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### A study of the relationship between consumer satisfaction and direct care staff turnover in an agency for the developmentally disabled

Delia B. Root

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A Study of the Relationship between  
Consumer Satisfaction and Direct Care Staff  
Turnover in an Agency for the  
Developmentally Disabled

Thesis submitted to  
The Graduate School of  
Marshall University

In partial fulfillment of the  
Requirements for the Degree of  
Master of Arts Program

by  
Delia B. Root  
Marshall University  
Huntington, West Virginia  
December 1997

This thesis was accepted on Dec. 11 1997  
Month Day Year

as meeting the research requirements for the master's  
degree.

Advisor Billy K. Gordon  
Department of Ed. Leadership

Ronald Deutech  
Dean of Graduate School

Dedication

This thesis is dedicated to my advisor, Dr. Bill Gordon, and my husband, Slim Ben Chaabane, whose help was invaluable. I wish to thank them for their ongoing assistance, patience with my schedule and frustration levels, instruction, support, and general understanding.

In addition, it is also dedicated to my parents, Russell and Carol Root, for their life-long motivation, encouragement and moral support.

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## Abstract

This study examined the relationship between direct care staff turnover and consumer satisfaction in an agency for the developmentally disabled. Twenty out of a possible 42 individuals with a developmental disability participated in the survey. There was a significant relationship between staff turnover and consumer satisfaction of day habilitation services. No significant relationship was evident in the areas of residential habilitation or respite. The findings indicate that agencies may need to prioritize direct care staffing patterns to reduce the negative effect on consumer satisfaction.

## Chapter I

## Introduction

Over the past 10-15 years in West Virginia, there has been a movement in the field of residential special education called deinstitutionalization. This movement has closed the institutions for the developmentally disabled and moved the individuals into their local communities, to live in group homes or with specialized care providers. In conjunction with this movement, families are now raising in their homes their children who are developmentally disabled.

The West Virginia Association for the Developmentally Disabled started proceedings for closing of the state institutions in the 1980's. The West Virginia legislature passed several laws which mandated that the institutions for the developmentally disabled (Greenbrier-1993; Colin Anderson--1995) be closed. The licensed Behavioral Health Centers, hereafter called "agencies", changed their primary focus from the medical model to the community based services model. They now concentrate on assisting families with community based school education, funding, and

providing quality home based direct care training to individuals who are developmentally disabled. Consequently, direct care staff are in high demand as staffing ratios have changed from 1:6+ in institutions to 1:1 or 1:2 within family homes.

### Rationale

Since agencies now focus on services in the community, roles of consumers, Interdisciplinary Teams (IDTs), and direct care staff have changed. Although these changes have primarily been beneficial, it has caused a new difficulty.

Individual with the developmental disability have become an integral part of the planning, implementation and evaluation process. They are no longer patients who reside in large institutions segregated from the world. They have become part of their community. Each now has more control over his/her life.

The Interdisciplinary Teams (IDTs) have changed from planning the care of the individual to planning how the agency can help the individual take care of him/herself. The IDTs concentrate on individualized service needs and habilitation outcomes which usually require intensive direct care training. These highly individualized plans can create

staffing problems for an agency. The agency must try to hire the staff to meet the needs of the individual. One of the most difficult tasks of an agency is locating competent direct care staff.

The role of the direct care staff has changed. Formerly, the staff's primary responsibility was that of care-giver for a large number of patients. Presently, the staff must concentrate on providing training for one or two individuals with a developmental disability. Direct care staff, therefore, must possess additional characteristics than staff who worked in the institutions. Community based staff must possess a high level of patience and energy, and must be able to work independently. Due to the nature of habilitation training measures, it is not uncommon for direct care staff to feel a great deal of stress.

This stress often contributes to a high turnover rate (Northwestern, 1991). Other contributing factors to the high turnover rate may be state capped wages and the hiring of transient employees. Many direct care service providers are college age individuals who will remain with the agency for a year or two before leaving and being replaced by other equally transient employees. Agencies, therefore, are constantly searching for quality direct care service providers. Most agencies have at least a 25% staff turnover

rate annually (McGinnis, 1996).

This situation created the possibility of having an effect on the satisfaction of the consumer. This research was an attempt to determine the effect, if any, of this high turnover rate as perceived by the consumer.

#### Statement of the Problems

The purpose of this study was to determine:

1. If there was a significant relationship between direct care staff turnover and consumer satisfaction.
2. Why there was or was not a significant relationship between direct care staff turnover and consumer satisfaction.

#### Definitions

Consumer/Family was defined as the natural family, or special care provider which has an individual with a developmental disability such as autism, down's syndrome or mental retardation.

Agency was defined as a licensed Behavioral Health Center in Huntington, West Virginia, which provides direct care services to individuals with a developmental disability in their home.

Direct care staff was defined as employees who work with an individual with a developmental disability, have a high school diploma, and who are supervised by a Qualified Mental Retardation Professional (QMRP).

Residential Habilitation was defined as home based training in the areas of adaptive living, daily living, fine and gross motor, medications, socialization and language.

Day Habilitation was defined as home and community based training in the areas of language, prevocational, vocational, socialization, community living (banking, shopping, etc) and academics.

Respite was defined as protective oversight; no training is provided.

### Delimitations

The focus of the study concerned consumer satisfaction relationship with staff turnover in an agency for individuals who are developmentally disabled (DD). Only consumers who receive a 1:1 staffing ratio were surveyed. In addition, the consumer must have received at least one of the following services from the agency in their home: residential habilitation, day habilitation or respite. The individuals were all served by the same agency.

Basic Assumptions

Agencies which provide services to individuals with developmental disabilities want quality of delivery of these services.

Consumers are more satisfied when quality of service delivery is at a high level.

Hypotheses and Research Questions

Hypotheses:

1. A significant negative relationship will exist between high direct care staff turnover and consumer satisfaction of residential habilitation service delivery.

2. A significant negative relationship will exist between high direct care staff turnover and consumer satisfaction of day habilitation service delivery.

3. A significant negative relationship will exist between high direct care staff turnover and consumer satisfaction of respite service delivery.

Questions from the Random Telephone Probe:

1. Why did you rate (service) as (satisfaction level)? Please give specific examples.

a. What satisfies you the most?

b. What areas do you think could be improved?

c. Are you very satisfied, satisfied or not satisfied with the following:

dependability of staff

how well staff are trained

consistency of staff

supervision of staff

staff turnover

how well staff interact with family member

2. What are the positive qualities of the staff who provided the best service?

3. Did staff turnover affect your satisfaction of service? If yes, how?

## Chapter II

### Review of the Literature

Literature suggests that most agencies for the developmentally disabled are plagued with high direct care turnover. According to O'Connor (1997), there are three types of turnover:

1. Job related: factors that an employer can control
2. Non-job related: factors such as relocation, family problems, substance abuse, etc
3. Poor "fit"

#### Job Related

Job related turnover could be caused by lack of opportunity for advancement, low pay, and stress (Milligan, 1995). The high risk group for turnover are low-income service workers which would include the direct care staff in this study (Northwestern, 1991). Employers could help reduce job related turnover by becoming more proactive. While some factors such as low pay were beyond agency control, agencies could promote from within and provide better support and supervision.

The lack of opportunities for advancement may be an effect of the "employability doctrine". This doctrine explains how employees commit to an agency for a short period and agencies provide opportunities for young employees to learn new skills. There is no loyalty on either side (McNerney, 1996).

In West Virginia, low pay was caused by state capped reimbursement rates. Therefore, agencies could only afford to pay direct care staff minimal wages. Most agencies pay fee for service, which means that an experienced employee and a novice would be paid at the same rate.

The Northwestern Insurance Group (1991) conducted research on stress. They reported that stress reduced the productivity of an employee by 61%. When stressed, the employee became distant and easily frustrated. Direct care staff may have a high level of stress due to the nature of their job. This stress could lead to a high turnover rate.

#### Non-job Related

Non-job related factors such as relocation, family problems and substance abuse can also lead to staff (O'Conner 1997). Employers may not be able to help with these difficulties in all situations. Employers can assist employees by providing moral support (keeping an open door policy) and information on how to access support services

such as the family medical leave act (FMLA) and counseling.

Poor "Fit"

Poor "fit" was another reason for a high turnover rate. Direct care staff could be mismatched with the consumer's needs. An agency can help diminish this type of turnover by allowing consumer input. Barth's (1997) case study examined how a family's child was better served when they were allowed input in the hiring of the direct care staff.

Milligan (1995), a professor at Sangamon State University, conducted a study which evaluated service delivery to individuals who were developmentally disabled from the perspective of the direct care staff. Her findings suggested that obtaining the consumer's opinion in the hiring process may decrease the turnover rate due to improper client/staff match.

The lack of extensive research in the area of consumer satisfaction with regard to direct care staffing surprised this researcher. Most research was geared toward teaching techniques, cost reporting, medical research and turnover of professionals.

### Chapter III

#### Research Methods

##### Participants

Twenty of the 41 families who were served by the community services department and had a family member with a developmental disability responded to the survey. Families are defined as the natural families or specialized care home providers. All were West Virginia residents who live in either Lincoln, Wayne or Cabell counties. The families also known as consumers all received direct care services from staff in their homes from an agency in Huntington, West Virginia.

Eight families who responded to the initial survey participated in the random telephone probe. The researcher chose two families randomly from each of the following satisfaction categories:

- 1/ Families who rated services as outstanding
- 2/ Families who rated services as above average
- 3/ Families who rated services as average
- 4/ Families who rated service as below average or not satisfied.

The sample families represent 42 consumers who receive direct care services in their homes from the same Huntington, West Virginia, agency. Services include residential habilitation (training in adaptive living skills), respite (protective oversight), and day habilitation (training in academic and life skills).

### Materials

Both quantitative and qualitative instruments were used to determine if there was a significant correlation between staff turnover and consumer satisfaction. A survey was used to obtain data for statistical correlations and a random telephone probe was used to gather descriptive information.

1. Survey: The questionnaire consisted of five parts. The first part included questions regarding general information about the respondent and the individual with the developmental disability. Parts 2-4 each consisted of the same 5 questions but were divided by the service offered: residential habilitation, day habilitation or respite. Part 5 was a Likert scale rating consumer satisfaction. A copy of the survey and cover letter is located in Appendix I.

2. Random Telephone Probe: The probe was divided into four parts. Parts 1-3 consisted of the same open-ended subquestions but were divided by the service offered: residential habilitation, day habilitation and respite. Part 4 consisted of two general open-ended questions. A copy of the questionnaire can be found in Appendix II.

#### Procedure

A cover letter and the survey (see Appendix I) were mailed to 41 families who have a family member who was developmentally disabled and received direct services from the community services department from a Huntington, West Virginia, agency. The families were asked to complete the applicable parts of the survey leaving blank any part which did not apply to them. The families were instructed to return the survey by September 1, 1997. Twenty families responded to the survey.

The surveys were then separated by satisfaction categories. Two families, at random, were chosen from each category for the telephone probe. The families were interviewed via telephone using the list of open-ended questions (see Appendix II). Participants were encouraged to provide extensive information.

Spearman's Rho was utilized to determine if a statistical correlation existed between staffing turnover and consumer satisfaction. Likert scale categories were transformed into percentages to determine satisfaction groupings.

The descriptive information was used to elicit possible explanations for the families' responses to the survey.

## Chapter IV

### Results

This chapter will discuss the results from the survey and random probe in the following three areas: residential habilitation, day habilitation and respite. The data from the survey was correlated using Spearman's Rho. The information from the random probe was analyzed for general trends.

The following process was utilized for statistical correlations. Each answer in the survey was given a statistical rank. Then the statistical ranks were correlated using the Spearman's Rho to determine if there were any significant relationships.

#### Residential Habilitation:

Of the 20 consumers who participated in the survey 14 (70%) received residential habilitation services. Data indicated that there was no significant correlation ( $r = .136, p < .05$ ) between direct care staff turnover and consumer satisfaction of residential habilitation services. See table 4.1 for a breakdown of the results.

Table 4.1

Comparison of Direct Care Staff Turnover (in 2yrs) and Consumer Satisfaction of Residential Habilitation (number of consumers)

# Staff Turnover	Outstanding	Above Average	Average	Below Average	Not Satisfied
1	1	3	0	0	0
2-3	1	2	1	1	0
4-5	1	0	0	0	0
6-7	0	0	1	0	0
8-9	1	2	0	0	0
10+	0	0	0	0	0
Total	4	7	2	1	0

Total correlation was  $r = .136, p < .05$ .

Fifty percent (50%) rated their satisfaction as above average. Twenty nine percent (29%) rated services as outstanding, 14% as average and 7% as below average, 0% as not satisfied.

Seven of 8 consumers who participated in the random probe for residential habilitation stated that yes, turnover did affect their satisfaction of services but felt it was not a priority (see chart 4.1). Most of the consumers stated that when a direct care staff leaves, they can provide the training on a temporary basis for the individual with the developmental disability to maintain consistency.

Chart 4.1

Residential Habilitation Random Probe:  
Satisfaction and Staffing Variables  
(number of consumers)

Staffing Variables	Very Satisfied	Satisfied	Not Satisfied
Dependability	6	2	0
How well are trained	4	4	0
Consistency	5	3	0
Supervision of staff	7	0	1
Turnover	0	7	1
Interaction w/ client	5	3	0

It was interesting to note that although the consumers who participated in the random probe stated that other factors were a higher priority, most indicated they would like a reduction of staff turnover. One family suggested that the agency needed to become more proactive in the hiring process. She said that a formal back-up plan would be beneficial.

Another family explained how difficult it was to adjust to new staff. She said that her daughter's aggressive behaviors would increase and the stress level of the home would increase as the family would have to adjust to a new staff member in their home. The same mother rated satisfaction as above average as she stated that when the staff became trained, they provided a necessary and beneficial service for her daughter.

Day Habilitation

Nine (45%) of the consumers survey received day habilitation in their home. Data indicated that there was a significant correlation ( $r = .913, p < .05$ ) between staff turnover and consumer satisfaction of day habilitation service. Table 4.2 displays the breakdown of results

Table 4.2

Comparison between Staff Turnover (in 2 yrs) and Satisfaction of Day Habilitation Services (number of consumers)

# staff turnover	Outstanding	Above Average	Average	Below Average	Not Satisfied
1	0	0	0	0	0
2-3	1	3	0	0	0
4-5	0	1	0	0	0
6-7	0	0	1	0	0
8-9	0	0	1	1	0
10+	0	0	0	1	0
Total	1	4	2	2	0

Total Correlation  $r = .913, p < .05$

All 8 consumers who participated in the random probe stated that staff turnover had an effect on the satisfaction of direct care services (see Chart 4.2). Many families stated that they could provide residential training or

respite when a staff left the agency but they could not provide day habilitation. Day habilitation may only be provided by agency employees. One parent explained that if a day habilitation staff member resigns, a substitute had to be located. She said the substitute usually provided respite; therefore, her son would lose out on valuable training time.

Chart 4.2

Day Habilitation Random Probe:  
Satisfaction and Staffing Variables  
(number of consumers)

Staffing Variables	Very Satisfied	Satisfied	Not Satisfied
Dependability	1	7	0
How well staff are trained	5	3	0
Consistency	5	3	0
Supervision of staff	2	5	1
Turnover	1	3	4
Interaction w/ clients	6	2	0

There was a general trend of comments indicating that when day habilitation staff was lost, the parent had to take vacation/time off from work until some type of replacement could be located. Two of the consumers interviewed suggested that the agency should become more proactive by having a permanent substitute policy. They

indicated that it was detrimental for training to stop due to the lack of staffing.

One parent stated that when he was introduced to a new staff, his first thought was "...how long will this one last". Many of the respondents made similar comments. One stated that college age students are too immature or will not stay for any length of time if they are competent.

The consumers had many suggestions for improving the turnover rate: better pay, longevity incentives, hiring mature staff, consumer input, and better staff/client match.

### Respite

Seventeen (85%) of the 20 individuals surveyed received respite services in their home. There was no significant correlation ( $r = .059$ ,  $p < .05$ ) between direct care staff turnover and consumer satisfaction of respite services. Table 4.3 breaks down the results.

Table 4.3

Comparison of Staff Turnover (in 2yrs) and  
Consumer Satisfaction of Respite Services  
(number of consumers)

# staff Turnover	Outstanding	Above Average	Average	Below Average	Not Satisfied
1	2	1	0	0	0
2-3	2	4	2	1	0
4-5	1	0	0	0	0
6-7	0	1	0	0	0
8-9	0	0	0	0	0
10+	0	2	0	1	0
Total	5	8	2	2	0

Total Correlation  $r = .059$ ,  $p < .05$

Twenty nine percent (29%) of the consumers rated satisfaction as outstanding. Forty-seven percent (47%) rated it as above average, 12% as average, and 12% as below average.

Of the 8 consumers who participated in the random probe, 6 stated that turnover did affect their satisfaction but other factors such as staff competency, training and interaction with their child was more influential. Two stated that staff turnover had not been an issue for respite (see Chart 4.3).

Chart 4.3

Respite Random Probe:  
Satisfaction and Staffing Variables  
(number of consumers)

Staffing Variables	Very Satisfied	Satisfied	Not Satisfied
Dependability	6	1	1
How well staff are trained	3	5	0
Consistency	5	2	1
Supervision of staff	2	6	0
Turnover	1	7	0
Interaction w/ clients	2	6	0

Consumers usually assist the agency in locating their direct care staff for respite. In fact, seven of the consumers stated that they assisted in securing their respite staff. One consumer said that the agency located her respite staff. The general trend was that consumers felt comfortable with respite providers since they were usually family friends.

In addition, consumers stated that usually they have more than 1 respite provider so they can adapt more easily if a staff cannot provide the service or leaves the agency.

One consumer stated that it was easier to replace someone to provide respite since they do not provide any training to her son. As she said, "...they get paid for being his friend".

Chapter V

Summary

This study tested/answered the following hypotheses and questions:

1. A significant negative relationship will exist between high direct care staff turnover and consumer satisfaction of residential habilitation service delivery.

2. A significant negative relationship will exist between high direct care staff turnover and consumer satisfaction of day habilitation service delivery.

3. A significant negative relationship will exist between high direct care staff turnover and consumer satisfaction of respite service delivery.

4. Why did the consumer rate     (service)     as     (satisfaction level)    ? What other factors affected satisfaction? (see Appendix II for details)

5. Did staff turnover affect the consumer's satisfaction of services? If yes, how?

The hypotheses were tested using the Spearman's Rho correlation. The questions were answered through an analysis of the information from the random probe. It

was recognized this type of study could possibly have a bias due to an overall gratitude from consumers who received services (DeChillo, 1996). In a survey style study, there was also a chance of bias due to the type of the respondents who participated (Hernandez, 1992).

The data indicated that no significant correlation was evident between consumer satisfaction and direct care staff turnover in the areas of residential habilitation ( $r = .136, p < .05$ ) and respite ( $r = .059, p < .05$ ). However, there was a significant negative relationship between consumer satisfaction and direct care staff turnover in the area of day habilitation ( $r = .913, p < .05$ ).

The information from the random probe indicated that although consumers were concerned about direct care staff turnover in the areas of residential habilitation and respite, other factors such as dependability, client/staff interaction were more important. In the area of day habilitation, staff turnover was a higher priority.

One of the reasons for the difference in outcomes may have been the effect upon the consumer's lifestyle of each area studied. Residential habilitation and respite were usually provided in the evenings and the weekends. If a staff member was unavailable, the consumer provided the service. Day habilitation was provided during the consumer's normal working hours. When a staff member left

the agency and a replacement could not be located, the consumer had to arrange time off from work. One parent stated she was unable to work at all because of the lack of consistent day habilitation staffing.

### Recommendations

All recommendations will be made in the first person active voice.

Since high turnover rates of direct care staff most likely will not change in the immediate future (President's Committee, 1997), agencies need to prioritize staffing. It seems logical to me that since day habilitation is the most affected area, it should be labeled "priority one". "Priority one" means that the agency should utilize the type of staff who generally stay with the company for an extended period of time for day habilitation. A weighted application form could assist the agency to determine potential longevity in direct care staff (Beirne, 1997). In addition, agencies should become more proactive by designing a functional standard substitute policy. I believe that the use of a weighted application, a functional substitute policy and a prioritization system would help decrease the negative effect on consumer satisfaction.

It is important to note that other factors such as dependability, consistency, supervision, how well staff

are trained and how the staff interacts with the family member affected consumer satisfaction. This information should be considered when providing initial or on-going training to direct care staff.

I would recommend that all agencies who serve individuals with a developmental disability develop a functional consumer satisfaction instrument. The consumer should be interviewed on a regular basis. Since the consumer has become an integral part of the planning, implementation and evaluation process, I recommend further research in the areas of consumer satisfaction and staff turnover, not only to include direct care staff but also professionals who have direct involvement with the consumer.

My final recommendation is that agencies which provide services to individuals with developmental disabilities should share this research information to determine the nature of the consumer satisfaction. Only when agencies and consumers work together can they attain the common goal of promoting the independence of the individual with the developmental disability.

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Appendix I

18 August 1997

address

Dear :

Autism Services Center has a great interest in improving existing services to families. Recognizing this, I developed the enclosed consumer survey to determine how the agency can better serve your needs in the areas of residential habilitation (WO234), day habilitation (WO217) and respite (WO106/WO107).

In addition to the collected information being used for agency improvements, it will also be the basis for my Master's Thesis. All names will be kept strictly confidential and only general information and trends will be used in my research and reports to the agency.

I am requesting your assistance in this project by completing the survey and returning it by September 1, 1997, in the enclosed envelope. Further information may be required in order to validate the survey. If you would be willing to speak with me regarding the information you provide, please write your phone number on top of the survey form. Again, names will be kept strictly confidential.

Please accept my appreciation for your assistance.

Sincerely,

Delia B. Ben Chaabane (Root)  
Sr. Case Manager/Q. A.

CONSUMER SURVEY

**Instructions:** Circle the number of your response. For any questions that may not apply to you, please leave blank.

1. Person completing this form:
  1. Mother, Father or Guardian
  2. Sibling
  3. Specialized Care Provider
  4. Other (Specify) \_\_\_\_\_
  
2. What is the individual's primary diagnosis?
  1. Autism or PDD
  2. Mental Retardation
  3. Other (Specify) \_\_\_\_\_
  
3. What is the age of the individual?
  1. Under 18 years
  2. 18-21 years
  3. 22-35 years
  4. 36-50 years
  5. Over 50 years
  
4. Where do you live?
  1. Within Huntington City Limits
  2. 15 miles from Huntington
  3. 16-50 miles from Huntington
  4. Over 50 miles from Huntington
  
5. Does ASC provide residential habilitation (training in domestic skills) in your home?
  1. Yes
  2. No

If the answer was "yes" to question 5, please complete questions 6-10. If the answer was "no", skip to question 11.

6. How many hours a week do you receive this service?

1. 0-5 hours
2. 6-15 hours
3. 16-30 hours
4. 30+ hours

7. Total number of staff who currently provide this service?

- |            |              |
|------------|--------------|
| 1. 1 staff | 4. 4 staff   |
| 2. 2 staff | 5. 5 staff   |
| 3. 3 staff | 6. 6 + staff |

8. Of the current staff, how many have been providing this service in your home continuously for the past two years?

- |            |              |
|------------|--------------|
| 1. 0 staff | 4. 3 staff   |
| 2. 1 staff | 5. 4 staff   |
| 3. 2 staff | 6. 5 + staff |

9. In the past two years, total number of staff who have provided this service in your home?

- |              |               |
|--------------|---------------|
| 1. 1 staff   | 4. 6-7 staff  |
| 2. 2-3 staff | 5. 8-9 staff  |
| 3. 4-5 staff | 6. 10 + staff |

10. In the past two years, how many staff belong in the following age groups?

1. Under 25 years
2. Over 25 years

11. Does ASC provide day habilitation (training in academic areas) to your family member?
1. Yes
  2. No

If the answer was "yes" to question 11, please complete questions 12-16. If the answer was "no", skip to question 17.

12. How many hours a week do you receive this service?
1. 0-5 hours
  2. 6-15 hours
  3. 16-30 hours
  4. 30 + hours

13. Total number of staff who currently provide this service?
- |            |              |
|------------|--------------|
| 1. 1 staff | 4. 4 staff   |
| 2. 2 staff | 5. 5 staff   |
| 3. 3 staff | 6. 6 + staff |

14. Of the current staff, how many have been providing this service continuously for the past two years?
- |            |              |
|------------|--------------|
| 1. 0 staff | 4. 3 staff   |
| 2. 1 staff | 5. 4 staff   |
| 3. 2 staff | 6. 5 + staff |

15. In the past two years, total number of staff who have provided this service?
- |              |               |
|--------------|---------------|
| 1. 1 staff   | 4. 6-7 staff  |
| 2. 2-3 staff | 5. 8-9 staff  |
| 3. 4-5 staff | 6. 10 + staff |

16. In the past two years, how many staff belong in the following age groups?

1. Under 25 years
2. Over 25 years

17. Do you receive respite in your home?

1. Yes
2. No

If the answer was "yes" to question 17, please complete questions, 18-22. If the answer was "no", skip to question 23.

18. How many hours a week do you receive this service?

1. 0-5 hours
2. 6-15 hours
3. 16-30 hours
4. 30 + hours

19. Total number of staff who currently provide this service?

- |            |              |
|------------|--------------|
| 1. 1 staff | 4. 4 staff   |
| 2. 2 staff | 5. 5 staff   |
| 3. 3 staff | 6. 6 + staff |

20. Of the current staff, how many have been providing this service in your home continuously for the past two years?

- |            |              |
|------------|--------------|
| 1. 0 staff | 4. 3 staff   |
| 2. 1 staff | 5. 4 staff   |
| 3. 2 staff | 6. 5 + staff |

21. In the past two years, total number of staff who have provided this service in your home?
- |              |               |
|--------------|---------------|
| 1. 1 staff   | 4. 6-7 staff  |
| 2. 2-3 staff | 5. 8-9 staff  |
| 3. 4-5 staff | 6. 10 + staff |

22. In the past two years, how many staff belong in the following age groups?
1. Under 25 years
  2. Over 25 years

For questions 23-25, please rate your satisfaction using the following rating scale:

1. Outstanding
2. Above average
3. Average
4. Below average
5. Not satisfied

\_\_\_\_\_ 23. Residential Habilitation (WO234/training in domestic skills) from the agency

\_\_\_\_\_ 24. Day Habilitation (WO217/training in cognitive skills) from the agency

\_\_\_\_\_ 25. Respite (WO106/WO107)

Appendix II

RANDOM TELEPHONE PROBE

1. Why did you rate residential habilitation as \_\_\_\_\_? Please give specific examples.
  - a. What satisfies you the most?
  - b. What areas do you think could be improved?
  - c. Are you very satisfied, satisfied or not satisfied with the following:
    - dependability of staff
    - how well staff are trained
    - consistency of staff
    - supervision of staff
    - staff turnover
    - how well staff interact with my family member
  
2. Why did you rate day habilitation as \_\_\_\_\_? Please give specific examples.
  - a. What satisfies you the most?
  - b. What areas do you think could be improved?
  - c. Are you very satisfied, satisfied or not satisfied with the following:
    - dependabilty of staff
    - how well staff are trained
    - consistency of staff
    - supervision of staff
    - staff turnover
    - how well staff interact with my family member

3. Why did you rate respite as \_\_\_\_\_?  
Please give specific examples.
  - a. What satisfies you the most?
  - b. What areas do you think could be improved?
  - c. Are you very satisfied, satisfied or not satisfied with the following areas:
    - dependability of staff
    - how well staff are trained
    - consistency of staff
    - supervision of staff
    - staff turnover
    - how well staff interact with my family member
  
4. What are the positive qualities of the staff who provided the best service?
  
5. Did staff turnover affect your satisfaction of services? If yes, how?