

***Public Attitudes to Health and Personal Social Services  
in Northern Ireland, 2004***

Final Report

November 2004

## ACKNOWLEDGEMENT

Research and Evaluation Services (RES) wishes to thank the following for all their support and helpfulness during the conduct of our research on this project. It was greatly appreciated.

- **The Department of Health, Social Services and Public Safety** – *for ongoing liaison with RES and the other parties involved;*
- **The four Health And Social Services Councils in Northern Ireland** – *for their contribution to the commissioning and development of the survey and guidance on focus group selection;*
- **The Regional Strategy Area Sub-Groups** – *for their help with the selection of the focus groups;*
- **The organisations who assisted with the hosting of the focus groups** – *for providing meeting rooms and hospitality for participants, namely:*
  - **Ster**
  - **South Armagh Women’s Family Health Initiative**
  - **Cedar Foundation**
  - **Northern Health Action Zone**
  - **Western Health Action Zone**
  - **Senior Citizen’s Consortium Sperrin & Lakeland**
  - **Banbridge Carers Group**
  - **Coalition on Sexual Orientation**
  - **Engage With Age**
  - **Newry and Mourne HSS Trust**
  - **Royal National Institute for the Deaf**
  - **Ballynafeigh Community Development**
  - **Northern HSS Board Ethnic Minority Steering Group**
- **And all the members of the general public** – *for sharing their time with us and for their openness during the survey and focus groups.*

**We would stress that the opinions expressed in this report are strictly those of the persons who gave them, and NOT those of RES.**

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## **1. INTRODUCTION**

### **1.1 OVERVIEW**

In Spring 2004, the Department of Health, Social Services and Public Safety (DHSS&PS) appointed Research and Evaluation Services (RES) to carry out a public consultation to inform future service developments. The Department has commissioned a public satisfaction survey for the second consecutive year. The survey seeks to establish the level of satisfaction with Health and Social Services in Northern Ireland and to indicate those areas in which the public would like to see changes and improvements. Where possible comparisons have been made with the Public Attitude telephone survey carried out in 2003.

The consultation exercise, this year, consisted of two separate sections:

- A telephone survey of 1,500 members of the general public in Northern Ireland; and,
- 13 focus groups with different hard-to-reach groups across Northern Ireland.

This report sets out a combined analysis of the telephone survey and focus group results. Appendices 1 and 2 provide information of the telephone survey and comparisons of the results from the 2003 and 2004 surveys. Appendix 3 contains summaries of the feedback from each of the focus groups in relation to each of the services.

## **2 METHODOLOGY AND KEY POINTS FOR THE READER**

### **2.1 SURVEY METHODOLOGY**

The survey was conducted by telephone amongst a random sample of the Northern Ireland adult population aged 18+. Given the importance of the survey, and the contribution of the survey results to informing the strategy, it was imperative that the sampling methodology employed produced survey results which are representative of the Northern Ireland adult population (aged 18+). To this end it was proposed to implement the survey using a two-stage random sample design:

- A sample of households was selected, on a population proportionate basis, from within each of the 26 Local Government Districts in Northern Ireland;
- One individual (most recent birthday) was randomly selected from each of the selected households to participate in the survey.

### 2.1.1 SAMPLE SIZE AND SELECTION (N=1,500)

Defining a sample size is always a trade-off between the level of precision of sample estimates and cost, and for the purposes of this survey it was felt that  $\pm 2.5\%$  would be an acceptable level of sampling error. As such the survey was conducted amongst a sample of 1,500 adults, which in turn allows sufficient disaggregation of the survey data by, for example, age, gender and social class.

### 2.1.2 SAMPLING FRAME & SELECTION OF HOUSEHOLDS / PHONE NUMBERS

In the first instance the Northern Ireland Electoral Register was used as the sampling frame for the survey with a simple random sample of addresses, with telephone numbers, selected from each of the 26 Local Government Districts. Given that a telephone number match with the electoral register will only produce a success rate of approximately 60%, as well as the need to include households with ex-directory telephone numbers, the last digit of each of the initial telephone numbers was randomly rotated to identify the actual telephone number / household to participate in the survey. If the telephone number was found to be inactive, or found to be a business / commercial number, the process was repeated until a residential household was identified.

### 2.1.3 FIELDWORK

Fieldwork for the survey was carried out between 14 April 2004 and 24 May 2004 at RES' Telephone Research Centre in Belfast. Where necessary a total of seven telephone callbacks were made before an individual was deemed to be non-contactable. The timing of callbacks varied to ensure a mix of different times, for example, afternoon, evenings and weekends (the questionnaire used for the survey is contained in Attachment 1).

### 2.1.4 SURVEY OUTCOMES

The survey aimed to generate an achieved sample of 1,500. Taking account of the level of non-contactable individuals a wastage rate of 35% was considered likely. To account for this just over 50% more households were drawn than the required number of interviews. To minimise the scope of sampling from within the sample, additional households were only provided to interviewers in small lots when their original allocation had failed to provide the required number of interviews. In total 2,395 households were selected. Note that if a selected telephone number was found to be non-residential, then the random selection of households continued until a residential household was identified.

### 2.1.5 RESPONSE RATE

Table 2.1 shows the response rate for the survey. Table 2.2 shows the reasons for non-achievement of interviews with individuals drawn in the sample. In total 2,395 residential telephone numbers were issued to obtain 1,500

interviews, yielding an effective response rate of 62.63% (see Technical Report contained in Attachment 2).

**TABLE 2.1: Response Rate**

Total Interviews Obtained	Addresses Allocated	Response Rate
1,500	2395	62.63

**TABLE 2.2: Breakdown of Cases**

	N	%
<b>Interviews</b>	1,500	63
Refused	433	18
Sick/Elderly/Infirm	91	4
Unobtainables	371	16
<b>Total Issued</b>	<b>2,395</b>	<b>101</b>

### 2.1.6 SAMPLING ERROR AND CONFIDENCE INTERVALS

Table 2.3 (below) sets out sample errors and confidence intervals at the 95% confidence level. The sample errors assume a simple random sample (SRS) design. It is acknowledged that the stratified nature of the sample has produced a design effect (DEFT) although the magnitude of the DEFT on sample error is likely to be negligible.

### 2.1.7 EXAMPLES OF SAMPLING ERROR

The use of sampling errors and confidence intervals is best illustrated by means of an example from the survey. The sample estimated that the proportion of 45-64 year olds in the Northern Ireland population to be 34%. Therefore assuming a SRS design, the margin of error at the 95% confidence level is  $\pm 2.4\%$  (Table 2.3). In other words we can be 95% confident that the true proportion of 45-64 year olds in the Northern Ireland population (18+) is within the range 31.6% to 36.4%.

**TABLE 2.3: Sampling Errors and Confidence Intervals for Key Variables**

		%	95% Confidence Interval	
Age	18-24	7	5.7	8.3
	25-44	33	30.6	35.4
	45-64	34	31.6	36.4
	65+	26	23.8	28.2
Sex	Male	48	45.5	50.5
	Female	52	49.5	54.5
Marital Status	Single	23	20.9	25.1
	Married/Cohabiting	59	56.5	61.5
	Widow/Div/Sep	18	16.1	19.9

## 2.1.8 REPRESENTATIVENESS OF THE SURVEY

Table 2.4 gives an indication of the representativeness of the sample in terms of age, gender and marital status. Attachment 3 in Appendix 1 contains a full breakdown of the responses to the background variables included in the survey.

<b>TABLE 2.4:</b> <i>Comparison of some of the key variables with the 2004 Mid Year Estimates for Northern Ireland</i>			
		<i>% 2004 Survey</i>	<i>% 2004 Mid Year Estimates</i>
Age	18-24	7	13
	25-44	33	38
	45-64	34	30
	65+	26	18
Sex	Male	48	48
	Female	52	52
Marital Status <sup>1</sup>	Single	23	30
	Married/Cohabiting	59	56
	Widow/Div/Sep	18	13

## 2.2 FOCUS GROUP METHODOLOGY

### 2.2.1 IDENTIFYING CLIENT GROUPS

The Department worked with the four Regional Strategy Area Sub-Groups (established as part of the Regional Strategy) to identify “hard to reach” client groups i.e. those groups whose voice would not necessarily be heard via a telephone survey. The Health and Social Services Councils were also closely involved in the planning and selection of these groups.

The Department liaised with the Regional Strategy Area Sub-Groups and the Health and Social Services Councils to identify locally based groups in each area to represent the views of the client groups chosen.

The focus groups took place during April and May 2004. Full details of the focus groups hosted are shown in Table 2.5 overleaf.

<sup>1</sup> 2004 Marital status comparisons are based on 2001 N.I. census.

<b>Table 2.5: Details of Focus Groups Hosted</b>					
<b>Group No</b>	<b>Profile</b>	<b>Contact Organisation</b>	<b>Date</b>	<b>Venue</b>	<b>Attendees</b>
1	Mental Health Service Users and Carers	Steer	1 Apr 04	Steer, The Diamond, Londonderry	11
2	Rural Area (families)	South Armagh Women's Family Health Initiative	7 Apr 04	Mullaghbawn Community Centre, Mullaghbawn	10
3	Physical (sensory disability)	Cedar Foundation	14 Apr 04	Balmoral Training and Resource Centre, Belfast	6
4	Neighbourhood (disadvantaged)	Northern Health Action Zone	14 Apr 04	Gortalowry House, Cookstown	9
5	Travellers	Western Health Action Zone	15 Apr 04	Community House, Omagh	9
6	Older People (rural)	Senior Citizen's Consortium Sperrin & Lakeland	20 Apr 04	Gortmore House, Maguiresbridge, Co Fermanagh	8
7	Carers	Banbridge Carers Group	21 Apr 04	Banbridge Enterprise Centre, Scarva Road	9
8	People of Different Sexual Orientation	Coalition on Sexual Orientation	24 Apr 04	Clanmil Housing Association, Northern Whig Building, Belfast	6
9	Older People (city)	Engage With Age	26 Apr 04	Grosvenor House, Glengall Street, Belfast	11
10	Learning Disability (service users)	Newry and Mourne HSS Trust	28 Apr 04	Laurels Day Centre, Drumalane Road, Newry	8
11	People with Hearing Impairments	Royal National Institute for the Deaf	5 May 04	RNID, Wilton House, College Square North, Belfast	9
12	Young People (13-16 years)	Ballynafeigh Community Development	18 May 04	Ballynafeigh Community Centre, Ormeau Road, Belfast	10
13	Ethnic Minority	Northern HSS Board Ethnic Minority Steering Group	20 May 04	Ballymena Inter-Ethnic Forum, Ballymena	6
<b>TOTAL Attendees</b>					<b>112</b>

## 2.2.2 HOSTING THE FOCUS GROUPS

The Department worked in liaison with the locally based groups to agree a mutually convenient date, time and venue for each of the focus groups.

The Department and RES jointly agreed a draft agenda for the focus groups. Written parental consent was obtained for all of the under 16 year olds who attended the young persons focus group.

RES hosted and tape-recorded each of the focus group sessions. We also asked participants to complete a monitoring form. The statistics from this are shown in the detailed report, which accompanies this summary (see Appendix 5).

It would not have been feasible to have asked focus group participants about all services. Instead, it was agreed that each group would be allowed to choose which services it had most experience of or wished to comment on. Hence, in the summary that follows, we explain the number of focus groups whose participants opted to comment on each service. Inevitably, there were some services that no group chose to comment on.

Apart from this, all groups commented on all other questions.

### 2.2.3 CHOOSING THE SAMPLE

The participants for each focus group were chosen by each locally based organisation.

### 2.2.4 USE OF INCENTIVES

Each adult participant received £20 in cash to cover out-of-pocket expenses and their time for attending. In the case of the young people's focus group, a £10 donation was made for each young person who attended. (This reflected the fact that the young person's focus group lasted only one hour compared with the adult groups, which typically lasted two hours.)

## 2.3 KEY POINTS FOR THE READER

The sections that follow highlight the key messages that emerged from our analysis of the survey and the focus groups. However, we would draw readers' attention to a number of points concerning these key messages:

- **Focus group messages are not representative** - While the focus groups gave important insights into experience of key people who use health and social services, focus group findings are, by their nature, necessarily qualitative and cannot be used to generalise. They must, therefore, be set within the context of the survey findings which are representative and which can be generalised.
- **The key messages cited in this report are a comprehensive summary** – However, the main body of this report is not intended to be a substitute for reading in detail the full findings of the consultation. Notwithstanding this, the reader should also be mindful that those participating in the focus groups were a small sample of the users of that service.
- **The perceptions reported depended on peoples' use of services** - There were very differing levels of experience of the various services amongst those consulted. For example, in relation to primary care services, many people who took part in the survey and many who took part in the focus groups had used / were familiar with GP services. In contrast, only a small number had used / were familiar with Social Work services. In short, user populations of different sizes contributed to the list of the positive findings, improvement suggestions etc for a specific service.

Consequently, there are methodological limitations to the extent to which findings can be combined and generalised overall.

- **Whilst the themes covered in the survey and the focus group were similar, the detail of the questions and discussion necessarily differed** – Consequently, a straight comparison is not feasible. However, we have highlighted the areas of common concern and indicated, as far as possible, where opinions differed.
- **Use of the word *significant*** – the report often refers to significant differences, in terms of the telephone survey findings. The reader should note that when the word significant has been used to describe different survey outcomes, this means that the differences are statistically significant at the 95% or higher confidence interval. Please see paragraphs 2.1.6 and 2.1.7 for further details.

The key messages from the survey and the focus groups are set out below. Within this, we highlight, for each service, the usage of the service, the overall level of satisfaction, the service aspects about which there were mixed views and the main improvement suggestions that were put forward.

#### References to Survey Data

In the sections that follow, the data cited are from the survey undertaken in 2004 unless otherwise stated.

There are also references to comparisons with a similar survey carried out in 2003. These references are clearly shown in the text that follows.

*Please note that there is no order of priority / importance implied in the sequencing of the services below. In addition please note that the lists of 'Suggestions for Improvements' shown in this report have not been prioritised. (See Section 3)*

### 3. MAIN FINDINGS

#### 3.1 SATISFACTION WITH HEALTH AND SOCIAL SERVICES

There were a number of general points emerging from the consultation overall.

##### Overall Satisfaction Significantly Improved

Overall, satisfaction with health and social care services has improved significantly since 2003. The proportion of respondents who reported being very satisfied or satisfied overall with the health and social care services in Northern Ireland increased from 74% in 2003 to 79% in 2004.

The survey also showed a high level of usage with some 94%<sup>2</sup> of respondents having used health and social services in the past year.

Although these findings are very positive, some 21% of respondents were either dissatisfied or very dissatisfied or didn't know how they felt about services.

##### Suggestions For Improvements

There were many positive comments in the focus groups relating to service provision and, in particular, the positive contribution of people working in the various service areas. People in the focus groups also, however, identified a number of areas that they considered needed to be improved. We describe these in the paragraphs below.

There was a view that health and social care service providers should be actively involved and work in partnership with service users, ex-service users and organisations representing service users. The purpose of such partnership working would be to collaborate more closely on the design of services, information on services, the dissemination of information on services and all other related aspects of the promotion of health and well being.

Many also felt that service providers' premises should be made more disability-friendly. Insufficient car parking and stairs in surgeries constituted barriers for people with mobility problems, including older people.

People with hearing impairments wished to have access to more health information available in visual format

People of different sexual orientation wished to see all service providers' become more 'gay-friendly'. They also wished to see a reduction in, what they perceived as, homophobic attitudes of the staff working within all sections of health and personal social services.

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<sup>2</sup> This percentage includes users of primary and secondary care services.

Lack of appropriate training was perceived as a problem. Participants wished to see staff within the health service receiving more training in for example, primarily, disability awareness, deaf awareness (including sign language), gay awareness; cultural awareness; and anti-racism.

People from ethnic minorities, people with hearing impairments and people with learning disabilities wished to see access to interpreters being made easier and interpreting services *per se* being used more widely.

## **3.2 PRIMARY CARE SERVICES**

### **3.2.1 General Practitioner (GP) Services**

#### *Usage of the Service and Overall Satisfaction in the Last Twelve Months*

Usage of GP services appears to have gone down since last year. Comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly less likely to report having had direct experience of GP services in the last twelve months (-4%).

However, overall satisfaction levels appear to have gone up. The overwhelming majority of respondents (94%) were either satisfied or very satisfied with the service provided.

In addition, the survey respondents and the focus group participants both appeared to be generally content with the attitude of their GP. Within the survey, 91% of respondents indicated that the general attitude of the GP was excellent or good. Again, this trend was borne out by the feedback from the focus group participants.

Respondents in the 2004 survey were significantly more likely to report being very satisfied with the service they received from their GP compared with 2003 – i.e. 45% reported that they were very satisfied in 2003 whereas 55% stated that they were very satisfied in 2004. The feedback from the focus groups was consistent with this in that it, generally, revealed a high level of satisfaction with the service from GPs.

#### *Suggestions for Improvements*

However, both the survey and focus groups also found that most people thought that the length of time taken to receive the services from their GP was inadequate. Almost a third (31%) of survey respondents felt that the length of time taken to receive the services was either fair or poor. One fifth of respondents (20%) had to wait 4 – 7 days and 16% had to wait more than a week to obtain an appointment with their GP. A quarter of respondents (25%) felt dissatisfied or very dissatisfied with the time they had to wait before obtaining an appointment with their GP.

Just over one third (36%) of those who suggested changes to the GP service indicated that they wished to see waiting times reduced. Almost one fifth (19%) of those who suggested changes to the GP service indicated that they wished to see better access to the service.

The feedback from the focus group participants echoed this. Focus group participants indicated strongly that they wished to see a reduction in the waiting time to get an appointment with a GP.

Also, within the 2004 survey, almost a fifth (19%) described the convenience of getting to the service provided by their GP as either fair or poor. Again, the focus group participants shared this view and felt that there should be better out-of-hours services, especially in rural areas.

The survey also highlighted people's general sense that the staff within the service were under pressure. Almost one in ten (9%) of those who suggested changes to the GP service indicated that they wished to see more staff provided.

On the attitude of reception staff, the overall feedback was mixed. Most of those surveyed (83%) indicated that the general attitude of the receptionist staff was excellent or good. In contrast, focus group participants felt that the general attitude of receptionists needed to improve. These participants felt that receptionists should be encouraged to become more patient-centred. Indeed, there was a perception that, at present, the receptionists' attitude represented more of a barrier than a gateway to the GP service.

In addition to the above, the focus group participants made a number of distinct suggestions to improve the service from GPs. These were:

- Have more nurses to carry out routine medical checks;
- Make it easier to get a doctor to carry out a home visit (a particular issue for older people);
- Provide better facilities for people with disabilities;
- Encourage and support more extensive use of interpreters to assist people with hearing impairments and people from ethnic minorities;
- Encourage and support more counselling services for people with mental health conditions;
- Encourage and support gay-friendly counselling for gay people;
- Provide more female doctors (of particular importance to middle-aged and older female focus group participants);
- Make it easier for mental health service users and carers to find a GP who was willing to register him/her.

### 3.2.2 SOCIAL WORKERS

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

Usage of social work services seems to have increased slightly since last year. Comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly more likely to report having used a social work service in the last twelve months (+2%).

In general, the 2004 survey found that most people were pleased with the service they received from social workers. Well over three quarters (83%) were either satisfied or very satisfied with the service provided by their social worker (with respondents in the more deprived social classes i.e. C2, D and E being significantly more likely to report this). In addition, 82% described the attitude of staff as either excellent or good. Again, almost three-quarters (72%) described the helpfulness of the information provided as being excellent or good.

Overall, there was no significant change found in the levels of satisfaction with social work services in the 2004 survey compared with the 2003 survey.

#### Suggestions For Improvements

Just over a quarter of those surveyed (26%), however felt that the length of time taken to receive social work services was either fair or poor. Indeed, within the survey, just over one fifth (21%) of those who suggested changes to the social work service indicated that they wished to see waiting times reduced. Some 21% of those who suggested changes to the social work service indicated that they wished to see better access to the service. In addition, 17% of those who suggested changes to the social work service indicated that they wished the service to have more staff.

In general, the feedback from the focus group appeared to support this. Whilst some focus group participants felt that the service could be easily accessed there were others who felt they had to “badger” social workers in order to receive help. Other participants felt that the arrangements to provide cover when a social worker was on leave were poor. A few participants in the focus groups had also found it difficult to contact social workers who worked part-time.

Similarly, just over a quarter of those surveyed (26%) felt that the explanation of the next steps in their care was either fair or poor. As with the issue above, the feedback from the focus groups on this issue was mixed. Some participants perceived that social workers were good at helping clients find their way around ‘the system’; others felt that social workers were not at all helpful in this regard and that the client was left to fend for him or herself. Again it is important to stress that these views, while valid in their own right, cannot be generalised, as they are qualitative.

In addition to the above, the focus group participants made a number of specific suggestions to improve the service from social workers. These were:

- Improve social workers' sign language capabilities;
- Train social workers to enable them be more knowledgeable about accessing aids / services etc;
- Have a standard set of criteria as regards eligibility for free equipment across Northern Ireland;
- Encourage social workers to be more aware of need for empathy and need to offer emotional as well as practical support etc; and
- Employ more gay people in social work.

### 3.2.3 COMMUNITY NURSES / HEALTH VISITORS

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

Usage of Community Nursing<sup>3</sup> services appeared to have gone up slightly since last year. Comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly more likely to report having used the services of a health visitor in the last twelve months (+2%).

In general, the 2004 survey found that the vast majority of people (92%) were satisfied or very satisfied with the service they received from community nursing. The vast majority of those surveyed felt positively about all aspects of the service about which they were asked to comment.

Most people (91%) described the length of time taken to receive services as either excellent or good. Similarly, 90% described the general attitude of staff as excellent or good. The majority 83% were also pleased with the explanation of the next steps in their care whilst 88% rated the helpfulness of any information that was provided as excellent or good.

The feedback from the focus groups was consistent with this in that participants in the focus groups appeared to have a similarly high regard for the service. However, a number of mothers from ethnic minorities perceived that some health visitors were suspicious of and/or disapproved of their traditional methods of childcare.

Overall, there was no significant change found in the levels of satisfaction with community nursing services in the 2004 survey compared with the 2003 survey.

#### Suggestions For Improvements

Whilst the majority of the feedback from the 2004 survey in relation to the health visiting service was generally positive, of those who suggested changes

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<sup>3</sup> Aggregated under the heading of 'Community Nursing' – includes Health Visitors, Midwives or District Nurses. Note the 2003 survey did not include 'midwife' in this category.

to the health visitor service a quarter (25%) indicated that they wished to see better access to the service. Similarly, just over one fifth (22%) of those who suggested changes to the health visitor service indicated that they wished to see reduced waiting times.

In addition, the focus group participants made a number of suggestions to improve the service from health visitors. These were:

- Find ways of enabling mothers to speak more openly about concerns in relation to their own health e.g. depression;
- Provide more support for lone parents; and,
- Have one day when there are open appointments at the baby clinic.

### 3.2.3 ALLIED HEALTH PROFESSIONS

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

Allied Health Professions includes the following services - occupational therapy, physiotherapy, speech and language, chiropody and podiatry.

Overall, the 2004 survey found that the vast majority of people (93%) were satisfied or very satisfied with the service they received from allied health professions. Most felt positively about all aspects of the service about which they were asked to comment.

Ninety-two per cent of respondents who had used the services described the general attitude of Allied Health Professions as excellent or good. The 2004 survey also found that 84% of respondents rated the helpfulness of any information that was provided as excellent or good. Similarly, 81% considered that the explanation of the next steps in their care was excellent or good.

Comparison of the 2003 and 2004 survey results shows that there has been no significant change in the use of the services of allied health professions in the last twelve months<sup>4</sup>.

Similarly, there was no significant change found in the levels of satisfaction pertaining to allied health professions to in the 2004 survey compared with the 2003 survey.

#### Suggestions For Improvements

However, close to a third of survey respondents (32%) described the length of time to receive services as fair or poor. Of those respondents who suggested changes to the services from allied health professions 42% indicated that they wished to see the waiting times reduced and more than one in ten (15%) wished to see better access to services. These findings were consistent with the

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<sup>4</sup> This may be because the number of respondents who indicated that they had used this service was too small.

feedback from the focus groups. Some focus group participants commented specifically that they perceived the access to physiotherapy, speech therapy and community psychiatric services (CPS) respectively, was poor at present.

Some focus group participants perceived professional staff in physiotherapy and occupational therapy as uncaring. Others commented that, in their view, some speech therapy staff used outmoded techniques and were patronising. Others commented on what they perceived as a lack of multi-disciplinary working amongst the professional staff.

In addition to this, the focus group participants made a number of suggestions to improve the service from allied health professions. These were:

- Shorten the time to access services – more therapists needed, especially in rural areas;
- Enable professionals to become more patient-centred; and,
- Have a one-stop shop for patients with multiple needs and improve multi-disciplinary working.

### 3.2.5 HOME HELPS / HOME CARE SERVICES

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

Usage of home help / home care services appears to have increased slightly since last year. Comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly more likely to report having used home help / home care services in the last twelve months (+2%).

The 2004 survey found that the majority of people (86%) were satisfied or very satisfied with the service they received from home help / home care services.

Similarly, the 2004 survey found that 72% of respondents rated the helpfulness of any the information that was provided by home helps / home care services as excellent or good.

Overall, there was no significant change found in the levels of satisfaction in relation to home helps / home care services in the 2004 survey compared with the 2003 survey.

Most of those surveyed (86%) described the general attitude of the home help / home care staff as being excellent or good. However, this was, again, in contrast to the views held by participants in the focus groups that discussed home help / home care services. Whilst some participants thought that the attitude of home helps was good, others felt that home helps had become uncaring, that their work had become “*just a job.*” (See also below under ‘Suggestions for Improvement’.)

### Suggestions For Improvements

Almost a quarter of users (24%) in the 2004 survey described the length of time taken to receive services as fair or poor. Of those respondents who suggested changes to the home help / home care service just over a quarter (28%) indicated that they wished to see the waiting times reduced and more than one in ten (12%) wished to see better access to services. Almost one in ten (9%) wished to see more staff being employed in this service.

These points were supported by the feedback from the focus groups. Focus group participants who discussed home help / home care services perceived it to be difficult or very difficult to access a home help.

In addition, participants made a number of suggestions to improve services. These included:

- Enable home helps to focus more on a caring attitude;
- Allow home helps to do more routine tasks;
- Service providers to partner with other support services to provide clients with a full package of care;
- Service provider to systematically monitor client satisfaction;
- Have a probationary period during which client and home help alike assesses the suitability of the ‘match’;
- Build realistic travel time into the time allowance a home help is given;
- Provide adequate training in the use of aids / appliances etc to match clients’ needs;
- Address the issue of insurance for home helps; and,
- Provide more home care services who are prepared to work with children.

### 3.2.6 DAY CENTRES<sup>5</sup>

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

Usage of day centre services appears to have increased very slightly since last year. Comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly more likely to report having used day centre services in the last twelve months (+1%).

Over three quarters of respondents (78%) were either satisfied or very satisfied with the service they received from the day centre for elderly people or people with disabilities.

Almost three quarters (73%) of those who used day centre / elderly, disabled services in the last twelve months described the helpfulness of the information provided as being excellent or good. Just over two thirds (70%) described the condition of the premises as excellent or good.

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<sup>5</sup> This category was referred to as ‘day-care services’ in the 2003 survey.

Overall, there was no significant difference found in the levels of satisfaction in relation to day centre services in the 2004 survey compared with the 2003 survey.

### Suggestions For Improvements

Just over a third of respondents, however, (36%) rated the length of time to receive services as fair or poor. Some participants in the focus groups that discussed day centre services agreed strongly with this.

Focus group participants also contended that the bus service was generally unreliable for a variety of reasons. They also expressed concern at the length of the journeys that their relatives make to and from their respective centres each day.

The 2004 survey also found that whilst just over half (59%) felt that the explanation that they received about the next steps in their care was either excellent or good, almost a quarter (23%) reported they felt it was either fair or poor.

In addition, in the 2004 survey, just over a third (36%) described the length of time taken to receive services as fair or poor. This was consistent with the findings of the focus groups. Some participants indicated that it was difficult to find a suitable day centre place for someone with behavioural problems.

Focus group participants made a number of specific suggestions to improve the service from day centres. These were:

- Provide a more reliable and flexible transport service – including a back-up service;
- Provide more one-to-one care;
- Shorten the daily travel time for individual clients; and,
- Ensure drivers check that a responsible adult is at home before dropping client off.

Of the survey respondents who suggested changes to day centre services:

- One third (33%) proposed that there should be more staff;
- Almost one fifth (19%) considered that there should be better transport to / from the day centre and that the attitudes of the staff should be better; and,
- Almost one fifth (19%) that the service should reduce costs and provide more services.

### 3.2.7 PHARMACY

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

The overwhelming majority of respondents (96%) rated the general attitude of pharmacists as either excellent or good. Similarly, 96% of respondents rated the general attitude of counter staff as excellent or good. Again, the vast majority (94%) felt that the convenience of getting to the service was either excellent or good. Finally, the vast majority (93%) rated the helpfulness of the information that was provided as either excellent or good.

Generally speaking, these findings were supported by the feedback from the focus group work. The general view was that pharmacies were easy to access and offered a good service.

Usage of pharmacy services appears to have decreased since last year. A comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly less likely to report having used a pharmacy services in the last twelve months (-4%). In 2004, some 75% of respondents reported using pharmacies compared with 79% in 2003.

However, overall, there was no significant difference found in the levels of satisfaction in relation to pharmacy services in the 2004 survey compared with the 2003 survey.

#### Suggestions For Improvements

The focus group participants (young people) who commented on pharmacy services made a number of suggestions to improve the service. These were:

- Have longer opening hours;
- Have more staff at peak times;
- Make premises more accessible for wheel-chair users;
- Ensure that staff have more respect for young people; and,
- Have more health and well-being facilities / gadgets.

Of the survey respondents who suggested changes to pharmacy services:

- A quarter (25%) proposed that the waiting times be reduced;
- Just over a one fifth (22%) felt that there should be better access to pharmacy services; and,
- Just over one in ten (12%) considered that costs / prices should be reduced.

### 3.2.8 DENTISTS

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

The vast majority (96%) of survey respondents were either satisfied or very satisfied with the service they received from their dentist. However, in the

focus groups, questions were raised over apparent differences in charge for dental services in different locations.

In general, there seemed to be widespread commendation for the staff involved in this service. The 2004 survey found that 95% of those who reported using dental services in the last twelve months described the general attitude of medical staff as either excellent or good. The same percentage (95%) felt that the general attitude of reception staff was also either excellent or good. The feedback from the focus groups appeared to support these findings with participants generally commenting that the attitude of dental staff was good.

Usage of dental services appears to have decreased since last year. Comparison of the 2003 and 2004 survey findings showed that respondents in the 2004 survey were significantly less likely to report having used dental services in the last twelve months (-6%). (i.e. 67% in 2003 compared with 61% in 2004).

However, general levels of satisfaction with the service appear to have risen. Overall, respondents in the 2004 survey were significantly more likely than those who took part in the 2003 survey to report being very satisfied with dental services.

#### Suggestions For Improvements

Almost a quarter (23%) of survey respondents, however reported that the length of time taken to access the service was fair or poor.

Of the survey respondents who suggested changes to dental services:

- Over a quarter (27%) wished to see waiting times reduced; and,
- Almost one fifth (18%) felt that there should be better access to services.

The feedback from the focus groups seemed to confirm this. Whilst focus group participants regarded emergency access as good, they deemed routine access as poor. There was a general call to reduce the time required to get a routine appointment.

The 2004 survey also found that 13% of respondents described the convenience of getting to the service as fair or poor. Focus group participants who commented on dental services also suggested that all dental services should be free to those on income support. Since we understand this is already the case, there appears to be lack of awareness of this amongst some people. The survey also found objections to service charges. Of the survey respondents who suggested changes to dental services 16% believed that the service should reduce costs / prices.

### 3.2.9 COMMUNITY PSYCHIATRIC SERVICES (CPS)

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

The majority of respondents (69%) who had direct experience of using the services provided by CPS were either satisfied or very satisfied. This contrasted with the views of focus group participants (i.e. of users, ex-users of mental health services) who considered that the quality of service was poor.

The 2004 survey also found that just over three quarters (76%) of respondents who reported using CPS in the last twelve months described the general attitude of the medical staff as either excellent or good. However, those in the focus group contended that professional staff were often patronising.

Over two thirds (71%) of those surveyed felt that the condition of the premises was either excellent or good. Once more, in contrast, those in the focus group felt that psychiatric hospitals were in out of town locations, which further stigmatised and marginalised people with mental health conditions. They also felt that the current style of accommodation for patients both in psychiatric hospitals and in accident and emergency units was unsuitable.

Just over a fifth (21%) of respondents were either dissatisfied or very dissatisfied with the service they received. One third (33%) described the length of time taken to receive the service as fair or poor. Of the survey respondents who suggested changes to CPS:

- Almost one fifth (18%) wished to see better access to the service; and,
- 15% wished to see the waiting times reduced.

The feedback from the focus group seemed to support this with participants indicating that it took far too long (typically weeks / months) to get an appointment with a Community Psychiatric Nurse (CPN).

Focus group participants also indicated that the length of the appointment with a CPN was much too short (i.e. 10 –15 minutes) given:

- The long wait for the appointment in the first instance; and,
- The vulnerability of this client group.

In addition, the 2004 survey found that a quarter (25%) of those who had used CPS in the last twelve months felt that the convenience of getting to the service was fair or poor. The feedback from the focus group participants also seemed to support this view. Some commented that many of the services centres were in out of town locations and that these were relatively inaccessible.

Returning to the positive, feedback from the focus group also indicated that many people had received good support from their GP.

### Suggestions For Improvements

Finally, in addition to the points made above, the focus group participants who commented on CPS made a number of further suggestions on how to improve the service. These were:

- Change professional attitudes – need to be more empathetic, patient centred and not patronising;
- Clear criteria for allocation of Community Psychiatric Nurses (CPN);
- Shorter times to get appointments;
- More time at each appointment;
- Emphasise value of and provide alternatives to medication e.g. cognitive behavioural therapy;
- Better support for patients as they leave psychiatric hospital;
- CPS to better assist and integrate with the efforts of GPs to support clients;
- Have better psychiatric provision for young people living west of the Bann; and,
- Make service centres more accessible.

### **3.3 SECONDARY CARE (HOSPITAL SERVICES)**

#### Usage of the Service and Overall Satisfaction in the Last Twelve Months

The survey examined four different aspects of hospital care – overnight stays in hospital, day surgery, hospital outpatient appointments and hospital A&E attendances. Each of these had their own distinct ratings in terms of satisfaction with the various aspects of the service and we direct the reader to the survey itself for the detailed results.

Respondents in the 2003 survey were significantly more likely than those who took part in the 2004 survey to report having had direct experience of attending a hospital outpatient appointment: 37% in 2003 compared with 31% in 2004.

Those who took part in the 2004 survey were significantly more likely to report being satisfied with their overnight stay in hospital than respondents in 2003. The proportion of respondents who reported being very satisfied or satisfied with their overnight stay in hospital increased from 84% in 2003 to 89% in 2004.

There was no significant difference found year-to-year in respondents' ratings of satisfaction in relation to:

- Hospital outpatient appointments (88% very satisfied or satisfied in 2003; 90% very satisfied or satisfied in 2004); or,
- Hospital A&E attendances (71% very satisfied or satisfied in 2003; 77% very satisfied or satisfied in 2004).

Most respondents felt that the general attitude of nurses and doctors respectively was either excellent or good. Similarly, the majority of respondents rated the helpfulness of any information provided as excellent or good. However, focus group participants gave some examples of consultants having acted in, what they perceived to be a patronising, hostile or uncaring manner. They believed that consultants needed to behave with greater empathy and respect towards their patients, relatives and carers, and should actively and sensitively engage patients in the discussions about their condition / care needs. In the opinion of some focus group participants, consultants do not regard these aspects as a priority in their care of patients.

The main areas of dissatisfaction that emerged from the survey were the quality of hospital food, the level of privacy and the condition of the premises, where 46%, 40% and 31% respectively of survey respondents rated these aspects as either fair or poor.

The feedback from the focus groups confirmed these areas of dissatisfaction. Hospital food was described by one participant as “lousy”. There were criticisms of the narrow range of ‘healthy’ options. Many commented that food that is meant to be hot is not hot by the time it reaches the patient.

Within the focus groups, there was also widespread criticism of the perceived low standard of hygiene in hospitals. Focus group participants perceived that this was the fault of a poor standard of cleaning being provided by private contractors. There were many calls to “bring back the matron”. It was felt that such an approach would be helpful to give a stronger focus on hospital hygiene issues.

As with the survey respondents, focus group participants too were concerned about lack of privacy. Within the focus groups, this appeared to be an issue mainly for older people. Some had experienced, and expressed a dislike of, mixed sex wards. They felt that this arrangement robbed them of their dignity and they were very uncomfortable with it.

Across all of the focus groups, there was a general feeling that hospital staff and services were over-stretched.

#### Suggestions For Improvements

Of the survey respondents who suggested changes to *overnight stays* in hospital:

- 14% felt that more staff were needed; and,
- One in ten (10%) that more beds were needed.

Of the survey respondents who suggested changes to *day surgery* services:

- Almost one third (31%) considered that waiting times needed to be reduced; and,
- 15% felt that more staff were needed.

Of the survey respondents who suggested changes to hospital *outpatient appointments*:

- Over one third (36%) believed that waiting times needed to be reduced; and,
- Just over one in ten (11%) wished to see more staff being employed in this aspect of hospital services.

Of the survey respondents who suggested changes to *Accident and Emergency Services*:

- Close to half (45%) wanted to see waiting times reduced; and,
- Just over a fifth (22%) wished to see more staff being employed in this aspect of hospital services.

The focus group participants who commented on hospital services put forward an extensive list of suggestions to improve the service. These were:

#### *Hospital Hygiene...*

- Improve the standard of hygiene in hospitals (a reference to contract cleaning); and,
- Restore the matron on the ward - perceived to give a stronger focus on hospital hygiene issues and provide a more personal service.

#### *General Hospital Infrastructure...*

- Provide more hospitals;
- “Fix up” whatever hospitals already exist and keep them up to date rather than spending money on new ones;
- Let the public know what the new configuration of hospitals is to be;
- Have more proper beds – less use of trolleys as beds;
- Improve privacy for patients in hospital;
- Make provision for children to stay overnight in local hospitals where this is currently not permitted;
- Have a maternity ward in each local hospital;
- More and better use of technology to enable people with disabilities to access services and areas within hospitals;
- Make environment more welcoming for gay people; and,
- Improve car parking.

#### *General issues...*

- Have better hospital food with a wider range of healthy options e.g. vegetarian. If it is meant to be hot, make sure it arrives with the patient hot;
- Change the smell of hospitals to something more pleasant – perceived to be very clinical and unpleasant.

*General Staffing Issues...*

- Have more nurses and doctors;
- Reduce staff turnover;
- Have shorter shifts for staff – so that they are not overworked;
- Give staff more time to explain things; and,
- Have more experienced staff – some focus group participants felt that “students...don’t know what they’re doing”.

*Accident and emergency...*

- Reduce the waiting times at Accident and Emergency;
- Have more staff at Accident and Emergency, especially at the weekends;
- Have a separate area for self-harmers at Accident and Emergency;
- Have a different system for dealing with routine matters e.g. an X-ray at Accident and Emergency.

*Ambulances...*

- Make it easier to get to hospital. (This comment stemmed from references to insufficient ambulance service and the large distances people feel they have to travel to get to a hospital. It also arose in relation to concerns people expressed about the possible closure of some local hospitals);
- Provide more ambulances to take patients to and from hospital; and,
- Ambulance crews should be very familiar with the local roads.

*Improve efficiency and effectiveness...*

- Shorten the waiting lists;
- Give patients more time with consultants;
- Mixed views on whether or not to reduce the number of private patients allowed; and,
- Reduce paper work for nurses.

*Change staff attitudes...*

- Improve the bedside manner of consultants;
- Provide cultural awareness and anti-racism training for all staff;
- Change attitude of professional staff re mental health;
- Provide gay awareness training for hospital staff;
- Raise awareness amongst hospital staff of the implications of Section 75;
- Return the attitude of care at nursing and consultant level; and,
- Better attention and care for elderly and vulnerable people, especially at meal times.

*General processes and procedures...*

- Raise awareness amongst hospital users of the complaints procedure;
- Better management of patient records;
- Involve Equality Officer in complaints procedure;
- Mainstream health link workers; and,
- Allow someone to visit a patient at home before they are admitted for an operation – explain what will happen.

*Skills and training...*

- Ensure that key workers have Level II signing skills;
- Ensure that interpreters know hospital jargon;
- Better co-ordination of and access to interpreters;
- Hospitals to book interpreters; and,
- Provide more deaf awareness training (including refresher training).

### **3.4 PUBLIC HEALTH MESSAGES**

*Usage of the Service and Overall Satisfaction in the Last Twelve Months*

There were mixed views on the efficacy of health promotion campaigns. Almost half (47%) of those surveyed in 2004 indicated that they ate a little or a lot more fruit and vegetables as a result of seeing health promotion messages in the media or in information leaflets.

Forty-two percent indicated that they changed their diet in other ways, a little or a lot as a result of seeing health promotion messages in the media or in information leaflets.

However, the majority (59%) did not increase the amount of exercise they took as a result of seeing health promotion messages in the media or in information leaflets.

Similarly, almost half (46%) did not reduce the amount of alcohol they drank as a result of seeing health promotion messages in the media or in information leaflets.

Males were significantly more likely than females to state that they did not do any of the above as a result of seeing health promotion messages in the media or in information leaflets.

There were similarly diverse opinions expressed in the focus groups. Some felt that health promotion campaigns were largely ineffective whilst others considered that health promotion campaigns were beneficial in changing attitudes and behaviour.

### Suggestions for Improvement

The focus group participants put forward an extensive list of suggestions to improve the effectiveness of health promotion campaigns. These were:

- Focus more on positive not negative health messages;
- Focus health promotion effort on schools, mainly primary schools;
- Provide more information on health promotion for people with disabilities;
- Give closer consideration to the needs of people with disabilities when designing and disseminating health promotion information;
- Work in partnership with organisations representing the interests of marginalised groups especially to proof proposed campaigns;
- Use cartoons to get key messages across to children;
- Minimise use of leaflets. Thought to be wasteful;
- Run an advertising campaign regarding sexual health;
- Use signing on TV advertisements;
- Use visual information on leaflets (to help people with hearing impairments understand the information);
- Carry out more proactive dissemination of information via roadshows; and,
- Give more attention to reducing alcohol abuse (i.e. not smoking).

### **3.5 ARE ALL GROUPS TREATED FAIRLY?**

#### Overall Satisfaction in the Last Twelve Months

The survey revealed that the proportion of respondents who felt that health and social care services did not treat all groups fairly fell significantly between 2003 and 2004. In 2003, 25% of respondents indicated that they felt that health and social care services did not treat all groups fairly. This compares with 15% in 2004.

Whilst, overall, the 2004 survey found that the majority (well over two-thirds (71%)), thought that health and social care services treated all groups fairly, there were significant differences in the responses according to gender, age, community background and social class. (See Appendix 1 for further details).

Of the survey respondents who believed that health and social services does not treat all groups fairly:

- Almost two thirds (63%) felt that elderly people were treated less favourably; and,
- 4% considered that working class people were treated less favourably.

Focus group participants also gave examples of situations where they felt some people had experienced a better or lesser service than others across a range of services.

The exception to this was in relation to Health Visiting where focus group participants firmly believed that everyone received the same service. They attributed this to the highly structured nature of the service itself and the systematic manner in which appears to be delivered.

Further details are available in Appendices 3, 4 and 5 respectively.

In the opinion of the focus group participants, one was more likely to receive a *better* service if...

- One knew someone who was influential, or one who was regarded as influential; and / or,
- One came across as articulate, confident and knowledgeable about the service; and / or,
- One was prepared to “shout louder” about what they perceived as poor service; and / or,
- One was prepared to “badger” the service provider; and / or,
- One acted collectively with others to have their voice heard; and / or,
- One paid privately for treatment.

In the opinion of the focus group participants, one was more likely to receive a *lesser* service if...

- One was gay or lesbian; and / or,
- One was older or vulnerable. (There was a concern that such people may need an advocate to speak up for them if the service they were receiving was not of an acceptable standard); and / or,
- One was hearing impaired (There was a perception that people with other types of disability were treated more favourably); and / or,
- One lived in a disadvantaged area; and / or,
- One did not have access to an interpreter.

### 3.6 PERCEPTIONS OF THE BIGGEST PROBLEMS

Those who took part in the 2004 survey and the focus groups were both asked to comment on what they perceived to be the biggest problem facing health and social care services in Northern Ireland today.

Of the survey respondents who gave an answer to this question:

- Almost a quarter (24%) indicated that lack of funding was a major issue;
- Almost one fifth (19%) indicated that the waiting times being too long were the biggest problem; and,
- 14% believed that staff shortages were the biggest concern.

In contrast, there were four different topics that attracted considerable discussion across all of the focus groups. These were:

- Drug misuse;
- Underage drinking;
- Alcohol abuse in general; and,
- Obesity / poor diet / lack of exercise.

In addition, the following topics were raised by a few of the focus groups:

- The ageing population / people living longer;
- The need for more hospital staff (akin to the point raised by survey respondents – see above);
- The increase in the prevalence of certain diseases, for example, cancer, diabetes; and,
- Services for elderly and disabled people and the (perceived) attitude of health services towards older people.

### 3.7 PAYING FOR HEALTH AND SOCIAL CARE SERVICES

#### Overall Pattern of Expenditure in the Last Twelve Months

The 2004 survey found that the vast majority of respondents (92%) had not paid for any health or social care service directly from their own funds in the last twelve months.

Of the 8% who had paid, the responses suggested:

- That almost a quarter of them (23%) have paid for opticians' services;
- 13% of them had paid for physiotherapy; and,
- 8% of them had paid to see a private consultant.

The survey also found that there were two main reasons for paying:

- Not wanting to wait (31%); and,
- Treatment required was not available on the National Health Service (24%)

The feedback from the focus groups also underlined people's unwillingness to wait, especially where access to a service could improve someone's life chances and / or their quality of life. Within the focus groups, some participants indicated that they had paid privately for operations / procedures where they deemed the waiting lists were too long and a person's life or quality of life was at risk.

### 3.8 COMPLAINTS

#### Comparison with 2003

The 2003 survey did not ask about levels of satisfaction as regards making complaints and so comparison is not possible with the 2004 survey.

#### Overall Satisfaction in the Last Twelve Months

Overall, the 2004 survey indicated that close to a third of respondents (32%) thought that the health and social services were either effective or very effective in resolving complaints.

However, almost one fifth (18%) considered the health and social services to be not very effective or not effective at all in resolving complaints. (Well over a third, (38%) reported that they had no knowledge of complaints.)

Similarly, many of those who took part in the focus groups expressed dissatisfaction with the complaints process. Many indicated that they simply would not bother – it was perceived as a “*lot of hassle*”. Many other reasons were given for not engaging in a complaint process. Among them were:

- Lack of knowledge on how to complain;
- Burdensome procedures;
- Feeling that ‘the system’ was already prejudiced against them – that complaining was therefore pointless;
- Person feeling too disempowered to complain;
- Emotional trauma of an incident being too great – no energy left to complain; and,
- Permanent damage already caused – complaint deemed to be nugatory.

In short, there appeared to be a need to simplify the complaints process and make it more accessible.