SociaLink | Tauranga Moana
Building a Thriving Social Sector

CLIENTS' EXPERIENCES OF ACCESSING SOCIAL AND HEALTH SERVICES

CONTENTS

INTRODUCTION

Listening to consumers of social services is recognised as important to better understand how to improve access to services and service delivery. SociaLink has undertaken a project called 'Mapping the Social Sector' which involved talking with social service providers in the Western Bay of Plenty (WBOP) to better understand from their perspective the social services they deliver and the challenges they experience. The research reported here complements and broadens our understanding of social services in the WBOP by giving a voice to the service user[1] experience in accessing social services.

It highlights the experiences and views of a small but diverse range of service users, including young and older people living in urban and rural areas, as well as Māori and non-Māori. Their voice contributes to building a comprehensive picture of the social sector to inform SociaLink's work to have a thriving social and community sector improving WBOP communities.

1.1 DEFINITION OF ACCESS

Access can be defined as a 'way of approaching, reaching or entering a place'. Within the health and social services, access is defined as the opportunity or ease with which consumers or communities are able to use appropriate services in proportion to their needs. Cultural factors[2] also impact on access to services. Cultural access is fulfilled when service users consider services to be "appropriate," "aware," "sensitive" or "competent".[3] Conversely if services demonstrate no or low cultural awareness, sensitivity or competency this acts as a barrier to Māori and other non-European clients.

1 - Service User is defined as a person who uses health and /or social care services from service providers
2 - Patient-centred access to health care: conceptualising access at the interface of health systems and populations
3 - Addressing inequities in access to quality health care for indigenous people, David Peiris, Alex Brown and Alan Class, CMAJ November 04, 2008 179 (10) 985-986; DOI: https://doi.org/10.1503/cmaj.081445

1.2 WESTERN BAY OF PLENTY CONTEXT

The research was initiated by SociaLink to find out more about people's experience of accessing services. This is important because the WBOP faces increased pressure on its health and social services due to population growth. With one of New Zealand's fastest growing populations the WBOP's population was recorded at 191,700, people in 2018,[4] it is estimated that by 2033 the population will reach 221,631.[5]

As the population increases so does the demand on the community's infrastructure to provide social and health services.

The WBOP has approximately 225 clinical, and non-clinical organisations delivering services for people including many with multiple and complex needs. The majority of these organisations are funded through government contracts, philanthropic grants, and donations. There have been limited increases in funding despite a rapidly increasing population.

Many services are available in the Tauranga and Mount Maunganui regions, while others are provided in the smaller centres of Te Puke and Katikati. People living outside Tauranga may need to travel into the city to get to services via private or public transport. Public transport is limited in outlying areas with between two and four buses a day to and from the city so potentially a whole day might need to be set aside to attend an hour appointment. Knowing more about people's access experiences and suggestions will help with planning and development to improve access.

2. RESEARCH AIMS AND METHODS

2.1 AIMS

The aim of the research was to:
• Better understand service user experiences of accessing social and health services in the WBOP
• Initiate discussions with the social sector, funders and stakeholders about the enablers and barriers service users experience in accessing social and health services.

4 - https://en.wikipedia.org/wiki/Western_Bay_of_Plenty_District
5 - http://www.tauranga.govt.nz/Portals/0/data/council/reports/statistical_information_report_May2018.pdf

2.2 LITERATURE SCAN

A literature review on dimensions of access was undertaken to inform the development of a questionnaire and face to face interviews with 19 service users in the WBOP. (More detail on the method is provided in the following sections). Literature was sourced through google scholar, government publications, reports and SociaLink documents. Three domains associated with access - 'equity', 'improving' and 'client centred' provide a number of key barriers and enablers for accessing service.

The literature scan reviewed eleven research articles to inform the development of the questionnaire for the participants.

A key article[6] that reviewed published literature on the conceptualisation of access produced a revised theoretical framework to help understand the complexity of 'access.' Five dimensions of 'access'[7] have been identified:

1. Approachability: relates to information available to the public about the services an organisation provides, as well as whether the information is provided in a way that is accessible to people from different cultures. If the public are unaware of services it is unlikely that they are going to be accessed. Similarly if information available about a service is presented in a way that does not reflect an understanding of people from different cultures, it is less likely people from different cultures will access the service.

2. Acceptability: When services present cultural and social factors that resonate with services users such as:
• Provision for gender appropriate staff if requested
• Alignment of beliefs such as 'holistic' treatments, or alternative medicines
• Social groups where staff have 'lived experiences' such as support groups.

3. Availability:
• The building is accessible and available by private and public transport
• The service has capacity to provide services with enough staff and is delivered in a timely manner
• The models of service provision allow for flexible hours, contact procedures and virtual consultations
• Access is restricted if availability of services is unevenly distributed across geographical areas and levels of care.

4. Affordability: the economic capacity for people to pay for services:
• Loss of income due to time off work / school to attend an appointments
• The cost of the service / treatment
• The cost of travel
• Payment options available.

6, 7 - Patient-centred access to health care: conceptualising access at the interface of health systems and populations., Levesque JF1,Harris MF,Russell G. Int J Equity Health.2013 Mar 11;12:18. doi: 10.1186/1475-9276-12-18

5. Appropriateness: relates to the fit between services and clients need:

- 'what' services are provided and their quality (the way in which they are provided)
- The extent to which services are appropriate to services users of different cultures, ages, abilities etc.

Additional dimensions relating to access to services by Māori and other indigenous populations are described in a comparison study of Australia, New Zealand and the United States.[8] The study reported inequalities existed with quality of care causing disparities in health outcomes, resulting in major and avoidable ill health for indigenous people. In particular, psychosocial stress, a result of the continuing impact of colonisation common to many indigenous populations is an important barrier to accessing health care and has been consistently been associated with adverse health outcomes for indigenous people. The use of cultural safety, a concept developed in New Zealand, to address the power imbalances between Māori and the health workforce is recommended as a means to address this barrier.[9]

Seeking the input of users of services has proven to be an effective method for improving access, often referred to as 'person-centred care,' 'family centred,' or more recently 'co-design.'[10]

2.3 RESEARCH PARTICIPANTS

The research aimed to interview participants in youth, adult and older age groups, who were Māori or non-Māori and who lived within the Tauranga/Mount Maunganui urban region; or in smaller towns and rural areas. The project also hoped to interview people with disabilities and high or complex needs. Recruitment was through asking organisations located in Tauranga, Te Puke and Katikati who worked in these areas of interest to help source service users to invite to participate. The following organisations were asked and agreed to help.

- Age Concern, Tauranga
- Tauranga Youth Development Team, Tauranga
- Te Runanga o Ngaitamawhariua, KatiKati
- Disabled Persons Assembly NZ, Tauranga
- Vincent Recovery House Trust, Te Puke

All participants represented population groups with high needs or potentially high needs; mental illness, disabilities, young people, Māori, and parents with children who have high and complex needs. The five organisations each identified and asked their service users to participate. All participants who agreed to be involved were given a brief outline of the project verbally, and were presented and discussed the Informed Consent form before proceeding with the interviews.

8 - Improving Access to Health Care Among New Zealand's Maori Population, Ellison-Loschmann, L and Pearce, N, Am J Public Health, 2006, 96(4):612-7.
9 - Addressing inequities in access to quality health care for indigenous people, David Peiris, MBBS MIPH, Alex Brown, BMed MPH, and Alan Cass, MBBS PhD
10 - What is person-centred care and why is it, https://healthinnovationnetwork.com/system/ckeditor_assets/attachments/41/what_is_person centred_care_and_why_is_it_important.pdfportant?

The intended sample size was extended from five to 19 participants to enable a group interview with six young people aged between 14 and 18. A second group interview took place with five adults (Māori) again implementing best practice to meet the cultural needs of this group. For the group interviews, participants completed the questionnaire then discussed their experiences of access to social and health services with the interviewer. For one-on-one and telephone interviews the interviewer went through the questionnaire with the participant and explored their perspectives. Nineteen questionnaires were completed in total on paper. Interviews were conducted face to face, or by telephone based on availability of participants. All interviews were captured by the interviewer writing notes. Interview notes were thematically analysed and incorporated into the findings with the information from the questionnaires.

The areas represented were Katikati, Tauranga and Te Puke.

2.4 LIMITATIONS OF RESEARCH

The small sample size reduces the validity of the research however the report provides a snapshot to support further work being conducted by SociaLink. There is a relatively high number of service users who reside outside of Tauranga due to two of the organisations being located in Katikati and Te Puke, so the sample isn't representative of the geographical demographic of the WBOP. However all participants' accessed services in Tauranga and all the young people attend Tauranga High Schools and services.

3. RESEARCH FINDINGS

The table below provides a breakdown of information about the sample, including self-reported information about services accessed.

Sample Group Information (n=19)				Service the 19 Participants Accessed the most	
Age Groups		Ethnicity		Family/Whanau Services	36%
14 – 19yrs	6	Maori	6	Mental Health Services	29%
24 – 44yrs	4	NZ European	12	Counselling Service	29%
45 – 64yrs	4			Community Support Service	21%
65 – 84yrs	3	Other	1	Disability Service	14%
85 - +yrs.	2			Alcohol and Drug	14%
	City (Tauranga boundaries)	Small Town / Rural		Budgeting	14%
					14%
Location	8	11		Employment Services	7%
				Specialised Educational Services	7%
	Male	Female		Housing Services	7%
Gender	9	10		Responses under 'Other'	
				3 x Medical centre , GP	
				2 x Age Concern	
				2 x Support Net	
				3 x Church, Youth Group (city church)	
				1 x Sport	
				2 x WINZ	

3.1 FIVE PARTICIPANT EXPERIENCES IN ACCESSING SERVICES

The summaries below of five participants' experiences in using services give some of the situational factors that affect access.

1) A 75 year old women with multiple health issues, lives in a rural area and doesn't drive. She attends hospital on average twice a month. She takes an early bus into the hospital in the morning and returns on the 4.00pm bus. Due to the bus schedule she has to stay at the hospital all day to return home. The only medical centre in her town has a reported fee of $60 per visit plus medication. Her family drive her to a GP in Tauranga because the practice accepts a community card which offers a subsidised fee. The family member has to take time off work and there is the cost of travel.

2) A family, two adults and three children, one child is 13 years old with high and complex needs. They are involved with special education, health, multiple disability services and swimming classes. Due to the 13 year old's high needs his mother cannot work. The family have struggled to find information about available services. A lot of information has been gained through conversations with other families. They learnt their child was entitled to nappies through the public system when he was 7 years old. A programme he attends has a backlog so he can attend two terms on, two terms off. There is no after school care available for him. They have met wonderful people along the way who are warm hearted and have built special connections with them.

3) A 16 year old young woman with a supportive family attends the local high school and has accessed counselling for anxiety twice in the past two years. The GP referred her for six free counselling sessions to address the anxiety. The counsellor was easy to access after school and she reported making positive changes. She currently attends a church youth group which is free and "really cool." It is a good place to meet new people and develop friendships. The group is accessed through private transport. , If she took public transport "it would be a walk to get home, not safe because of the dark."

4) A 46 year old woman who is employed at two jobs which require her to work at night and during the day. She struggles to attend appointments at WINZ because they no longer have an office in the township. Her nephew was one of five young people who accepted an apprenticeship in Auckland. The young person travelled every week to Auckland returning home for the weekend to be with his friends and family. All five have returned home after 12 months due to missing home. No apprenticeship schemes have been offered in the WBOP for these young people and they have gone back on assisted living from WINZ. The Aunt believes with all the development underway in the WBOP young people should be given an opportunity to access apprenticeships.

5) A 69 year old man who has been a paraplegic for the past
50 years and is involved with health, veteran affairs, osteopaths, massage
therapists, and home support services. He experiences difficulty accessing buildings and
using private transportation. He reported there is very little support to protect people with
disabilities from violence. He stated people with disabilities are five times more likely to be
assaulted, either by family, and caregivers. He has to take time off work and budget for any services
he attends. There is no service for him unless it is an emergency. Wheel chair assistance services
closes at 9.00pm, so if his wheelchair had a flat tyre after this time, limiting his movement, he would
have to wait until the next day to fully mobile again. Caregiver hours are limited and determined by
the service when they will be available, he has no say when they change the support workers. There
aren't always buses with wheelchair access when attending events. Going away on holiday is very
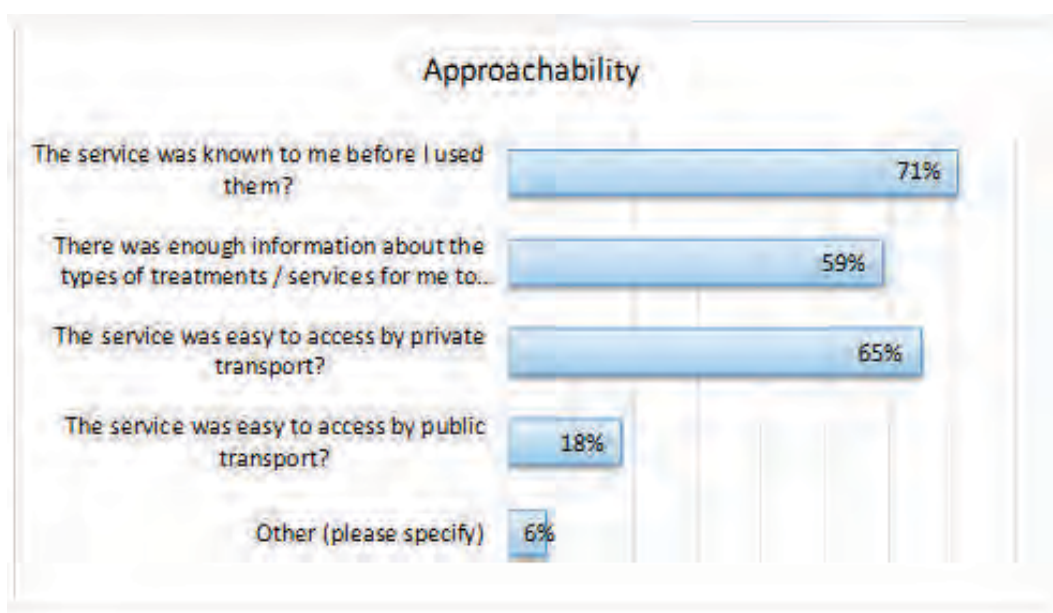difficult unless there is family support.

3.2 CURRENT STATE: EXPERIENCE IN ACCESSING SERVICES

The 'service user experience' questionnaire had two sections (1) what are their experiences in
accessing services to date. The second section (2) asked, 'when considering new services, what
three would they suggest'.

This first section has been recorded under the five headings related to access identified earlier.

3.2.1 APPROACHABILITY

In exploring 'approachability', participants were asked to answer five questions. These asked about
their experience on how approachable the services were, whether they knew the services existed
prior to attending an appointment, what information was available about the service and whether the
organisation was located near public transport routes.

Approachability

Question	%
The service was known to me before I used them?	71%
There was enough information about the types of treatments / services for me to...	59%
The service was easy to access by private transport?	65%
The service was easy to access by public transport?	18%
Other (please specify)	6%

Seventy one percent knew about the service prior to using it. Only 59% thought they received sufficient information about the service/treatment. A number of participants stated:
- "Found out by myself, from other people with disabilities."
- "They decided what I needed, then gave me the information they thought I needed, may not have given me all the information."
- "No, the information was not available. We were referred here I had to do my own research on services."

Less than 20% thought the service was easily accessible. Comments were made about public transport difficulties in getting to the services as well as mobility limitations.
- "Can't be accessed by public transport and very difficult by car, can't get around the back."
- "Very hard to access had to get the Runanga to drive me."

3.2.2 ACCEPTABILITY

Service users shared their experience on cultural and social factors that impact on their ability to access services.
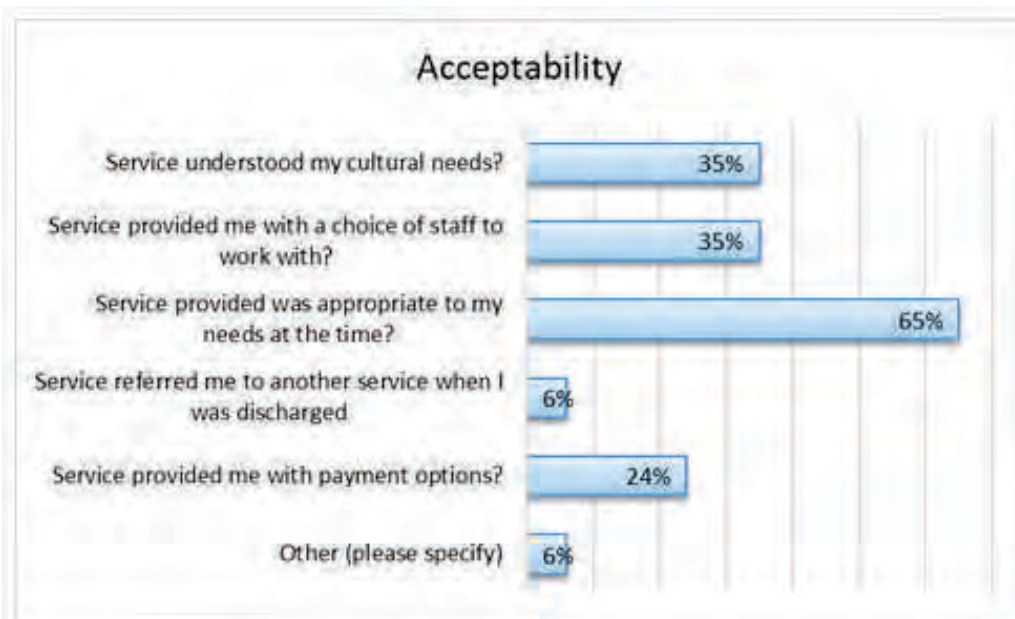
Most participants (65%) reported services provided were appropriate to their needs but only 35% believed services understood their cultural needs. The comments recorded by participants are:
- "Some services meet my cultural needs, most cultures need family centred approaches."
- "Long waiting lists – stressed staff impacting on family" (when discussed, the participants reported due to the pressure on staff they felt rushed).
- "Yes, but not true if you come from other cultures."
- "Deliver poor services to Maori clients."
- "No, tried to offer new carer because they changed their contract provider. The system decides who will be in your life."

Comment under 'other' were:
"Very easy to talk to, able to access everything in the building."

3.2.3 AVAILABILITY

The third series of questions asked participants to consider how responsive services were in meeting the needs of service users.
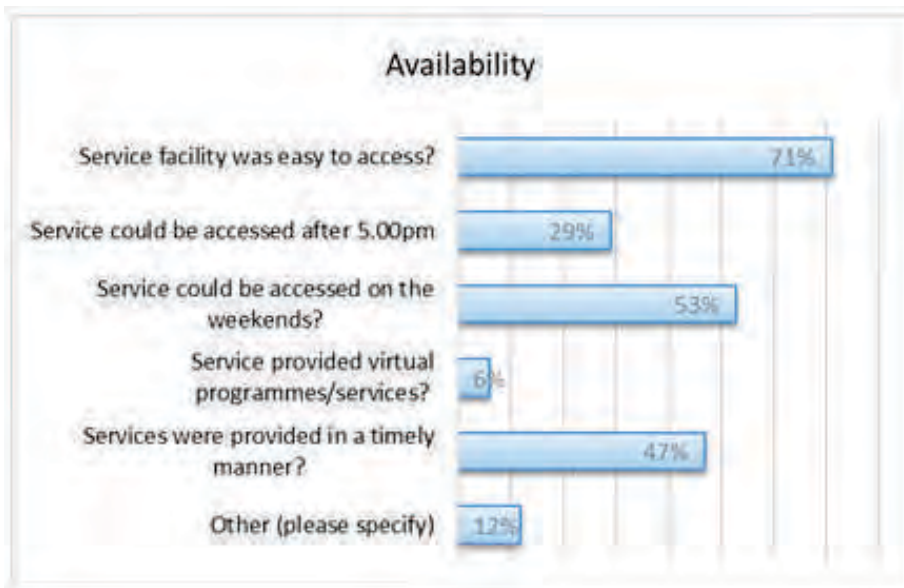
The participants (71%) reported the services facility was easy to access, with nearly half of the participants being able to access services during the weekend. Over half of the services were not provided in a timely manner which may reflect an increasing demand for services. The majority of these responses referred to health services such as a GP or hospital. The comments recorded by participants are:

"Not after 5.00pm unless an emergency."

"No services after hours."

"Very little happens in a timely manner."

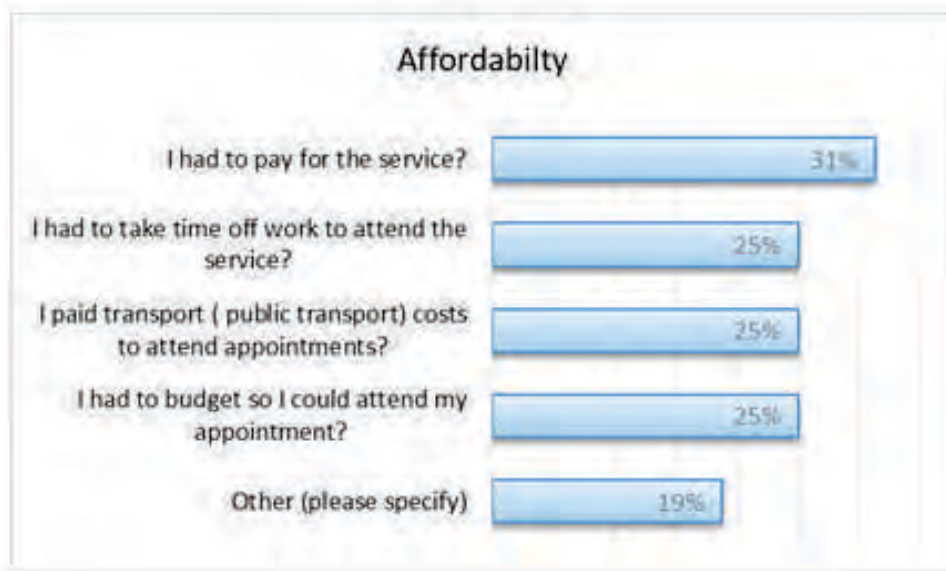"Had to wait 18 months to access 'talk link' for special communication equipment in order for her son to talk."

Comment under 'other' were:

'Service not available when needed.' ' Had to wait such a long time for a phone appointment with WINZ (3 weeks)'

3.2.4 AFFORDABILITY

Affordability focused on the economic capacity for people to pay for services whether that be overt or covert costs.

Affordabilty

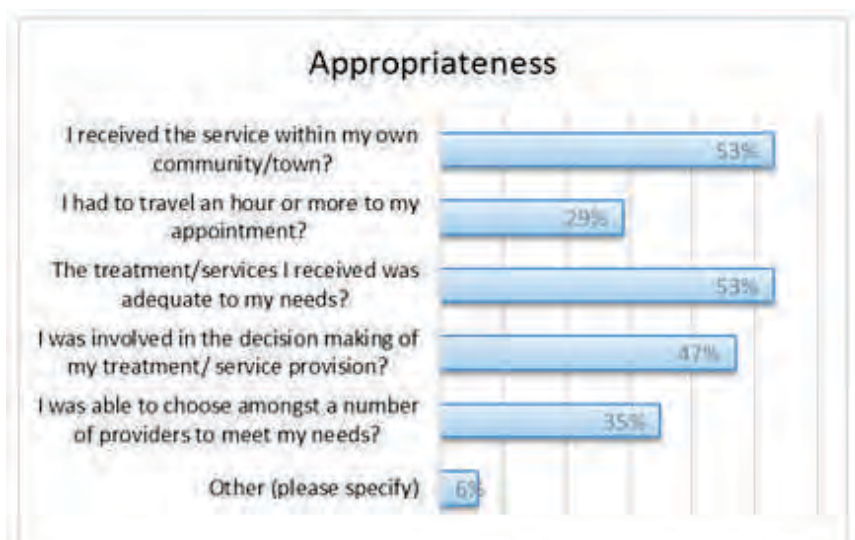|	
I had to pay for the service?	31%
I had to take time off work to attend the service?	25%
I paid transport (public transport) costs to attend appointments?	25%
I had to budget so I could attend my appointment?	25%
Other (please specify)	19%

Most services accessed had no cost, with only 31% having to pay for services. There is an equal response (25%) for those who have to take time off work to attend an appointment, those who have to pay for transport and those who have to budget to attend an appointment. The comments recorded by participants are:

- "Yes, have to take time off work."
- "Yes, have to take time off work, budget, time to fit around when people are around."
- "The GP is too expensive so I drive to Tauranga where it's cheaper, everyone does."
- "Can't work because of my child."
- "No, it's free."
- "I get a drive to the Youth centre."

Under the option 'other' three respondents indicated they were retired or not being able to work because of children's special needs.

3.2. 5. APPROPRIATENESS

The quality of the service impacts on people's ability to access services. This includes the time required to access services, choice of services and the quality of services (the way in which they are provided).

Appropriateness

I received the service within my own community/town?	53%
I had to travel an hour or more to my appointment?	29%
The treatment/services I received was adequate to my needs?	53%
I was involved in the decision making of my treatment/ service provision?	47%
I was able to choose amongst a number of providers to meet my needs?	35%
Other (please specify)	6%

Just over half of participants (53%) said the service was delivered in their community/town, but 29% had to travel an hour or more to their appointment. This was particularly true for older people or those relying on public transport. Fifty three percent believed that the treatment they received was adequate. However one person said:

"I ended up in hospital the next day after my appointment due to infection, the medical centre was dirty."

Only 35% said they were able to choose their treatment/ service amongst a number of providers. The comments recorded by participants are:
- "Mostly in town."
- "Not good if you are a single parent with children or elderly with no support."
- "No, we have to travel to Tauranga to see someone at WINZ."
- "Yes, they help me."

3.3 ENABLERS TO ACCESS: (WHAT IS WORKING WELL?)

The next question asked participants what they 'most liked' about accessing services, based on their experience. The main theme identified is 'relationship,' staff who were friendly, kind, good communicators and non-judgemental were appreciated. These comments relate to their interaction with staff or the organisation.
- "Someone to always have a talk with, always willing to help."
- "Smiley faces and comments from staff, enjoy my counsellor."
- "I liked how they didn't force you to do it if you didn't want to."
- "How you could skip question if you found them too personal."
- "It's a great way to spend time with mates and to make new friends."
- "It was good how people connected with me and were good with communication" (the participant meant the staff communicated well with them).
- "The people are kind and it was fast and easy."
- "Some were really helpful, made some good networks."
- "Female staff are more sensitive and approachable to my needs at WINZ."

Other comments referred to free and conveniently located facilities.
- "Able to access everything in the same building, x-ray, blood tests, nice easy to talk to."
- "Getting home help."
- "It was free through my GP."
- "To educate myself and be able to go and study to become something in my life."

3.4 BARRIERS TO ACCESS: (WHAT IS NOT WORKING SO WELL?)

The final question participants provided responses on was what would improve access to services? This information provides an opportunity for services/organisations to consider barriers people experience when accessing services. The main themes identified were more access to services such as WINZ in rural areas/small towns and more public transport services.

- To have an appointment here in KatiKati, made aware of appointment and meeting."
- "WINZ – needs to be accessible in rural areas. Some clients have to use public transport or ask around for whanau to take them."
- "Social services/Kaupapa – all services that are available to the cities need to be available in rural areas as we miss out."
- Transport is the biggest problem, public transport goes in and out of rural areas once a day and it's always early morning and comes back to town late in the evening. Not good if you are a single parent with children or elderly with no support."
- "I rely on my daughter and her friends to transport me to places."

More parking nearby, information about services and renovating the local medical centre facilities were other suggestions. One person needed more home help support and others thought improvements could be made in how staff thought about and communicated with staff.

- "Social workers not to be judgemental."
- "Male staff having more training when dealing with female clients at WINZ."

3.5 YOUNG PEOPLE'S VIEWS ON ACCESS TO SERVICES & ACTIVITIES

A thematic analysis was completed on the interviewer's notes from the group interview with young people aged 14 to 19 years.

The themes for this group focused on increasing access to a variety of services and activities.

Social Connection: participants discussed limited opportunities to socialise outside of school. They all agreed more youth groups that weren't faith based were needed. The cost of activities also restricted social connection. They spoke of 'multi-sport facilities across the city and rural areas', providing free sports equipment. They suggested extending a current scheme to other areas across WBOP, where 'you can trade your phone for the use of free sports equipment such as basket balls,' when you return the basketball you get your phone back.

Mental health and counselling service: The current model of mental health services does not align with the needs of this population. To access these services they are required to attend during school hours. The participants reported they 'didn't want to take off school'. There was also a need for counselling services to address being bullied.

Transport: Access to services and peers was hampered by limited transport options. The options to attend youth social entertainment relied largely on parents or taxi/uber drivers. The impact of limited public transport disadvantaged those living in rural areas or those from lower income families.

3.6 PARTICIPANT PERSPECTIVES ON FUTURE SERVICES

This section provides the perspective of participants on future services their communities could benefit from.

They were asked, if you had all the money in the world, what three services would be important in their communities in the future. This may mean, an increase of services or new services in their area. Their responses are listed below, the first are the highest rated services, with more mental health services seen as most needed. Comments included all services needed to represent or cater for people with disabilities. Local Work and Income offices would be beneficial also.

New Services for Future	Respondents
Mental Health Services	47%
Community Support Service	33%
Employment Services	32%
Counselling Services	32%
Family/Whanau Services	32%
Alcohol and Drug	26%
Violence Intervention Programm	16%
Specialised Educational Service	16%
Housing Services	16%
Disability Service	11%
Budgeting	11%

4. SUMMARY

The small sample size and representation of clients from only five social and health services presented in this report mean it can only be viewed as an exploratory research piece. The complexity of social and health services are only one influence among many that determine people's health and social outcomes. Other important influences include family, friends and community, work and colleagues, and early physical and social experiences. This would require a larger scale research project to further understand the cause and effect of the barriers highlighted in this report.

The experience of participants in the research indicates service provision within WBOP has a significant impact on lower socioeconomic groups living on benefits or working in seasonal employment. Those living in rural areas on low-incomes face increased cost and time to access services not provided locally, through transportation costs, limited public transport schedules as well as needing time off work or family members needing to do this.

Factors enabling access to and use of services included approachable, kind and non-judgemental staff. After-hours access to urgent health services was highlighted as important as was the ability to get essential disability aids such as wheelchairs fixed out of hours. Also important was the provision of culturally appropriate treatment and interventions and services. Almost all services were free or deemed affordable but the cost of access by transport, cost of time off work impacted participants financially.

Several examples of limited transportation options for those living in small towns and rural areas reduced the options of what type of service people could access. Limited options of social service, health and government services in small townships resulted in higher charges to access services for these people. Good access also means being informed of entitlements and having the right to choose about caregivers. One respondent mentioned not finding out for a long time what support her child with high needs was entitled to. Another participant had experienced limited choice in who his or her home carer would be, which felt like having limited control over personal circumstances.

Young people suggested also that limitations to public transport as well as its cost made it more difficult to access social and recreational activities. They suggested schemes such as trade your phone to use free sports equipment be extended across the WBOP. More availability of counselling and mental health promotion initiatives would also be welcomed.

APPENDIX ONE: SERVICE USER PARTICIPANTS INFORMED CONSENT FORM

Social Link Interviews on Experience of Accessing Services
Informed Consent Form for Service User Participants

This Informed Consent Form is for Service Users who have accessed a Social Service in the Western Bay of Plenty Region. You are being invited to take part in this survey because we feel your experience can contribute to our understanding and knowledge of how service experience accessing the social sector.

Part One: Information Sheet

You do not have to decide today, you can talk to anyone you feel comfortable with about the interview, interview process or this Informed Consent Form. If you have questions later, you can ask Kay Montgomery on 027 856 9206.

Voluntary Participation

Your participation in this survey is entirely voluntary. It is your choice whether to participate or not.

Process

We are asking for your help to learn more about your experience/s while accessing service in your area. If you accept, you will be asked to take part in a face to face interview process with a staff member from Social Link. The interviewer will make sure you are comfortable and answer any questions that you might have. Then they will ask you questions about your experiences while accessing services. The interview will take place in a meeting room close to your town as possible.

Duration

The interview will take on average 1 hour and even though you have agreed to take part, you can stop at any time during the interview and are not required to respond to any question if you do not feel comfortable.

Confidentiality

We will not be sharing information about you to anyone outside of the evaluation team. The information we collect will be securely stored. All information obtained will be destroyed once the report has been signed off.

Who to Contact:

If you have any questions, you can ask your interviewer now or later. If you wish to ask questions later, you may contact Kay Montgomery on 027 856 9206 who will liaise with your interviewer.

Part two: Certificate of Consent:

I have read the information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this evaluation.

Print Name of Participant: _____

Signature of Participant: _____ Date: _____

APPENDIX TWO: SERVICE USER PARTICIPANTS QUESTIONNAIRE

Introduction

Thank you for participating in this exploratory research. Social Link is interested in knowing about your experiences in accessing community-based social and health services in the WBOP.

1. What is your gender?
- ○ Female
- ○ Male
- ○ Intersex
- ○ Transgender
- ○ Prefer not to say

2. What is your age?
- ○ 14 to 17
- ○ 18 to 24
- ○ 25 to 34
- ○ 35 to 44
- ○ 45 to 54
- ○ 55 to 64
- ○ 65 to 74
- ○ 75 or older

3. Please describe your ethnicity
- ○ Maori
- ○ New Zealand European
- ○ Pacific
- ○ Asian
- ○ Other (please specify)

4. Which best describes where you live?
- ○ Inner City (within a 15km radius)
- ○ Outer City Suburb (outside a 15km radius)
- ○ Small Town
- ○ Rural (Rd as part of address)

5. What services did you use the most?
- ○ Disability Service
- ○ Mental Health Services
- ○ Community Support Service
- ○ Employment Services
- ○ Alcohol and Drug
- ○ Violence Intervention Programmes
- ○ Budgeting
- ○ Counselling Service
- ○ Specialised Educational Services
- ○ Housing Services
- ○ Kaupapa Maori Services
- ○ Family/Whanau Services
- ○ Other (please specify)

6. How long were you a client of this service?
- ○ Still a client
- ○ Less than six months
- ○ Six months to a year
- ○ 1 - 2 years
- ○ 3 or more years

Five questions to understand your experience with services.
- • Approachability
- • Acceptability
- • Availability and accommodation
- • Affordability
- • Appropriateness
- •

7. Approachability (Select all that apply.)
- ○ The service was known to me before I used them?
- ○ There was enough information about the types of treatments / services for me to understand what they offered?
- ○ The service was easy to access by private transport?
- ○ The service was easy to access by public transport?
- ○ Other (please specify)

8. Acceptability (Select all that apply.)
- ○ The service understood my cultural needs?
- ○ The service provided me with a choice of staff to work with?
- ○ The service provided was appropriate to my needs at the time?
- ○ The service referred me to another service when I was discharged
- ○ The service provided me with payment options?
- ○ Other (please specify)

9. Availability and accommodation (Select all that apply.)
- ○ The service facility was easy to access?
- ○ The service could be accessed after 5.00pm
- ○ The service could be accessed on the weekends?
- ○ The service provided virtual programmes/services?
- ○ Services were provided in a timely manner?
- ○ Other (please specify)

10. Affordability (Select all that apply.)
- ○ I had to pay for the service?
- ○ I had to take time off work to attend the service?
- ○ I paid transport (public transport) costs to attend appointments?
- ○ I had to budget so I could attend my appointment?
- ○ Other (please specify)

11. Appropriateness (Select all that apply.)
- ○ I received the service within my own community/town?
- ○ I had to travel an hour or more to my appointment?
- ○ The treatment/services I received was adequate to my needs?
- ○ I was involved in the decision making of my treatment/ service provision?
- ○ I was able to choose amongst a number of providers to meet my needs?
- ○ Other (please specify)

Future State
In your opinion, tells us your ideas about services in the future?

12. When considering new services, which three would you suggest?
- ○ Disability Service
- ○ Mental Health Services
- ○ Community Support Service
- ○ Employment Services
- ○ Alcohol and Drug
- ○ Violence Intervention Programmes
- ○ Budgeting
- ○ Counselling Service
- ○ Specialised Educational Services
- ○ Housing Services
- ○ Kaupapa Maori Services
- ○ Family/Whanau Services
- ○ Other (please specify)

13. In your own words, what are two things that you liked most about your experience in accessing this service?

14. In your experience, what are two things that would improve access?

APPENDIX THREE: REFERENCES

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