Working Relationships

Levels of Satisfaction Among Clients of Social Work Service at Cheeverstown: A Survey

Heino Schonfeld
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By
Heino Schonfeld

Senior Social Worker
Cheeverstown House
I would like to thank all families who have participated in the present survey and without whose cooperation it wouldn’t have been possible.

Many thanks also to my fellow social workers in Cheeverstown House who allowed their work to be examined and tolerated my obsession with great patience.

My thanks also go to management and staff in Cheeverstown House, in particular to Mr. Brendan Sutton, C.E.O. and Dr. Brendan McCormack, Clinical Director for their ongoing support.

I am grateful for help received from St Michael’s House Research. Individuals who have helped in different ways were, among others: Mary Morrissey, Des Hanrahan, Harry Ferguson, Kevin Webster, Jim Doyle and Sheila Sheridan.
Foreword

The following study was originally completed as a final year project for the Diploma course offered by the Irish Health Services Management Institute.

The original goal of the Irish Health Services Management Institute is to increase significantly the competence and confidence of its participants in all crucial management abilities. It does this for health professionals in medical, administrative, nursing, para-medical and other disciplines through the health services and it is particularly focused on those with managerial responsibilities.

It has been noticed that the increased demand for places on courses has raised the standards enormously and this is evident by the quality of projects presented by final-year graduates of our diploma course. The project ‘Working Relationships’ presented by Heino Schonfeld is a clear example and we are very honoured to be associated with it.

Derek Dockery
Director of Education
Irish Health Services Management Institute
February 1995.
Preface

I am pleased to present the following study of client satisfaction with social work services in Cheeverstown House. As a service provider, Cheeverstown House is committed to a high quality service to people with a learning disability and their families; this survey successfully attempts to evaluate our efforts and invites clients themselves to express their views and experience. It also identifies areas of as yet unmet needs and thus involves service users in the planning process.

Cheeverstown House has been providing a comprehensive service to 250 people with learning disability and their families in south west Dublin for over 10 years. This includes early intervention, day and residential care, vocational training, supported employment and a wide range of home supports. To maintain high standards of care and meet the real needs of our clients in a rapidly developing service is a priority which is addressed by this study.

I would hope that the present study will help other professionals and services in their efforts to undertake similar projects. An exchange of ideas and research may provide us with ever more accurate tools to assist in evaluating our services and include service users in this process.

I would also hope that this study will contribute to the empowerment of clients of our service and acknowledge their role as important stakeholders and partners in service planning.
Results of the following research have already led to a number of changes in the way social work service is delivered in Cheeverstown House taking account of clients' views as expressed in the survey. But I expect the impact of the survey to go beyond the social work service and affect our service as a whole.

I wish to congratulate the social work department in Cheeverstown House and Mr Heino Schonfeld, Senior Social Worker, for their excellent work and in particular for the present study.

Richard Dennis
Chairman
Board of Directors
Cheeverstown House Ltd
Dublin 6W.
“Dependence upon the institutions of caring establishes—for millions of people—a condition of fragility against encroachments of power, and benevolence is the mask that hides it... We have traditionally been seduced into supposing that because they represented charity, service professionals could speak for the best interests of their clients. By now we should know better. Power is the natural antagonist of liberty, even if those who exercise power are filled with good intentions.”

Ira Glasser,
in *Doing Good – The Limits of Benevolence*,
New York, 1981
1. Introduction

The then Minister for Health, Brendan Howlin, wrote in his foreword to the 1994 strategy for the Irish Health Services: “The concept of measuring quality has only begun to take hold in the healthcare area in recent years. The Strategy recognises the importance of the pursuit of quality at all levels of the service. It lays emphasis on constantly measuring and evaluating quality through clinical audit and consumer surveys. The Strategy firmly places the consumer first and sets out proposals for improved participation in the planning and evaluation of services.” This statement is true as far as the Irish Health Services are concerned. However, the concepts of measuring quality and consumer satisfaction in the Health Services has been an object of research elsewhere, particularly in the USA and Britain, for over 25 years. Meanwhile, among commercial organisations the concept of customer satisfaction “is already becoming a slightly outmoded phrase and will eventually follow other phrases like ‘job enrichment’ and ‘human relations’ into oblivion. What won’t descend into oblivion, however, is the need to satisfy customers.”

Thus, while quality assurance and customer/consumer satisfaction are well-established objectives within the commercial arena, the Minister for Health is right when he says that these concepts have “only begun to take hold in the (Irish) healthcare area”. The reason for the slow progress of these concepts within the Health Services can be found in a number of difficulties which are specific to the way healthcare is provided and delivered. Two questions may highlight some of these difficulties: what, in the context of healthcare is quality? And who are the customers/consumers?

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2. Some may argue that the demand for patient satisfaction is over 2000 years old quoting the ancient Greek philosopher Plato who suggested in his classic *The Statesman* that physicians should be elected for one year and severely fined if they failed to satisfy their patients.

For a commercial organisation operating within a market context, "quality is what the customer says it is". In the Health Services which are largely not regulated by the market, quality is composed of a variety of indicators only some of which are based on customer/consumer verdicts. For example, the quality of any clinical intervention (such as a hip operation, psychological testing or social work assessment) is almost impossible to evaluate by the patient/client except in the most subjective terms based on the personal experience of the patient/client throughout the process of the intervention. Similarly, outcomes of healthcare or personal services such as social work may be measured by using clearly defined standards and other means of quality assurance or by consumer feedback, i.e. expressions of satisfaction or well-being. Therefore, we are dealing with a dual character of "quality": one aspect is concerned with the "fitness for purpose" and uses peer review and quality assurance techniques to maintain standards, the other is emphasising the experience of the consumer using feedback surveys and quality of life measures. "In the case of human services, a good quality service must be both fit for its purpose, and excellent in experience."

Although both these aspects of quality should ideally be integrated, this study will concentrate on the experience of the service user rather than clinical measures as indicators of service quality. Its objective is not to examine the clinical relationship between social worker and

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4. Jones, op. cit., p. 27.


7. Ibid., p. 452: "The evaluation of the quality of service and the quality of life of consumers ... needs to be carried out in a way which identifies, rather than obscures, the relationships between the differing components of the process of service provision and consumption and which recognizes it as a system."
client but to reflect consumers’ evaluations of the process of service delivery.

“Quality” and “satisfaction” are not “things” with an objective reality but concepts composed of a number of factors or terms of reference. For the purpose of this study the following components of quality were identified:

1. accessibility,
2. relevance,
3. quantity,
4. effectiveness and
5. generalisation (i.e. is the service seen as applicable to a wider population with similar needs).

This analytical approach also helps to pinpoint specific strengths and weaknesses of the service.

When looking at the consumer feedback in the evaluation of quality of healthcare or personal services, the identification of who is the consumer (or for that matter the customer, user, client or patient!) is fraught with difficulties. Customers are those who pay for the service and not necessarily those who use it. This is particularly true for the Health Services where it is only in relatively rare cases that the user also pays fully for the service he/she receives. However, the quality of service has to satisfy the customer (funding agency) as well as the final user of services in order to survive. Every organisation also has internal customers and users: for example, a social work department provides a service not only to users outside of the organisation but also to a variety of staff and management within the organisation. Even if we just look at the end user of services, it is necessary to differentiate between the individual client or patient and his/her family and in some cases the wider community.⁸

For the purpose of this study users or consumers of service were identified as families of service attenders. Other groups of users were excluded, e.g. internal users (staff and management) and attenders of

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the service. The latter exclusion in particular has to be seen as a weakness of the present study and will be discussed in more detail later.9

On the following pages I will present the findings of a consumer satisfaction survey which was conducted in March 1994 among clients of the social work department in Cheeverstown House in Dublin. I hope the results of the survey will not only establish degrees of satisfaction with the quality of social work service but also involve the service users more closely in the development of the service.

I will begin with a brief and selective review of some of the relevant literature and continue to describe the setting, design and results of the survey, concluding with a summary of recommendations and outline of a number of changes which have been made as a direct result of the survey.

9See Methodology, p. 161.
2. Review of Literature

The Client Speaks

It was only in the late 1960s and early 1970s when researchers and social work practitioners—particularly in the USA and Britain—began to show interest in the views and judgements of social work clients. Several reasons for this growing interest in the clients’ perception are given. Social work had to assert itself as a profession against research which suggested lack of effectiveness. At the same time, the search for the client’s view formed part of a general move within the social sciences to seeing people as acting subjects with personal views rather than merely objects in society. In 1970, Mayer and Timms published what has remained a most influential “classic” of client satisfaction studies: *The Client Speaks.* Two groups of ex-clients of the Family Welfare Association (FWA) in London were interviewed by Mayer and Timms. The first group consisted of clients identified as satisfied with the service, the second of those who were dissatisfied. The aim of the research was to find out views of and reactions to the service as well as to assign reasons for satisfaction or dissatisfaction. Despite a number of weaknesses in methodology and design of the study (admitted by the authors who emphasised the “exploratory” nature of their work) it has deeply influenced following research and produced most important insights. Causes for satisfaction were identified as: relevant and effective response to expressed need, clear communication and clear worker-client relationship.

Following the publication of *The Client Speaks* a large number of studies were published which examined clients’ views and established indicators of satisfaction with social work services. Most research was qualitative in nature but there were also attempts to conduct large scale quantitative research. To name a few but important studies, there was the already mentioned work by Sainsbury in 1975, a study of long-term


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clients of a Family Service Unit, which improved on Mayer and Timms' methodology. Sainsbury followed this study with more research in 1979\(^4\) and 1982\(^5\) which was the first quantitative longitudinal matched social worker/client study undertaken involving a variety of agencies. Other examples of qualitative research of clients' experience with social work are Rees' work\(^6\) in Scotland and Day's study\(^7\) of 100 clients of the probation service. The problem with many of these qualitative studies was their methodological weakness in analysing transcripts of interviews without a valid conceptual framework.

Goldberg and Warburton, under the auspices of the National Institute for Social Work (NISW) in the UK, conducted large scale quantitative research into clients' perception at two different times.\(^8\) Their findings largely confirmed Mayer and Timms' earlier results on satisfaction/dissatisfaction. In 1989 Social Work Today commissioned NOP Market Research Ltd. to carry out a survey among a representative sample of 1000 people in Britain aged 15 and over. Some of the findings were described as follows: "An overwhelming 93% think social workers do a useful job... There was a fairly high level of satisfaction with the quality of service provided... Just over 40% (of those who had received service) said it was very good, 29% said it was fairly good, 10% said it was neither good nor bad, 8% said fairly bad, 5% very bad. Another 5% were 'don't knows'."\(^9\) The problem with these kinds of studies is that we are still none the wiser why clients are satisfied/

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\(^7\)Day, P. R. Social Work and Social Control, Tavistock 1981.


dissatisfied and what their terms of reference are when evaluating the service. However, as a glimpse of public opinion and indicator of perceived quality, market research may still have its merits.

Some researchers have attempted to utilise both quantitative and qualitative techniques with generally very good and productive outcomes. An example is the work on clients in mental health social work by Fisher et al. in 1983. Critical reviews of client satisfaction research in the UK were published by several authors such as Rees and Wallace (1982 and 1984), Phillips (1983), Fisher (1983), and Howe (1987 and 1990). Phillips suggests two main areas where client satisfaction studies should develop: satisfaction with the social worker and the service received but more particularly, the client's assessment of the extent to which the social worker's involvement was relevant and effective. Howe, describing the difficulties and pitfalls of satisfaction studies, endorses a more participative and systemic approach including all stakeholders in a service and especially the client.

Rees and Wallace, when reviewing satisfaction research among clients of services for people with learning disabilities, found that results here were more varied and differentiated than in other areas. They summarise that clients expressed “a need for both timely emotional and practical help. It is the lack of practical help which causes clients most distress and which results in most dissatisfaction.” These findings are confirmed by two recent studies in Wales and England. Stallard and Lenton interviewed 41 parents of pre-school children.


with special needs. Despite good overall levels of satisfaction, parents expressed dissatisfaction about the lack of information on financial and practical help. A substantial minority felt that professionals did not understand their concerns and that communication between clients and professionals was poor. Lowe\textsuperscript{16} surveyed 31 parents of people with a learning disability who attended NIMROD, a community support service. Social workers (together with community care workers) were by far the most used resource and clients’ satisfaction with their service was generally very high. Reasons given for satisfaction with the social worker included their approachability, availability and the fact that they provided practical help. Reasons for dissatisfaction were lack of liaison and communication problems.

An interesting discussion of client satisfaction surveys among people with a learning disability can be found in Crocker’s comparative study.\textsuperscript{17}

Learning from Others

We have seen earlier that customer satisfaction surveys have long since become an integral activity of most commercial organisations, be it as part of marketing strategy or quality control. Peters and Waterman analysed America’s most successful companies in their best-selling book \textit{In Search of Excellence}\textsuperscript{18} and found that “many of the innovative

\textsuperscript{15}Stallard, P. and Lenton, S. ‘How satisfied are parents of pre-school children who have special needs with the services they have received? A consumer survey’ in \textit{Child care, health and development}, No. 18, pp. 197–205, 1992.


\textsuperscript{17}Crocker, T.M. ‘Assessing Consumer Satisfaction with Mental Handicap Services; A Comparison Between Different Approaches’ in \textit{The British Journal of Mental Subnormality}, Vol. XXXV, Part 2, No. 69, 1992.

companies got their best product ideas from customers . . . That comes from listening, intently and regularly." The level of customer satisfaction research in this area ranges from highly sophisticated and scientific approaches to simple questionnaires left in hotel rooms to be filled out by customers. A good introduction to these activities (including sample questionnaire) is given by Jones. 19

I propose that patient/client research in the health services and personal services can learn from these advanced experiences and techniques without forgetting the particular difficulties and differences when comparing clinical and personal services with other services. In the USA and in Britain in particular, consumer satisfaction research has already come a long way and plays an increasing role in allocation of funding and development of health policy.

Nelson, in his critical review of patient satisfaction surveys in the USA 20, says that "the use of patient satisfaction surveys has increased in the health care marketplace, due in part to the belief that the perception of quality is an important factor in the demand for services and that survey results may have a significant effect on provider behaviours". He quotes the case of a single consultancy firm which provides quarterly reports of patient satisfaction to 150 hospitals at a fixed annual charge. However, the study found a number of weaknesses in the current practice including a "gap between the content of many patient satisfaction surveys and what prior research has indicated to be important determinants of patient satisfaction" and "insufficient attention is directed to patient satisfaction with technical competence, outcomes, continuity, or patient expectations". Nelson also found non-systematic approaches and weak methodologies limiting the value of many surveys.

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For an analytical review of the literature on patient satisfaction surveys both in the USA and Britain I refer to Rubin whose article\textsuperscript{21} forms part of a comprehensive and informative study on patient satisfaction.

Williams and Calnan in their ambitious study\textsuperscript{22} of patient satisfaction across three levels of health care (GP services, dental care services and hospital in-patient care) in the South East of England, found that consistent sources of dissatisfaction concerned communication and the lack of information. Sources of satisfaction common to all three areas were professional competence and a good patient-professional relationship.

Consumer Satisfaction Research in Ireland

Irish business, just as its competitors in the international marketplace, has acknowledged the importance of customer care for a long time. Customer satisfaction surveys are quite commonplace in this area and Feargal Quinn’s book\textsuperscript{23} on customer care has become a classic.

However, consumer satisfaction studies within the Irish health services are rare and far between. The few pioneering documented surveys are usually once off projects and not an integral part of an overall quality strategy. Few organisations which provide health services have embraced total quality policies and achieved recognition such as Q-mark or ISO awards. Most of these organisations can be found in the area of mental health or learning disability.\textsuperscript{24} Consumer satisfaction surveys are often incidental in this context and not very well documented.


\textsuperscript{23} Quinn, F. \textit{Crowning the Customer}.

\textsuperscript{24} E.g. Aras Attracta in Swinford and Galway County Association for Mentally Handicapped Children.
Review of Literature

In 1984 Johnson conducted a patient satisfaction survey among a sample of 150 patients of a Dublin Maternity Hospital. Levels of satisfaction were reported as generally very high. Interestingly, lack of information was again a source of dissatisfaction. Doorley examined levels of satisfaction with antenatal services of hospitals and GPs. Overall, the satisfaction with these services was very high with reasons for dissatisfaction given mainly as insufficient facilities and lack of time to discuss problems. Scully surveyed 200 women as patients of GP services and found high levels of satisfaction with these services. A relatively recent study by Beegan et al surveyed a sample of 200 in- and out-patients of a Dublin hospital with regard to their satisfaction with various aspects of the service. In line with other customer satisfaction surveys overall satisfaction was again very high. The most important sources of satisfaction were helpful staff and confidence in medical treatment. Among reasons for dissatisfaction the authors identified lack of information as a main item. Consequently, the provision of more adequate information is prominent among the authors’ recommendations.

The latter study is also important in this context because patient satisfaction with the information received from the social workers in the hospital was examined. 100% of in-patients and out-patients expressed satisfaction in this regard.

It is a curious fact that client/consumer research in Irish social work services is almost non-existent. Given the enthusiasm with which this particular area of research was embraced in British social work and the relative closeness of Irish social work and its British counterpart it is hard to understand why there are so few examples of client feedback.

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studies in Ireland. Donnelly’s survey of foster parents\textsuperscript{28} and their views is one of those rare examples. In the field of learning disability there are two studies by Hanrahan\textsuperscript{29} which explore client needs rather than feedback on existing services. Client satisfaction and client views are examined by Boland\textsuperscript{30} and Hearne\textsuperscript{31} as part of an evaluation of specialised services. Schonfeld in his follow-up study of early school leavers from special education\textsuperscript{32} reports high levels of satisfaction with social work intervention in comparison with other inputs.

The almost total absence of precedence in this area of research will hopefully explain if not excuse any shortcomings of the present study. These possible weaknesses will be discussed later. However, I would like to emphasise the exploratory and “pioneering” nature of the survey which will be described in the following pages.

\textsuperscript{28}Donnelly, G. P. A Study of Foster Care from the Perspective of Foster Parents, Dublin 1991.


\textsuperscript{32}Schonfeld, H. Opting Out, Dublin 1990.
3. The Survey

Context and Objectives

Cheeverstown House is a voluntary organisation providing comprehensive services to over 200 people with a learning disability and their families in the south-west of Dublin. These services include residential and day care, vocational training, supported employment, early intervention, respite care and a wide range of home support services. A social work service is provided by a small social work department to all clients of Cheeverstown House. The department consists of two social workers and a senior social worker and is an integral part of the multi-disciplinary team.

Cheeverstown House opened in 1984 and there has been no structured and systematic attempt to examine client feedback or client satisfaction during the 10 years of its existence. Any evaluation of service was largely based on internal peer review, incidental and spontaneous client feedback as well as an estimate of unmet needs. This survey is an attempt to contribute to a more systematic evaluation of social work service in Cheeverstown House by inviting and structuring client feedback with regard to satisfaction, service profile and unmet needs.

It is hoped that results of this survey will help the social work department to evaluate its service, identify areas of strengths and needs as well as involve our clients in future service developments.

Methodology

All 192 families of clients with a learning disability who attend any of Cheeverstown House services were surveyed by postal questionnaire between February 22nd and March 15th 1994. Given the scope of the project and available resources it was not possible to extend the survey to staff and clients with a learning disability. This remains an area of further research and would require very different survey techniques. Another weakness of the survey is the fact that it was not established which family member completed the questionnaire.

The decision against sampling the population was based on three main considerations:

1 Of these 12 were surveyed in the pilot study and 180 during the main survey.
1) the number of respondents appeared manageable enough without sampling.

2) the numbers of some sub-groups were too small to allow any valid sampling, and

3) it was intended to involve as many clients as possible in the exercise, giving everyone a voice.

Although an administered questionnaire would have yielded a much higher response rate and would have allowed more open questioning, a postal questionnaire seemed more appropriate in order to safeguard confidentiality. Even neutral interviewers may have prevented the expression of critical views.

The design of the questionnaire was based on the objectives of the survey and on the assumption that “satisfaction” is a compound of various factors, such as relevance, effectiveness and acceptability. The examination of questionnaires used in previous studies proved helpful and one questionnaire in particular deserves grateful mentioning. Unfortunately, it was not possible to establish its origin and I can give no reference!

The questionnaire consists of 13 questions with given single or multiple choice answers. Questions 1 and 2 are concerned with the client profile. Questions 3–5 are concerned with the service profile. Questions 6–11 explore the satisfaction with the social work service from different angles. Question 12 asks the respondent to rate the overall service of Cheeverstown House and question 13 is concerned with future service development. A large space is provided at the end of the questionnaire with the invitation to respondents to make general or specific comments. Each questionnaire was precoded with a letter or a combination of letters representing a particular area of service (e.g. “W” for sheltered employment). This, in correlation with items of the client profile, allowed a fairly sophisticated analysis in order to examine subgroups of service exposing areas of particular weakness or strength.

The questionnaire was sent to all participants together with a covering letter and a stamped addressed envelope.

Results were stored and analysed on computer using simple data base software (CarrisWorks).

A pilot study was conducted among 12 members of the committee of

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2 See Appendix II. 3 See Appendix I.
The Survey

Parents and Friends of Cheeverstown at the beginning of February, 1994. This group was chosen for its representative mix and its appropriate proportion (just over 6% of the total population). It also seemed politically a good idea to introduce the survey to an active body of interested stakeholders of the service. Results of the pilot study were encouraging ("This questionnaire is excellent. Long awaited") and led to only very minor changes in the survey design.

Results

The following presentation of results is selective and limited to the analysis of the total population. In addition, a group of dissatisfied service users are isolated and results of this group will be presented. As mentioned earlier, the survey design allows analysis of much smaller subgroups (e.g. based on service units, social workers or client characteristics). However, these results seem more appropriately discussed internally and not in the context of this study. In order to give an impression of the potential scope of the survey, averages of service units will be presented.

Results are shown in graph form and in most cases exclude the "don't know" and "no answer" responses. Full tables of results, including these responses, are given in the Appendix.4

Rate of Return

A total of 180 questionnaires were sent out and 114 were completed and returned. This represents a response rate of 63.3%. Comparing different areas of service the rate of return varies between 51.9% and 76.7% but is over 50% across the whole service.

Client Profile

A client profile was established using three characteristics:

1. child or adult 2. length of attendance, and 3. residential or day care.

<table>
<thead>
<tr>
<th>Chart 1: Age</th>
<th>Chart 2: Attendance Time</th>
<th>Chart 3: Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>&lt;1 year</td>
<td>Residents</td>
</tr>
<tr>
<td>24%</td>
<td>12.5%</td>
<td>37%</td>
</tr>
<tr>
<td>Adults</td>
<td>1-5 year</td>
<td>Day</td>
</tr>
<tr>
<td>76%</td>
<td>24.1%</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>&gt;5 year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>63.4%</td>
<td></td>
</tr>
</tbody>
</table>

4 See Appendix III.
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The emerging profile is largely in line with that of the general population in Cheeverstown House with regard to these three characteristics.

**Overall Satisfaction with Services**

Respondents were asked how satisfied they are with the overall service received from Cheeverstown House, including the social work service.

![Chart 4: Satisfaction](chart)

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>64%</td>
</tr>
<tr>
<td>Mostly satisfied</td>
<td>26%</td>
</tr>
<tr>
<td>Mildly unsatisfied</td>
<td>7%</td>
</tr>
<tr>
<td>Very unsatisfied</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Quality Rating of Social Work Service**

Respondents were asked to rate the quality of the social work service they had received.

![Chart 5: Quality Rating](chart)

- Excellent: 55%
- Good: 33%
- Fair: 8%
- Poor: 5%

**Social Work Service Profile**

Respondents were asked whether they had any contact with a social worker from Cheeverstown House during the last 3 years and whether they ever requested the services of a social worker from Cheeverstown House.

![Chart 6: Contact with Social Workers](chart)

- Yes: 90%
- No: 10%

![Chart 7: Services Requested](chart)

- Yes: 63%
- No: 37%

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5 Question 12. 6 Question 8. 7 Question 3. 8 Question 4.
The Survey

What kind of service did respondents receive from social workers in Cheeverstown House?9

Chart 8: Service Type

"Other" includes:
- general help .................. (2)
- support ..................... (4)
- help with specific problems .......... (7)
- just talking .................. (1)
- help with court proceedings .......... (1)

Relevance of Social Work Service

Respondents were asked whether they got the service they needed at the time.10

Chart 9: Relevance

Yes, definitely 55%
Yes, generally 36%
No, not really 7%
No, definitely not 3%

They were also asked to indicate their satisfaction with the amount of social work service.11

Chart 10: Amount of Social Work Service

Very satisfied 43%
Mostly satisfied 37%
Mildly unsatisfied 10%
Very unsatisfied 10%

9 Question 5 (multiple choice was possible). 10 Question 6. 11 Question 7.
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Effectiveness of Social Work Service

Respondents were asked whether the social worker had helped them to deal more effectively with their problem.\textsuperscript{12}

<table>
<thead>
<tr>
<th>Chart 11: Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, helped a great deal</td>
</tr>
<tr>
<td>Yes, helped somewhat</td>
</tr>
<tr>
<td>No, really didn't help</td>
</tr>
<tr>
<td>No, made things worse</td>
</tr>
</tbody>
</table>

Acceptability of Social Work Service

This item was approached from two different angles: firstly, respondents were asked whether they would recommend the Cheeverstown social work service to a friend in similar need.\textsuperscript{13} And secondly, would they contact the Cheeverstown social work service if help was needed again?\textsuperscript{14}

<table>
<thead>
<tr>
<th>Chart 12: Recommending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
</tr>
<tr>
<td>Yes, I think so</td>
</tr>
<tr>
<td>No, I don't think so</td>
</tr>
<tr>
<td>No, definitely not</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chart 13: Re-contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
</tr>
<tr>
<td>Yes, I think so</td>
</tr>
<tr>
<td>No, I don't think so</td>
</tr>
<tr>
<td>No, definitely not</td>
</tr>
</tbody>
</table>

Service Development

Respondents were asked where they would like to see an increase of social work support.\textsuperscript{15}

\textsuperscript{11} Question 7. \textsuperscript{12} Question 9. \textsuperscript{13} Question 10. \textsuperscript{14} Question 11. \textsuperscript{15} Question 13 (multiple choice was possible).
“Other” includes: requests for more contact (3) improved communication and feedback (5) and demands for services outside the remit of social work (5).

Clients’ Comments

Over half of all respondents followed the invitation to make comments on the survey and the social work service in Cheeverstown House. Many welcomed the idea of the survey and the design of the questionnaire:

I think this questionnaire is an excellent idea . . .

. . . it gives me the opportunity to express my appreciation . . .

. . . provided the ideal opportunity for those not happy with the service they are receiving to point out the areas where the service could be improved.

. . . being anonymous it allows people to honestly express their views.

Found it interesting.

The overwhelming majority of comments about the social work service were positive, reporting a satisfactory experience with the service:

I am very satisfied because they are a great help. I would be lost without them.
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The quality of service we have experienced is first class, especially over the past few years.

I bless the day a former social worker got my son into Cheeverstown.

We consider the social work service in Cheeverstown to be of a high standard. We also find there is great communication between the social workers and the various units which is very important.

They would always fit in with your lifestyle ... Just to know there is a backup service has helped me come to terms ...

The social worker has always bent over backwards to help me.

If needed, we would have no hesitation to call on the social work service.

They are doing a very good job.

Some respondents expressed their appreciation in a more personal way:

The social workers that I have been involved with could not have been nicer, and that is true.

I needed a lot of support and practical help and got both from two very caring social workers, X and Y.

I have to say that Z is the best social worker in all the years I have my daughter.

A minority of clients commented on specific aspects of the service and made suggestions for improvements. The main areas of criticism were lack of communication and feedback, the insufficient frequency of social work contact and change of social worker:

The role of the social worker should be highlighted more as I feel that many people are not aware of the service that can be provided.

It would be nice after pouring your heart out to a social worker to have a follow-up meeting.

Too many changes in social workers. We just have their confidence, then they move on.

I felt the need of hands-on help. I was just told I had a problem—I needed to relax.

Would like to see more contact between parents and social workers. I would like more counselling for parents of younger children.
The Survey

There were only three exclusively negative comments. However, they indicated much disappointment:

The social workers are inclined to side with Cheeverstown House. They will not go against them and we, the parents, feel we have no one to talk to.

It seems to me that there is a complete breakdown of communication between the social work service and the staff in Cheeverstown.

No confidence whatsoever in social work!

Satisfaction Quotient

We have seen earlier how “satisfaction” is constructed from different components (e.g. relevance or effectiveness) and how questions 6–11 of the questionnaire attempted to establish client satisfaction with regard to these components. By adding the values of the six questions for each record and dividing by 6, a compound value on a scale of 1–5 is obtained which reconstructs overall satisfaction. The higher the value, the higher is the overall satisfaction. In the present survey, only 10 respondents scored a quotient of under 3, while 31 respondents obtained a perfect 5.

This satisfaction quotient allows not only the comparison of individual respondents but also areas of service or groups of clients who share certain characteristics (e.g. children or adults). It equally facilitates comparisons over time or across different agencies. As an example of how the satisfaction quotient has been used here, the following comparison between various areas of service in Cheeverstown House may be of particular interest.

Chart 15: Satisfaction Quotient by Service
Working Relationships

A early services
B high dependency residential care
C respite care only
D adult day care
E children day care
F
H
K
L
M
N
P
Q
R
S medium to high dependency adult residential care
T hostel accommodation
W sheltered employment and vocational training

Combinations of single code letters denote clients who attend more than one area.

Quotients for all areas are placed on the upper half of the scale, most well above a value of 4 which would indicate high levels of overall satisfaction with the social work service in all areas. However, the table also reveals significant differences between areas which invite further examination.

Results for a group of dissatisfied clients

Using the satisfaction quotient it was possible to identify a group of respondents who scored below 3 on the scale of satisfaction with social work service which indicates overall dissatisfaction. There were 10 respondents who fell into this category (5.6% of the total).

An analysis of this group reveals the following profile.

<table>
<thead>
<tr>
<th>Chart 16: Age</th>
<th>Chart 17: Length of Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 90%</td>
<td>&lt;1 year 0%</td>
</tr>
<tr>
<td>Children 10%</td>
<td>1-5 year 30%</td>
</tr>
<tr>
<td></td>
<td>&gt;5 year 70%</td>
</tr>
</tbody>
</table>

The results show that a higher proportion of dissatisfied clients are relatives of adults who receive day services in Cheeverstown House. They are also more likely to have attended Cheeverstown for longer than average. Clients who are dissatisfied with the social work service are also more likely to rate the overall quality of service very low.
40% of dissatisfied clients (more than twice compared to the total group!) would like to see more counselling provided by social workers.
Discussion

The response to the mere fact that the present survey was undertaken has been uniformly positive. Management and staff were supportive and interested, clients have shown their endorsement by a comparatively high response rate and very positive comments. If nothing else, this survey has provided clients with a long awaited opportunity to express their views and take part in the evaluation and development of the service. Clients of services for people with learning disability have always strongly identified with "their" service. On the other hand there has been a long tradition of exclusion under the guise of professional expertise and benevolence which has disempowered those who are the users of the service. Satisfaction surveys such as the present study are but one instrument of change in this regard. The way both colleagues and clients have welcomed and responded to the survey is evidence of a general process towards empowerment and more client participation in services for people with learning disability.

The overall level of satisfaction both with the general services of Cheeverstown House and with the social work service is very high. Nearly 90% of all families expressed satisfaction with the services they received from Cheeverstown! This very good result is repeated in all areas of the service with some interesting variations: families of adult residents seem to be more satisfied than families of children in residential care. In the area of day care this picture seems to be reversed. Social work enjoys a very high profile within the services of Cheeverstown House: 90% of all families have received social work input during the last 3 years and 64% had requested social work service in the past. 96% are likely to contact the social worker if the need arose. This indicates a high level of accessibility and awareness of the service.

The general level of satisfaction with the social work service is very high across all areas of service with significant variations between some areas. Satisfaction is lower among families of adult day attenders and parents of children who attend early services (age 0–5). This may be explained by unmet needs such as residential care and respite care in the case of adult day attenders and lack of therapeutic resources for children in early services. The overall satisfaction with the social work service is reflected by high ratings for all components of the service:
The Survey

over 90% of clients experienced the service as relevant and almost 90% found it effective. 93% of families would recommend the social work service to a friend in similar need. This is probably the most impressive indicator of confidence and also shows that clients view the service as generally applicable and not just based on a personal relationship.

The “quality” of social work service was rated as good or excellent by 87% of the clients. However, the value of this result is doubtful without knowing the terms of reference applied to “quality”. It is curious, though, that apparently a small number of clients found the service relevant and helpful, would recommend it and use it again but still rate the quality as only poor or fair! The only component of social work service where clients expressed significantly higher levels of dissatisfaction (20%) was the area of quantity. The wish for more social work input also emerges in many of the comments made by respondents.

As mentioned earlier, the design of the survey allows the isolation and analysis of any subgroup of clients with reference to service areas or client characteristics. It would go beyond the scope of this paper to present and discuss all possible permutations but further detailed analysis of results will be helpful in internal discussions with relevant personnel, management and clients. One aspect, however, is worth mentioning at this stage: the level of satisfaction with social work service is a reliable predictor of the level of satisfaction with the general service. In all areas and client groups the overall satisfaction is high where the satisfaction with social work is high, and low where clients are dissatisfied with social work. This is particularly clear among the group of ten dissatisfied clients which was profiled earlier. That particular group scores low across all indicators of satisfaction which is not surprising since 90% of them feel that they didn’t get the service they needed. And indeed, the profile of the service they received does not match the profile of expressed need: 10% received advice on entitlements but 40% express a need for this service, 40% want counselling but only 10% received counselling! However despite the high level of dissatisfaction, only 30% of this group are certain that they will not recommend the social work service and only 20% are sure that they will not contact the social worker again! Perhaps this hint of ambiguity means that there is still hope to retrieve the relationship with some of these clients ...
Working Relationships

Clients were asked to indicate where they would like to see further development of the social work service. Results suggest unmet needs regarding advice on entitlements and services (42%), respite care and in-home support (33%) as well as counselling (19%). The demand for advice on entitlements is very strong throughout all areas of service and all client groups. This aspect of social work expertise is admittedly often neglected by practitioners but ranks very highly on the clients’ priority list. 18% of clients say that they already receive counselling and another 19% express further need in this area which is obviously seen by many clients as a service they would expect from social workers. Respite care continues to be a prime need but many clients are looking for more flexible provision of that service (in-home support).

Shortcomings of the present survey have been mentioned throughout the text. Certain important variables of the client group were not examined, such as socioeconomic status, role in the family etc. The study may also lack a stronger qualitative element exploring the clients’ experience of the service. A similar survey of staff and attenders of the service would make the study more comprehensive and convincing. However, the scope of the survey was limited by resources and time as well as its pioneering position in terms of Irish social work.
4. Conclusion and Recommendations

The client satisfaction survey as detailed on the preceding pages has been a very successful exercise, both in terms of the process and of the outcome. The process of asking the client for an evaluation of the service has already led to a subtle shift towards empowerment and has involved clients for the first time in a structured and systematic evaluation of service.

The results are encouraging as well as challenging: social workers in Cheeverstown accept with some pride that most of their clients feel that they do a good job.

However, there is no reason for complacency. Detailed analysis of the results reveals certain areas of the service where levels of satisfaction are lower and the survey indicates a range of unmet needs which clients expect to be addressed by social workers.

Some steps have already been taken by the social work department in direct response to the survey: Job-sharing conditions have been changed to increase the availability of social workers and provide more consistency. A series of talks on entitlements for groups of clients has been started and the department is producing a brochure on the subject.

Other recommendations resulting from the survey include reviews of "blackspots" where satisfaction is below average, the training of social workers in order to address areas of need (e.g. counselling), the development of more flexible forms of respite care, especially for children, in order to prevent premature admission to residential care.

The fact that the highest level of dissatisfaction was expressed about the amount of social work input and that the satisfaction with social work is a predictor of the overall satisfaction with the whole service would suggest the allocation of more resources to social work.

Recent writing on customer care has moved on from "satisfaction" to "delight" as the ultimate aim in the relationship with those we serve. The client is satisfied when he/she gets what is expected anyway but "delighted" when our service is even better than expected! If the service is not improving over time, the satisfied client of today will most certainly become dissatisfied tomorrow.
Working Relationships

Service providers, professionals and service users are stakeholders in an enterprise with shared objectives and will have to learn to work together. In particular personal social services are not just provided for the client but also with the client.
Appendix I Introductory Letter

Dear Parent/Guardian, 22.2.1994

Re: Satisfaction Survey of Social Work Service to Families in Cheeverstown

I am writing to you today with a request for your help and assistance!

As Social Workers in Cheeverstown House we are committed to a professional service of high quality to all attenders of Cheeverstown House and their families. However, I would like to ask the recipients of our services for their opinions and views on the service they received.

I am interested in finding out whether we are meeting the needs of our clients, whether our service is perceived as of good quality or lacking in any way. To this end, I am asking all families of attenders in Cheeverstown House by questionnaire as to their views on the social work service they have received.

It is very important to obtain as many responses as possible in order to establish a valid profile of your views. Every one of your responses counts—so please make sure to return the questionnaire before the specified time!

The questionnaire is totally anonymous and all responses will be treated with the utmost confidentiality.

I will publish the results of the survey as soon as possible after the evaluation of the responses and would be delighted to present the findings to you.

Please complete the enclosed questionnaire by answering all questions (just tick the appropriate box!) and feel free to include any comment you would like to make in the space provided or on additional sheets. The completed questionnaires should be returned to me in the enclosed SAE envelopes not later than:

Monday, the 7th of March, 1994.

Thank you very much for your assistance in this matter!

Yours sincerely,
Appendix II The Questionnaire

(social work service)

Please tick (☐ ✓) the appropriate box for each question and answer all questions. Thank you!

Q.1 Please tick whether your son/daughter/relative in Cheeverstown is:
   a child ☐ an adult ☐

Q.2 How long has your son/daughter/relative been attending Cheeverstown House?
   Less than 1 year ☐ 1–5 years ☐ Over 5 years ☐

Q.3 Have you had any contact with a social worker from Cheeverstown House within the last 3 years?
   Yes ☐ No ☐ Don’t know ☐

Q.4 Have you ever requested the services of a social worker from Cheeverstown House?
   Yes ☐ No ☐ Don’t know ☐

Q.5 What kind of service did you receive from social workers in Cheeverstown House? (please tick as many boxes as appropriate)
   Assessment ☐ Information ☐ Respite care (include Break away) ☐
   Counselling ☐ Advice on entitlements and services ☐
   Advice on parenting ☐ Other ☐ please state: ____________________
Appendix II

Q.6 Did you get the kind of service you needed at the time?
   No, definitely not ☐ No, not really ☐ Yes, generally ☐
   Yes, definitely ☐ Don’t know ☐

Q.7 How satisfied are you with the amount of social work service you have received from Cheeverstown House?
   Very unsatisfied ☐ Mildly unsatisfied ☐ Mostly satisfied ☐
   Very satisfied ☐ Don’t know ☐

Q.8 How would you rate the quality of social work service you received?
   Excellent ☐ Good ☐ Fair ☐
   Poor ☐ Don’t know ☐

Q.9 Has the social worker helped you to deal more effectively with your problem?
   Yes, helped a great deal ☐ Yes, helped somewhat ☐
   No, really didn’t help ☐ No, seemed to make things worse ☐
   Don’t know ☐

Q.10 If a friend were in need of similar help, would you recommend Cheeverstown social work service to him/her?
   No, definitely not ☐ No, I don’t think so ☐ Yes, I think so ☐
   Yes, definitely ☐ Don’t know ☐

Q.11 If you were to seek help again, would you contact your social worker in Cheeverstown House?
   Yes, definitely ☐ Yes, I think so ☐ No, I don’t think so ☐
   No, definitely not ☐ Don’t know ☐
Working Relationships

Q.12 In an overall, general sense: how satisfied are you with the service you received from Cheeverstown House, including social work services?

Very satisfied □ Mostly satisfied □ Mildly unsatisfied □
Very unsatisfied □ Don't know □

Q.13 Please tick the areas where you would like to see an increase of social work support:

Counselling □ Respite care □ Advice on entitlements and services □
Advice on parenting □ Groupwork □ In-home support □
Other □ please state: ___________________________

Finally, I would welcome your comments about this questionnaire and any other comments you would like to make about the social work service in Cheeverstown House:

Thank you very much for completing the questionnaire!

Don't forget! Please return it by the date requested
## Appendix III Answers in Detail

### Results Total (n = 114)

<table>
<thead>
<tr>
<th>Question</th>
<th>Category</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q.1 Adult or child?</td>
<td>adults</td>
<td>87</td>
<td>76.32</td>
</tr>
<tr>
<td></td>
<td>children</td>
<td>27</td>
<td>23.68</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>114</td>
<td>100.00</td>
</tr>
<tr>
<td>Q.2 Years of attendance?</td>
<td>&lt; 1 year</td>
<td>14</td>
<td>12.50</td>
</tr>
<tr>
<td></td>
<td>1–5 year</td>
<td>27</td>
<td>24.11</td>
</tr>
<tr>
<td></td>
<td>5 year</td>
<td>71</td>
<td>63.39</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>112</td>
<td>100.00</td>
</tr>
<tr>
<td>Q.3 Any social work contact in last 3 years?</td>
<td>yes</td>
<td>101</td>
<td>88.60</td>
</tr>
<tr>
<td></td>
<td>no</td>
<td>11</td>
<td>9.65</td>
</tr>
<tr>
<td></td>
<td>don’t know</td>
<td>2</td>
<td>1.75</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>114</td>
<td>100.00</td>
</tr>
<tr>
<td>Q.4 Have you ever requested social work service?</td>
<td>yes</td>
<td>72</td>
<td>63.16</td>
</tr>
<tr>
<td></td>
<td>no</td>
<td>42</td>
<td>36.84</td>
</tr>
<tr>
<td></td>
<td>don’t know</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>114</td>
<td>100.00</td>
</tr>
<tr>
<td>Q.5 What kind of service did you receive?</td>
<td>assessment</td>
<td>34</td>
<td>29.82</td>
</tr>
<tr>
<td></td>
<td>information</td>
<td>72</td>
<td>63.16</td>
</tr>
<tr>
<td></td>
<td>respite care</td>
<td>55</td>
<td>48.25</td>
</tr>
<tr>
<td></td>
<td>counselling</td>
<td>20</td>
<td>17.54</td>
</tr>
<tr>
<td></td>
<td>advice entitlements</td>
<td>26</td>
<td>22.81</td>
</tr>
<tr>
<td></td>
<td>advice on parenting</td>
<td>8</td>
<td>7.02</td>
</tr>
<tr>
<td></td>
<td>other</td>
<td>15</td>
<td>13.16</td>
</tr>
<tr>
<td></td>
<td>no answer</td>
<td>9</td>
<td>7.89</td>
</tr>
<tr>
<td></td>
<td>total</td>
<td>114</td>
<td>100.00</td>
</tr>
</tbody>
</table>
## Working Relationships

### Q.6 Did you get the service you needed?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes, definitely</td>
<td>57</td>
<td>50.00</td>
</tr>
<tr>
<td>yes, generally</td>
<td>37</td>
<td>32.46</td>
</tr>
<tr>
<td>no, not really</td>
<td>7</td>
<td>6.14</td>
</tr>
<tr>
<td>no, definitely not</td>
<td>3</td>
<td>2.63</td>
</tr>
<tr>
<td>don’t know</td>
<td>10</td>
<td>8.77</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Q.7 How satisfied are you with the amount of social work?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>45</td>
<td>39.47</td>
</tr>
<tr>
<td>mostly satisfied</td>
<td>39</td>
<td>34.21</td>
</tr>
<tr>
<td>mildly unsatisfied</td>
<td>10</td>
<td>8.77</td>
</tr>
<tr>
<td>very unsatisfied</td>
<td>11</td>
<td>9.65</td>
</tr>
<tr>
<td>don’t know</td>
<td>9</td>
<td>7.89</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Q.8 How would you rate the quality of social work service?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>excellent</td>
<td>55</td>
<td>48.25</td>
</tr>
<tr>
<td>good</td>
<td>33</td>
<td>28.95</td>
</tr>
<tr>
<td>fair</td>
<td>8</td>
<td>7.02</td>
</tr>
<tr>
<td>poor</td>
<td>5</td>
<td>4.39</td>
</tr>
<tr>
<td>don’t know</td>
<td>13</td>
<td>11.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Q.9 Has the social worker helped you to deal with your problem?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, helped a great deal</td>
<td>62</td>
<td>54.39</td>
</tr>
<tr>
<td>yes, helped somewhat</td>
<td>30</td>
<td>26.32</td>
</tr>
<tr>
<td>no, really didn’t help</td>
<td>9</td>
<td>7.89</td>
</tr>
<tr>
<td>no, made things worse</td>
<td>2</td>
<td>1.75</td>
</tr>
<tr>
<td>don’t know</td>
<td>11</td>
<td>9.65</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Q.10 Would you recommend the social work service?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>61</td>
<td>53.51</td>
</tr>
<tr>
<td>yes, I think so</td>
<td>33</td>
<td>28.95</td>
</tr>
<tr>
<td>no, I don’t think so</td>
<td>4</td>
<td>3.51</td>
</tr>
<tr>
<td>no, definitely not</td>
<td>3</td>
<td>2.63</td>
</tr>
<tr>
<td>don’t know</td>
<td>13</td>
<td>11.40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>114</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Appendix III

Q.11 Would you contact your social worker again?
- Yes, definitely 77 67.54
- Yes, I think so 22 19.30
- No, I don’t think so 2 1.75
- No, definitely not 2 1.75
- Don’t know 11 9.65
- Total 114 100.00

Q.12 How satisfied are you with the overall service?
- Very satisfied 70 61.40
- Mostly satisfied 28 24.56
- Mildly unsatisfied 8 7.02
- Very unsatisfied 3 2.63
- Don’t know 5 4.39
- Total 114 100.00

Q.13 Where would you like an increase of social work support?
- Counselling 21 18.42
- Respite care 18 15.79
- Advice entitlements 49 42.98
- Advice on parenting 6 5.26
- Groupwork 13 11.40
- In-home support 19 16.67
- Other 13 11.40
- No answer 27 23.68
- Total 114 100.00

Comments?
- Yes 64 56.14
- No 50 43.86
- Total 114 100.00

Satisfaction Quotients

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CH</th>
<th>SW</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (early services)</td>
<td>4.11</td>
<td>4.04</td>
</tr>
<tr>
<td>B (high dependence residential care)</td>
<td>4.17</td>
<td>4.27</td>
</tr>
<tr>
<td>BE (*)</td>
<td>4.91</td>
<td>4.64</td>
</tr>
<tr>
<td>BR (*)</td>
<td>4.00</td>
<td>4.33</td>
</tr>
<tr>
<td>C (respite care only)</td>
<td>4.50</td>
<td>5.00</td>
</tr>
<tr>
<td>E (adult day care)</td>
<td>4.24</td>
<td>3.87</td>
</tr>
<tr>
<td>R (children day care)</td>
<td>4.75</td>
<td>4.56</td>
</tr>
</tbody>
</table>
Working Relationships

S (medium to high dependency adult residential care) 4.83 4.32
SW (*) 3.00 3.17
TE (*) (**) 5.00 4.47
TW (*) (**) 5.00 4.67
W (sheltered employment and vocational training) 4.00 4.02
Total 4.35 4.20

(*) = combinations of single code letters
(**) T = hostel accommodation

Results for 10 dissatisfied clients of social work service

<table>
<thead>
<tr>
<th>Q.1</th>
<th>Adult or child?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>adults</td>
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<td>90.00</td>
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</tr>
<tr>
<td>children</td>
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<td>10.00</td>
<td></td>
</tr>
<tr>
<td>total</td>
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<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.2</th>
<th>Years of attendance?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>0</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>1-5 year</td>
<td>3</td>
<td>30.00</td>
<td></td>
</tr>
<tr>
<td>5 year</td>
<td>7</td>
<td>70.00</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>10</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.3</th>
<th>Any social work contact in last 3 years?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>7</td>
<td>70.00</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>2</td>
<td>20.00</td>
<td></td>
</tr>
<tr>
<td>don’t know</td>
<td>1</td>
<td>10.00</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>10</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.4</th>
<th>Have you ever requested social work service?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>5</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>5</td>
<td>50.00</td>
<td></td>
</tr>
<tr>
<td>don’t know</td>
<td>0</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>total</td>
<td>10</td>
<td>100.00</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q.5</th>
<th>What kind of service did you receive?</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>assessment</td>
<td>3</td>
<td>30.00</td>
<td></td>
</tr>
<tr>
<td>information</td>
<td>3</td>
<td>30.00</td>
<td></td>
</tr>
</tbody>
</table>

36
Appendix III

respite care  2  20.00
  counselling  2  20.00
  advice entitlements  1  10.00
  advice on parenting  1  10.00
  other  2  20.00
  no answer  3  30.00
  total  10  100.00

Q.6 Did you get the service you needed?
yes, definitely  0  0.00
yes, generally  1  10.00
no, not really  6  60.00
no, definitely not  3  30.00
don’t know  0  0.00
  total  10  100.00

Q.7 How satisfied are you with the amount of social work?
  Very satisfied  0  0.00
  mostly satisfied  1  10.00
  mildly unsatisfied  5  50.00
  very unsatisfied  3  30.00
  don’t know  1  10.00
  total  10  100.00

Q.8 How would you rate the quality of social work service?
excellent  0  0.00
good  0  0.00
fair  3  30.00
poor  5  50.00
don’t know  2  20.00
  total  10  100.00

Q.9 Has the social worker helped you to deal with your problem?
  Yes, helped a great deal  0  0.00
  yes, helped somewhat  2  20.00
  no, really didn’t help  6  60.00
  no, made things worse  2  20.00
don’t know  0  0.00
  total  10  100.00

37
## Working Relationships

### Q.10 Would you recommend the social work service?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>yes, I think so</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>no, I don’t think so</td>
<td>4</td>
<td>40.00</td>
</tr>
<tr>
<td>no, definitely not</td>
<td>3</td>
<td>30.00</td>
</tr>
<tr>
<td>don’t know</td>
<td>2</td>
<td>20.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### Q.11 Would you contact your social worker again?

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>yes, I think so</td>
<td>3</td>
<td>30.00</td>
</tr>
<tr>
<td>no, I don’t think so</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>no, definitely not</td>
<td>2</td>
<td>20.00</td>
</tr>
<tr>
<td>don’t know</td>
<td>4</td>
<td>40.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### Q.12 How satisfied are you with the overall service?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>2</td>
<td>20.00</td>
</tr>
<tr>
<td>mostly satisfied</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>mildly unsatisfied</td>
<td>5</td>
<td>50.00</td>
</tr>
<tr>
<td>very unsatisfied</td>
<td>2</td>
<td>20.00</td>
</tr>
<tr>
<td>don’t know</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>100.00</strong></td>
</tr>
</tbody>
</table>

### Q.13 Where would you like an increase of social work support?

<table>
<thead>
<tr>
<th>Service</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>counselling</td>
<td>4</td>
<td>40.00</td>
</tr>
<tr>
<td>respite care</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>advice entitlements</td>
<td>4</td>
<td>40.00</td>
</tr>
<tr>
<td>advice on parenting</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>groupwork</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>in home support</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td>other</td>
<td>4</td>
<td>40.00</td>
</tr>
<tr>
<td>no answer</td>
<td>1</td>
<td>10.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>100.00</strong></td>
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</tbody>
</table>
Appendix III

Comments?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>70.00</td>
<td>30.00</td>
<td>100.00</td>
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</table>

Quotients by unit

<table>
<thead>
<tr>
<th>Unit</th>
<th>Cheeverstown</th>
<th>Social Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.11</td>
<td>4.04</td>
</tr>
<tr>
<td>B</td>
<td>4.17</td>
<td>4.27</td>
</tr>
<tr>
<td>BE</td>
<td>4.91</td>
<td>4.64</td>
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<tr>
<td>BR</td>
<td>4.00</td>
<td>4.33</td>
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<tr>
<td>C</td>
<td>4.50</td>
<td>5.00</td>
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<td>E</td>
<td>4.24</td>
<td>3.87</td>
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<tr>
<td>R</td>
<td>4.75</td>
<td>4.56</td>
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<tr>
<td>S</td>
<td>4.83</td>
<td>4.32</td>
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<tr>
<td>SW</td>
<td>3.00</td>
<td>3.17</td>
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<tr>
<td>TE</td>
<td>5.00</td>
<td>4.47</td>
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<tr>
<td>TW</td>
<td>5.00</td>
<td>4.67</td>
</tr>
<tr>
<td>W</td>
<td>4.00</td>
<td>4.02</td>
</tr>
</tbody>
</table>

| all B | 4.52 | 4.47 |
| all S | 4.57 | 4.15 |
| all W | 3.97 | 3.99 |
| all E | 4.58 | 4.22 |
| all R | 4.56 | 4.50 |
| all A | 4.11 | 4.04 |
| all C | 4.50 | 5.00 |
| all T | 5.00 | 4.50 |
| Total | 4.35 | 4.20 |
Appendix IV References

Beegan, T. et al., Consumer Satisfaction Project at St. Columcille’s Hospital, Loughlinstown, Co. Dublin, Dublin 1992.
Appendix IV

Quinn, F., *Crowning the Customer*.
Stallard, P. and Lenton, S., ‘How Satisfied are Parents of Pre-school Children who have Special Needs with the Services they have Received? A Consumer Survey’ in *Child: care, health and development*, No. 18, pp. 197–205, 1992.