained policy support, for example within the national service framework for older people (Department of Health, 2001). It is no longer the unchallenged domain of health care professionals, where satisfaction was sought mainly as a means to improve compliance with medical recommendations. Geron et al. (2000) argue that it has transpired through this research that consumers place different values on outcomes than do professionals, so the effect is to change the nature of services. Professionals in home care for example would judge performance in terms of effectiveness - the degree to which improvements in service objectives are obtained. However, consumers' perceptions of the ability of their workers to do a good job are affected by how much say they have about the way their workers perform those jobs and about which jobs the workers are allowed to perform. An increased consumer voice in assessment ultimately implies greater control over services, for which there is in turn evidence that this will of itself result in greater satisfaction and the achievement of better outcomes (e.g. Doty et al., 1996). At the same time satisfaction measures themselves must evolve, and in particular become increasingly driven by the views of consumers as to what is important.