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Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County

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HOMEMAKER AND FORMER CLIENTELE EVALUATION OF THE
HOMEMAKER SERVICE OF LANE COUNTY

by

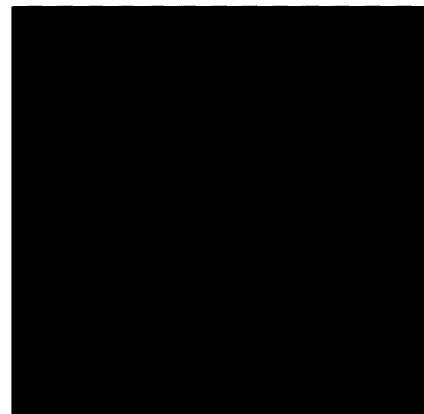
MARCIA A. LEONARD

A report submitted in partial fulfillment of the
requirements for the degree of

MASTER OF SOCIAL WORK

Portland State University

1980



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CHAPTER I

INTRODUCTION

History of Program Evaluation

Social service program evaluation has evolved primarily from two phenomena: a) the scientific method of inquiry and b) increasing emphasis placed upon social service program accountability by legislators, program funders and the public, beginning with the War on Poverty programs of the 60's. Initially, in efforts to gain credence and attention in the academic community, most social science researchers held firmly to the view that evaluation of programs should employ the rigorous scientific method of research. However, as issues such as the ethics of withholding treatment from a control group and the difficulty in adequately controlling for intervening variables which might effect an individual's behavior, social, emotional, physical or economic situation, etc. began to be raised, the usefulness of a rigorous scientific research approach began to be questioned when doing program evaluation.

While the main goal of the social science researcher in evaluating social programs may be theory building, the chief objective of the social service manager or administrator in evaluating programs is generally more pragmatic. The

manager or administrator generally seeks information to be used in supporting funding requests, or to aid in program planning and decision making. Given these differences, program evaluation has begun to develop into a field/speciality of its own during the last 5 to 10 years. It is not currently distinctly aligned with any one academic discipline. Social service program evaluators may receive training in departments of social work, psychology, education, sociology, economics, or business, among others.

Social service program evaluation may use a variety of strategies and techniques to assess things such as program effectiveness, efficiency and quality. The strategies and techniques used and the specific program components assessed in a given evaluation effort will depend upon factors such as the purpose of the evaluation (i.e., to satisfy requirements of funding sources or accrediting or licensing bodies, internal use for program planning and development, etc.); resources available to conduct the evaluation (i.e., time, money, level of experience of the evaluator); and personal preferences of the program administrator and of the program evaluator.

Background of the Homemaker Service

Program Evaluation:

A program evaluation of the Homemaker Service of Lane County, through use of the Homemaker Opinion Survey and the

Former Clientele Satisfaction Survey was implemented because of the interest expressed by the program director to evaluate the program. The master report of the evaluation was submitted to the Homemaker Service of Lane County under the title "Report of the Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County, 1979." Chapter IV (Findings) of this report, "Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County," is a condensed version of that found in the master report. The reader is referred to the master for more detailed descriptive tables found in that report.

The Homemaker Service of Lane County, a private non-profit agency in Eugene, Oregon, is administratively linked to the Family Counseling Service of Lane County. It has its roots in a Homemaker Service program begun in Eugene about 16 years ago as a private non-profit program with funding from a special two year federal Homemaker grant. It was designed to provide service to the community in general, without focusing on any particular target group. Although the program was popular the community did not pick up funding for the program when the grant ran out.

As City/County Revenue Sharing became available for social services an Ad Hoc Committee, composed of representatives of a variety of local public and social service agencies, was formed to study how a new Homemaker program might be developed with use of some revenue sharing funds

as seed money. Part of the mission of the committee was to find a community agency that would be willing to serve as an umbrella agency. The group decided to follow the model of the Multnomah County and Salem Homemaker Service programs in which a family service agency filled this role. The Family Counseling Service of Lane County in turn accepted this role and relationship with the new Homemaker Service program.

The new program began with \$10,000 of Revenue Sharing money, one part-time supervisor, and 7 Homemakers. Within six months of being established, the program had a contract with Adult and Family Service and had received additional funding from the United Way. As with its predecessor, this program sought to provide service to the entire community, rather than attempting to serve any particular segment of the population. However, shortly after the new program began an increasing amount of money began to be available through the Administration on Aging. This money began to be an important source of support for the Homemaker program and as a result, since its founding, the program has probably served a larger percentage of elderly clients than any other client group. This Homemaker Service of Lane County currently has nine funding sources and provides personal care and a housekeeping service in addition to the homemaker services.

The Homemaker Service of Lane County descriptive brochure describes the program and services provided in the

following manner:

Homemaker Service is an agency supervised program designed to prevent, postpone, or shorten institutional care by providing part-time help with household routines and personal care. It combines the skills of both social worker and homemaker to strengthen and support people in their own homes as long as it is safe and practical for them to be there.

The groups of clients currently served by the Homemaker Service of Lane County include: the Elderly (age 60 and over), Families, and Other Adults. The fee for service is based upon a sliding scale. The cost of service for individuals with a limited income is often paid in full or is subsidized by other funding sources. For the Elderly, these include OPI (Oregon Project Independence), AFS (Adult and Family Service), and United Way; for Family clients, CSD (Children's Services Division), Birth to Three New Parent Project (an organization designed to provide support services to families with children 3 years of age or under), and United Way; and for Other Adult clients, AFS (Adult and Family Services), Community Mental Health, and United Way.

During the fiscal year July 1, 1978 to June 30, 1979 the operating budget of the Homemaker Service of Lane County was \$217,198. The agency served a total of 1004 persons (this total includes all family members residing with the primary client receiving service). The categories into which this total is divided are based upon the status of the primary client being served. On this basis 58% of the

1004 persons served, or 582 people, were Elderly clients, 30% or 301 persons were Family clients and 12% or 120 persons were Other Adult clients. This totals 1003. The "missing person" is accounted for by a fraction of a percentage being represented when each of the percentages is multiplied by 1004. At the time the Homemaker Opinion survey was distributed in February 1979, the Homemaker Service of Lane County employed a total of 4 full time and 19 part time Homemakers; a director of the Homemaker program; 2 Homemaker supervisors; and one full time office staff person. The program also received and utilized services of the executive director and the support staff of the Family Counseling Service with which the Homemaker Service is affiliated.

Agency interests in doing a program evaluation stemmed from 1) an administration and staff belief they were doing a good job and a desire to be able to demonstrate this more tangibly to current and potential funding sources; 2) awareness there may be program areas warranting improvement or change and interest in pinpointing them; and 3) a recommendation from the National Council for Homemaker-Home Health Aide Services, Inc., in their 1978 accreditation review, that staff should be more involved in evaluating the service and that consumer opinion be solicited regarding the effectiveness of the service. In addition, the Oregon Council of Homemaker Services, which is composed of representatives of

each of the private non-profit Homemaker agencies in the state, stresses the importance of Homemaker agencies developing systems of ongoing program evaluation as part of an overall quality assurance effort.

I began working with the Homemaker Service of Lane County in September 1978 to help develop a system of program evaluation for their agency. The program supervisor and I decided that I would work to develop a means to solicit client and staff opinions about the quality of the program and service and some measure of their level of satisfaction, as recipients and providers of the service respectively. The primary aims of this evaluation were to provide an additional indicator of accountability to current and potential funding sources and to serve as a tool for program planning and staff development. Although distribution of the instruments to Homemakers and former clients was intended as a single effort, it was hoped and anticipated that the instruments might be refined and in the future mailed to all former clients immediately upon termination, and periodically distributed to all Homemakers. This initial effort was in part intended to determine what kinds of information might be most useful to funding sources and for internal agency use and to subsequently make appropriate changes on the instrument.

Significance of this Study

This program evaluation is of significance because relatively little has been done in the area of Homemaker Service program evaluation at the local, state or national level. Most program evaluation practitioners will agree upon the importance of building in an evaluation component to any program in the early stages of program planning, noting that not only does this provide an accountability measure from the onset, but that it also facilitates the collection of necessary data in a format that is easy to use. Homemaker Service specialists throughout the country also seek to avoid the abuse scandals that have plagued nursing homes in recent years and seem to see program evaluation and monitoring systems as important means to help do so.

Several trends in the U.S. suggest that the use of Homemaker Services will continue to grow in the coming years. These include the move toward de-institutionalization of health care, rising health care costs, and increasing preference of many people to avoid out of home care (i.e., hospitalization, nursing home, foster care, etc.) if appropriate care can be provided and is available at home. Consistent with the recommendations of program evaluators, Homemaker Service specialists seem to feel the importance of building program evaluation components into growing programs.

Although there has been a considerable amount written about the usefulness of Homemakers in working with a wide variety of populations, there is little in the literature or available from the National Council of Homemaker-Home Health Aides, Inc. specifically about evaluating Homemaker Service programs. Resources found seemed generally geared to evaluation from a cost effectiveness, cost accounting approach. There is a dearth of information in the literature about the use of outcome measures or client or staff satisfaction measures in evaluation of Homemaker Service programs.

Purpose of Study

The purpose of this study was to lay the groundwork for an ongoing program evaluation system of the Homemaker Service of Lane County which incorporates the observations and opinions of consumers (former clients) and Homemaker staff about the quality of service provided clients and the quality of the work environment for staff. It was intended that information from this study be used to provide support to funding proposals and to assist in internal program planning and development. Two instruments were developed to solicit these opinions: 1) the Homemaker Opinion Survey and 2) the Former Clientele Satisfaction Survey. It was hoped this exploratory study would inform decision making about

types of information and instruments that might be most useful in continuing program evaluation efforts.

Definition of Terms

The following definition of terms is designed to assist the reader in understanding of this program evaluation report.

Homemaker-Home Health Aide Services

. . . are supervised in-home services which are a response to social service and health needs and are tailored to the many and varied daily living requirements of people. The services are structured to support, reinforce and/or enhance the self-sustaining capacities of individuals and families.

The knowledge and skills required in the provision of Homemaker-Home Health Aide Services can be clustered in four primary areas:

- 1) Personal care and nutrition,
- 2) Mechanical household maintenance activities,
- 3) Inter-personal relationships,
- 4) Community resources.

Homemaker-Home Health Aide services augment and extend the wide range of social welfare and health services designed to maintain, improve, or support the social and physical functioning of families and individuals in their homes and communities (Juvenile Welfare Board In-Step-Project-United Way of Pinellas, 1973).

Homemaker Service

An agency whose programs, functions and services are essentially the same as those of a Homemaker-Home Health Aide Service, but which is authorized to perform a more limited range of personal care functions.

Homemaker

The Homemaker is an agency employee who functions as a team member, which may consist of social worker,

caseworker, and a combination of other professionals such as public health nurse, physician, physical therapist, nutritionist, etc., in providing services to individuals and families in their homes. These services may include: household tasks, personal care such as meal preparation, shopping, laundry, assistance with bath or hair care, and providing information about other community resources from which the client may benefit. A teaching function may also be involved in areas of budgeting, household management, parenting skills, and the like.

Homemaker Supervisor

The Homemaker Supervisor has responsibility for recruitment, selection, training, and assignment of Homemakers; coordination of Homemaker's duties with all agency staff and other community agencies; and public interpretation of the service. In some agencies the Homemaker Supervisor may also have some administrative responsibilities which may include maintenance of records; reporting to funding sources; grant writing; work with Advisory Board; providing leadership in program direction; etc.

Client

Individual or member of a family currently receiving service from a Homemaker employed by a Homemaker Service.

Former Client

Individual or member of a family who has in the past received services from a Homemaker, employed by a Homemaker Service, but who is not currently receiving service and whose case has been closed. Case may be re-opened at some time in future if need occurs and individual would again be considered a client.

Out of Home Care

Care offered only in a setting away from home, such as a hospital (treating either a physical or emotional condition), nursing home, foster home, etc.

Institutionalization

The act of confining a person to an institution. For purposes of this discussion it will generally mean confinement to a hospital, nursing home or foster home.

Basic Assumptions and Questions

to be Answered

The decision to do and the design of this study was based upon some basic assumptions held by the Homemaker Service agency administrator, program director, and the program evaluator. These include the following:

- there is benefit in providing Homemaker Service to assist individuals and families remain at home when a health and/or social problem threatens their self sufficiency or to assist their return to their own homes after specialized care.
- program evaluation is an appropriate activity for individual social service agencies to undertake.
- the results of a program evaluation may provide a measure of accountability to program clients, consumers, and funders.
- the results of a program evaluation may provide support to funding proposals.
- there is value in involving agency clients and staff in evaluation of services received and provided, respectively.
- in any program there is generally room for improvement in quality of service, service delivery, procedures, and conditions of employment.
- the results of a program evaluation (implemented through distribution of the Former Clientele Satisfaction Survey and Homemaker Opinion Survey) might suggest target areas for such improvement.

The background and current status of Homemaker-Home Health Aide Services in general and the Homemaker Service of Lane County in particular; the state of the art in Homemaker Service program evaluation; the assumptions noted above and the purpose of this particular study led to consideration of the following questions in the study:

-What are Homemaker opinions about things such as agency training, personnel policies, paperwork and meetings, case management, supervision, scheduling, Homemaker interaction, and Homemaker-Client matching?

-What is the relationship of Homemaker age, education, length of employment by the Homemaker Service of Lane County, and the history of having had Homemaker training prior to employment by the Homemaker Service of Lane County to Homemaker opinions expressed about quality of agency service provided and agency functioning?

-What are the Homemaker and Former Clientele opinions about the types of clients for which the Homemaker Service of Lane County is the most effective in preventing, postponing or shortening the need for out of home care?

-What are Homemaker and Former Clientele opinions about the personal qualities they feel are most important for a Homemaker to have?

-What things do Homemakers like most and least about working as a Homemaker and working for this particular agency?

-What are the basic demographic characteristics of former clients who respond to the survey?

-What are the opinions of former clients about areas such as quality of their Homemaker's work; scheduling; Homemaker-Client matching; and degree to which their expectations were met?

In the chapters to follow, selected literature related to social service accountability and program evaluation, and to the history and evolution of Homemaker Service programs will be discussed; the methodology used in this study will be outlined; and the findings will be presented and discussed.

CHAPTER II

LITERATURE REVIEW

The purpose of this chapter is to explore literature relevant to social service program accountability; the state of the art of program evaluation; and to the evolution of Homemaker Service programs and their evaluation. It will be divided into two sections:

- a) Accountability and Program Evaluation
- b) History and Program Evaluation of Homemaker Services.

Accountability and Program Evaluation

Social service program accountability and program evaluation are issues that have received much attention since the broad scale spending of the War on Poverty Program of the 1960's. Since the 60's there has been increasing criticism of social service programs and their ineffectiveness and inefficiency (Rosenberg & Brody 1974). Social workers have increasingly been called upon to help develop and implement systems to demonstrate program and professional accountability and in so doing to become involved in program evaluation.

During the 60's it quickly became evident that social

problems were not going to be readily solved even with a multi-faceted, well financed approach such as that of the Office of Economic Opportunity. Politicians, consumers and other taxpayers became skeptical and, feeling programs should be responsible to them to accomplish what they set out to do, began to call for more assessment of program activity (Hopps 1975). Reinherz, et al. (1977), in their article "Training in Accountability: A Social Work Mandate," state:

Increasingly, social workers are being required to participate in a multiplicity of procedures to enhance accountability. Such mechanisms as treatment evaluation and peer and utilization reviews have been mandated and are being carried out in health and social welfare agencies throughout the country.

Social workers generally must be accountable to the consumer/client, the agency and the profession.

Definitions of accountability vary. The American Heritage Dictionary of the English Language defines accountable as "1) answerable, 2) capable of being explained." The Encyclopedia of Social Work section on accountability suggests that in its most basic sense it simply means responsibility, but that "another function of service accountability is the evaluation of programs from the standpoint of efficiency, effectiveness, and equity" (Hoisington 1977). Emanuel Trop (1974), distinguishes between the concepts of accountability and effectiveness. He views accountability as the "product of intent" and effectiveness as the "level of performance that derives from being accountable." The

latter is viewed as the issue of proof one more stage removed.

In their article "The Crisis of Accountability," Newman and Turem (1974) suggest that to be accountable involves addressing a real problem that can be remedied. It is their belief that accountability involves more than "quality of service;" that it includes identification of the problem, goal formulation and an assessment of the program in reducing social problems. In "The Threat or Challenge of Accountability," Rosenberg and Brody (1974) suggest that in order to build social service accountability greater conceptual clarity is needed in regard to what social services intend to accomplish. In turn, "social services that incorporate accountability must be designed to accomplish:

- a) explication and definition of their long range goals
- b) specification of objectives to be put into operation and
- c) the development of feedback mechanisms that permit outcome assessment."

The preceding definitions and discussion of social service accountability all suggest that it involves a process of assessing and being able to report (thus being answerable) the extent to which a given program is moving toward its goals and objectives with what level of effectiveness, efficiency and equity. The literature suggests growing competition for limited social service fiscal

support and increasing consumer participation and activism are currently increasing the pressure on programs to be accountable. Newman and Turem (1974) discuss major reallocation of federal social service funds during the early 70's and then state:

Accounting of this information is meant to remind social workers that fiscal and human resources are not unlimited even in this affluent nation and choices must be made among goals for programs.

The authors also suggest that in absence of a market mechanism in the public sector, by which individual tastes can be expressed and individual offerings may be accepted or rejected, an accountability system serves to express the value of various social services. In "An Operational Model to Achieve Accountability for Social Work in Health Care" Spano, Kiresuk and Lund (1977) quote John Westermen, Administrative Director of University of Minnesota Hospitals, in his 1975 address to the Society of Hospital Social Service Directors meeting in Atlanta, Georgia. In his address Westerman asserted:

The provider segment (of the health care system) which will capture consumer enthusiasm will be the one with the most clearly developed accountability system. As service recipients become more enlightened and discerning, they will be most likely to fully utilize facilities with an explicit commitment to assess their effectiveness according to meaningful public standards and to use this information . . . to continually refocus their activities on evolving human needs.

Although pressure exerted by funding sources and/or

consumer groups may frequently be precipitating factors for agency and administration adoption of particular accountability procedures, the literature points to the desirability for an administrator taking a proactive rather than reactive role in accountability. Hoisington's article on accountability (1977) quotes Amitai Etzioni as he talks about administrators exerting their own influence in accountability. He states:

The object is not to fly in the face of reality or power groups, not to wildly pursue Utopian notions of social justice or accountability--such an administrator is all too likely to be quickly expelled--but to help shape, mobilize, and combine the vectors which determine the unit's direction and accountability model so as to bring them closer to the desired system.

Etzioni's comments suggest a process. This accountability process is generally referred to as program evaluation.

Program evaluation has its roots in experimental research, but in contrast to the knowledge and theory building emphasis of the experimental or scientific method, a primary objective of evaluation research or program evaluation is for use in informing social service program decision making. Weiss (1972) and Suchman (1967) note that:

The popularity of the concept of "evaluation" has grown rapidly in the last 20 years. That in combination with its lack of a firm theory base have contributed to a multiplicity of definitions of evaluation, evaluation research and program evaluation; with the terms being used interchangeably by some and given distinct definitions by others.

This discussion will not examine the varying definitions, but consider the trends. Much of the literature about evaluation efforts seems to focus on evaluation as an assessment of a program's success in achieving its goals and objectives (outcome or effectiveness evaluation) (Weiss 1972b; Suchman 1967; Coulton & Solomon 1977; Jones & Borgatta in Mullen, Dumpson & Associates 1972). However, there is a growing trend to de-emphasize outcome evaluation and to include assessment of program process and cost in discussion of evaluation efforts (Caro 1977; Patton 1973; Chommie & Hudson 1974; Hargreaves, Attkisson & Sorensen 1977; Hagedorn, Beck, Neubert & Werlin 1976) and to give more attention to factors such as the purpose of the study; the audience of the evaluation; types of decisions pending and types of information needs of the decision makers; and time, monetary and staff resources available to perform an evaluation when deciding upon the type of evaluation to do and methodology to use (Weiss 1972b; Patton 1978; Caro 1977). Caro (1977) states, in his article on program evaluation, in the Encyclopedia of Social Work that:

Evaluation approaches vary according to the dimension of the program process with which they are concerned. In some cases evaluation is concerned with matters that precede the intervention, such as the appropriateness of the program's goals, the logic of the program's rationale, and an organization's capacity to conduct the program. In others, it is concerned with the program's operations . . . In still other cases, the focus is on the program's outcomes. . . . Concern about the relationship

of costs to program operations and outcomes is a final major concern of evaluation.

Carol Weiss (1972b) notes that "the experimental model that has long reigned as the ideal (if often neglected) design for evaluation research has recently been challenged on several grounds" and she indicates that "many other designs are used in evaluation research--case studies, post-program surveys, time series, correlational studies, and so on." Michael Patton (1978), in his book Utilization-Focused Evaluation, stresses the idea that "evaluation research ought to be useful" and dismisses the idea that the experimental design is necessarily the most useful in social service program evaluation. He contends, with Weiss, that prerequisites to usefulness include evaluation design and methodology decisions that take into account factors such as audience of the evaluation, types of decisions pending, and the information needs of the decision makers. He takes these ideas a step further and suggests the involvement of the information users and decision makers in decisions regarding design and methodology.

History and the Evaluation of Homemaker

Service Programs

A Homemaker-Home Health Aide Service, or Homemaker Service as it is sometimes called, is a professionally supervised paraprofessional home-help service successfully used both by social welfare and by health oriented agencies

(Hunt 1977). Homemaker Service agencies are rooted in a movement during the first decade of this century, by family welfare agencies, to send women into homes with children to help care for the children of hospitalized women or to care for ill mothers and their children together in their homes. The development of what is considered the first organized Homemaker Service, in 1923 by the Jewish Family Welfare Society of Philadelphia, prompted other family and child welfare organizations to begin similar programs to supplement child care. Growth of such programs was slow during the next two decades. During the Depression of the 1930's housekeeping aide programs were developed by the Federal Works Progress Administration. Although their primary purpose was to train and employ needy women, their skills were effectively used by the various health and welfare agencies for which they worked to provide in-home care for aged persons, disabled or chronically ill and families with children (Hunt 1977; Watkins 1969).

Two key events in the firm establishment of Homemaker Service programs in this country were conferences held on the subject in 1937 and 1939 by the U.S. Children's Bureau, in recognition that this service was an essential tool to prevent unnecessary foster care placement. The National Committee on Homemaker Service, which has been a guiding force in the development of Homemaker Services since, was established at the 1939 Conference. In 1962 it became the

National Council for Homemaker Services and in 1971 it changed its name to the National Council for Homemaker-Home Health Aide Services, by which it is known today. According to Elizabeth Watkins (1969), composition of this group, since its formation, has represented "the kind of coordinated effort and activity among voluntary and governmental organizations which continues to be an important characteristic of the Homemaker field in the United States."

The 1940's and 50's saw a gradual, but steady increase in the number of Homemaker Service programs. The 1960's and 70's have brought rapid expansion and diverse developments in Homemaker Services, especially in services for the sick and elderly. An event instrumental in this growth was a 1959 conference that the National Committee on Homemaker Service requested the U.S. Children's Bureau initiate "in recognition of its importance to children as well as to the elderly, the sick and the disabled" (Hunt 1977). People representing a diverse array of special interests, including the elderly, children, and home care for the sick participated in the conference. The 1962 establishment of the National Council was an important outgrowth of the conference. The Council is as Hunt (1977) notes:

A nonprofit membership organization whose goal is to make available unified Homemaker-Home Health Aide Service of good quality in all sections of the United States and Canada. The service would be for families and individuals in all economic brackets who experience disruptions

in functioning owing to illness, disability, and social or other problems and need in-home help to achieve or retain independent functioning and self-sufficiency.

A Code of Standards was developed by the Council in 1965. The Council subsequently developed an approval and accreditation procedure for Homemaker and Homemaker-Home Health Aide programs wishing to apply. To date this procedure probably serves as the major "program evaluation" mechanisms for many Homemaker-Home Health Aide programs. Roberta Hunt (1977) states, in the Encyclopedia of Social Work, that "the National Council for Homemaker-Home Health Aide Services is greatly concerned that controls over quality of service are not keeping pace with the rapid expansion of services." She goes on to express concern that while federal appropriations are allowing for expansion of services, including those of proprietary agencies, they are not simultaneously supporting and strengthening the quality control and monitoring systems of these services. The next few pages of the chapter will discuss references in the literature to importance of such systems.

Articles by Moore (1977); Somers & Moore (1976); Starr (1975); and Winston (1978) all discuss the need for more emphasis to be placed on quality assurance and program evaluation aspects of Homemaker-Home Health Aide programs. Florence Moore (1977) points to the rapid growth of Homemaker programs in recent years prompted by increased

availability of federal funds for this purpose. She goes on to suggest that fragmentation in administration of these funds often result in inadequate provision of monitoring, quality assurance and program evaluation systems. Moore (1977) notes that

far too many agencies providing in-home services have gone through no external review of their standards of performance and have not established utilization review or similar procedures routinely.

According to Moore (1977), concern over quality of service provided in an in-home setting was voiced by many testifying at the HEW 1976 regional hearings. She notes that

there are many signs that the challenge of preserving quality in-home care is not being met under present programs and that this field may fast become as scandal-ridden as the nursing home field.

Moore (1977) raises a call to action to in-home care programs to quickly develop quality assurance, program monitoring and evaluation systems in order to avoid the risk of damaging gains, made in these programs in recent years, by a scandal that might ensue out of "abuse of patients, exploitation of workers, and costly overuse or inappropriate utilization of services." She also views the development of such systems as a step toward readiness for active participation in a national health plan which she views as inevitable.

Anne Somers and Florence Moore (1976), in an article appearing in Public Health Reports, ask the participation of

health professionals, along with the government and consumer representatives, to help implement eight recommendations they feel will help Homemaker Services meet their full potential. Two of them are directly related to program quality, effectiveness and efficiency. Recommendation two states: "agree on standards to assure appropriate, safe, efficient, and effective services, and on one or more mechanisms for approval or accreditation of programs meeting such standards," and recommendation four reads: "agree on basic record keeping and accounting procedures to provide an essential data base for quality controls and for actuarial estimation of the cost of insurance coverage."

Concerns about the quality of in-home care, particularly Homemaker-Home Health Aide Services, are also voiced in a paper presented by Janet Starr, Executive Director, Coalition for Home Health Service in New York State. Starr (1975), quoted testimony of the National Council of Homemaker-Home Health Aide Services before the House Ways and Means Committee on September 19, 1975 in regard to then proposed legislation, the Health Revenue Sharing and Health Services Act, which provided for the establishment of new home care services. The Council representative testified:

While we strongly endorse the expansion of Home Health Services and particularly Homemaker-Home Health Aide Services, we believe that far greater emphasis on standards and expansion of the monitoring components should take place concurrently or prior to expansion of the service. Trying to build in quality after the

fact becomes exceedingly difficult as has become sadly evident in other health care programs.

Starr mentioned that, through the Advocacy Project of the National Council for Homemaker-Home Health Aide Services, a program was underway in nine communities, at the time her paper was presented, to test a new way of expanding in-home services with quality assurances built in from the start but she did not elaborate.

Attention is given to standard setting and monitoring also in Ellen Winston's paper "Closing Institutions--Factors Behind A Gradual Shift in Social Attitudes." Her points are very similar to those of authors previously cited in stressing the importance of developing and supporting in-home care and community based programs as alternatives to institutionalization. She does not focus on a particular age group or segment of the population, but feels availability of these alternatives on a coordinated basis are important for all segments of our society. Her concerns echo those noted previously including reluctance to see those programs expanded rapidly without adequate definition of program quality and provision of an adequate monitoring system. In discussing recommended "next steps" in developing the system for the provision of essential care services to people she states: "national standards are essential to the provision of quality care." Winston (1975) raises particular concern

about the lack of standards for services to older adults, and points to the preferability of not offering a service, regardless of level of need, than to offer a substandard service. Winston also notes that monitoring of standards is the backbone of quality of care, stating:

Requiring that agencies meet standards is of little avail unless there is consistent monitoring of performance and prompt, strong action when there are violations. Certification that national standards are met involves objective third part review.

Despite the number of references in the literature to the importance of developing and implementing strong quality assurance and program monitoring and evaluation systems for in-home care programs, particularly Homemaker programs, there is a dearth of information in the literature about actual systems that have been implemented or program evaluation studies that have been done. Such references that were found include a chapter entitled "Program Planning and Evaluation" in the 1974 edition of Widening Horizons, The Teaching Aspect of Homemaker Service: A Guide; an article about a study done by Gary A. Fashimpar and Richard M. Grinnell, Jr., entitled "The Effectiveness of Homemaker-Home Health Aides" appearing in the February 1978 edition of Health and Social Work; two articles distributed by the National Council for Homemaker-Home Health Aide Services, Inc., "Interpretation of Standards for Homemaker-Home Health Aide Services," and "Guide for Evaluation of Homemaker

Service;" and some correspondence with the National Council about the current status of program evaluation of Homemaker programs.

The stated purpose of the "Program Planning and Evaluation" chapter is "to highlight the nature of evaluation research as a basic tool to help administrators of Homemaker-Home Health Aide agencies determine program effectiveness," and in addition "to identify some of the problems and pitfalls to be wary of when planning and conducting an evaluation of the teaching or any other component of their services." This chapter provides a brief (11 page) survey of major considerations in contemplating and planning a social service program evaluation, citing work of prominent writers in the field such as Michael Scriven, Peter Rossi and Walter Williams, and Carol Weiss. This survey is quite cursory and gives very little attention to potential program evaluation needs or problems that may be unique to Homemaker Service programs. However, it takes some of the mystique out of program evaluation by presenting this clear cut, easy to understand outline of the field. It ends with a selected bibliography divided into three sections: Evaluation Research Methods, Homemaker Service Evaluations, and Evaluations of Social Service Programs.

The article by Fashimpar and Grinnell (1978) presents the results of an empirically based research project that focused on the objectives of

Homemaker-Home Health Aides, the quantity and quality of their services, and their roles as perceived by their clients. . . . Implications derived from the findings are discussed for the effective utilization of Homemaker-Home Health Aides in generic social work.

It was the only empirically based study of a Homemaker-Home Health Aide Service found in the literature, involving either clients or staff. Fashimpar and Grinnell (1978) report the study was conducted in the second largest Visiting Nurse Association in the country, located in a large southwestern metropolitan area. Although the design of Fashimpar and Grinnell's research project and that of the program evaluation under study are quite different, they share some common elements. These include attention given to the quality of service, and questions included in both studies about the services clients expected their Homemaker or Home Health Aide to perform and those that were actually performed. I feel this study is instructive for Homemaker-Home Health Aide personnel who are involved in any stage of quality assurance, program evaluation or monitoring systems to read, not only because it seems to be one of the few, if not the only, empirical study done in the field to date, but also because it suggests some important areas to include in such a study and points to some important methodological considerations.

I wrote to the National Council for Homemaker-Home Health Aide Services, Inc., to request information about

program evaluation of Homemaker Services, guidelines they might suggest and trends in federal legislation that might mandate particular types of monitoring or accountability procedures. A reply from Mrs. Mary Walsh, Program Director, stated,

We believe an outside accreditation/approval program provides the most objective procedure for determining the quality of an agency's delivery system. Procedures used by the Council in accrediting agencies have combined professional judgment and objective indicators.

She goes on to discuss the fact that the federal government seems unwilling at this time to develop and monitor standards for Homemaker-Home Health Aide Services, outside of Medicare regulations. The emphasis of current federal legislation seems to be developed from a "root out fraud and abuse" perspective rather than a positive, preventive stance. Mrs. Walsh notes that some states "have taken a positive approach and recognize the National Council's accreditation process in their state plans and require their agencies to meet the Council's standards."

One of the basic standards set by the Council calls for periodic evaluation of all aspects of the program. "Interpretation of Standards for Homemaker-Home Health Aide Services" written and published by the National Council for Homemaker-Home Health Aide Services (1976) lists standard 13 and provides the following interpretation:

XIII. The governing authority shall evaluate through regular systematic review all aspects of its organization and activities in relation to the service's purpose(s) and to community needs. Annual reviews and periodic in-depth self-studies of the agency's service are required so that its effectiveness and efficiency can be evaluated. Broad participation from all groups-- the board, committees, all levels of staff including the Homemaker-Home Health Aides, and consumers of the service should be included in the analysis of the service.

Stephanie Stevens (1978), suggests that Homemaker Service program evaluation should involve, from the onset of the program, an ongoing quantitative and qualitative assessment of both individual program components and the program as a whole. She views the purpose of such evaluation as a means to determine the degree to which Homemaker program goals and/or objectives are achieved. Stevens (1978) states:

it provides visibility of the objectives accomplished, results which were achieved or not achieved; problems which impede progress; and the steps taken or planned to correct the deficiencies.

Mrs. Stevens provides a page and one half introduction to the purpose and possible uses of evaluation and devotes the remaining 9½ pages to suggestions of a variety of criteria, divided into quantitative and qualitative measures, that might be used in evaluating Homemaker service programs.

In reviewing the literature relevant to Homemaker Service program evaluation, it is evident that an increasing amount of attention has been given to social service program

accountability by consumers, taxpayers, funding agencies, politicians, agency employees; and to accountability to one's profession, etc. since the early 1960's. The literature discusses the theory, design and implementation of a variety of program evaluation, quality assurance and monitoring systems that may be used and adapted for use in a wide range of social service programs to measure accountability. Despite the rapid growth of in-home care programs, particularly Homemaker programs, since the early 1960's, there has been seemingly little interest on the part of the federal government and of many state governments in developing and monitoring standards for Homemaker-Home Health Aide Services. This combined with the belief held by the National Council that an outside accreditation/approval program provides the most objective procedure for determining the quality of an agency's delivery system, seem to contribute to the lack of information in the literature focused specifically on Homemaker Service program evaluation.

It appears that the work done by the National Council in developing a set of standards and subsequently devising an approval and accreditation process throughout the country have been the most frequently used instruments for measuring program quality and thus serving as an accountability device. Inasmuch as accreditation standard 13, noted previously, proposes the periodic evaluation of all aspects of the organization, it seems likely that as more programs

throughout the country are approved and accredited that the onus will fall upon those individual agencies to design and implement more comprehensive and sophisticated program evaluation systems. As this occurs one might also expect to see increasing direction, guidelines, suggestions, and references available from the National Council on developing and implementing program evaluation systems. In the meantime it seems it will be up to individual Homemaker-Home Health Aide programs to make initial efforts and subsequently refine their approaches to ongoing program evaluation in order to meet their internal needs for program planning and development; and external needs for accountability to consumers, taxpayers, funding sources and the profession.

CHAPTER III

METHODOLOGY

This two part evaluation research exploratory study primarily utilized a descriptive approach, but also incorporated some aspects of a correlational design. Two separate surveys were designed and distributed to two different groups of people as part of this study. The first was a "Homemaker Opinion Survey," and the second a "Former Clientele Satisfaction Survey." A structural purposive sample, as described by Smith (1975), was used in soliciting Homemaker opinion. All Homemakers employed by the Homemaker Service of Lane County in February, 1979 were included in this sample. A cluster time sample (Smith, 1975) was used in selecting former clientele to whom to distribute the "Former Clientele Satisfaction Survey." All clients of the Homemaker Service of Lane County whose cases were terminated from October 1, 1978 through March 31, 1979 were chosen. These clients fell into three general categories of service recipients: Elderly (60 or over), Families, and Other Adults. Due to the small number of individuals employed as Homemakers (23) by the Homemaker Service of Lane County at the time the survey was done the opinions of all were solicited.

Drawbacks to using only clients whose cases had been closed in sampling client opinion, and the variation in the length of time the case had been closed at the time the questionnaire was distributed were considered. The drawbacks included possible presence of the "halo effect;" effects of maturation or changes in the internal consistency of the group of subjects studied (i.e., age, health, family or living situation, etc.); and differential mortality of the sample. For purposes of this exploratory study, it was felt these concerns in selection of the sample were offset by the fact the service had been completed and thus client opinion about the service would be more likely to be stabilized and hopefully the effects of intervening variables minimized.

Construction of the items in both the Homemaker and Former Clientele questionnaires was based upon discussions with the Homemaker program director, who had initially expressed interest in doing a program evaluation, about her needs for various kinds of information; discussions with several Homemaker staff members about items they felt ought to be included in the questionnaire; information obtained about Homemaker Service programs in general and the needs for program evaluation from the literature; and upon information and ideas obtained from having attended a meeting of the Oregon Council of Homemakers and talking with staff of several other Homemaker Service programs. The literature

was consulted on theoretical and technical aspects of evaluation research and survey design and implementation. Each of the questionnaires began with items designed to collect demographic data on the Homemakers and former clients respectively, was followed by a section composed of a series of statements to which each of the respondents was asked to register his/her level of agreement on a 5 point rating scale with a sixth category for "no opinion;" and concluded with several multiple choice and open ended questions.

Field testing the Homemaker questionnaire involved giving the cover letter and questionnaire to two Homemakers and asking them to complete it in the Homemaker office. Upon completion, the evaluator asked them to comment on any items they felt were difficult to understand or too personal and also to note any additional items they felt ought to be included in the questionnaire. A similar procedure was followed in field testing the Former Clientele Questionnaire. Ten former clients whose cases had been closed during the last year were randomly selected. Individuals from this list were called and five found to field test the questionnaire. A current address was obtained for each so the questionnaire could be mailed, and an appointment was made for the program evaluator to visit them in their home to discuss the questionnaire after they had had an opportunity to complete it. During the home visit the same topic areas were discussed with them as had been discussed with the

Homemakers. Several changes were made in both questionnaires after having field tested them. Due to the small number of Homemakers, (23), employed by the agency at the time the questionnaire was being developed and distributed those who field tested the questionnaire were retained as part of the sample to which the Homemaker Opinion Survey was administered. The former clients who field tested the Former Clientele Satisfaction Survey were not included in the sample to which that questionnaire was administered.

Data collection for the two parts of this study was different. The final form of the Homemaker Opinion Survey and cover letter (see Appendix B) was distributed by the evaluator to all the Homemakers employed by the Homemaker Service of Lane County in February, 1979 at their February 21st training meeting. Prior to the distribution, a few comments were made about the aim of the study and some encouragement given for their participation. The evaluator remained in the room to answer questions they might have and completed questionnaires were returned to her.

The finalized version of the Former Clientele Satisfaction Survey (see Appendix C) was mailed to all individuals in the sample on May 12, 1979. A follow-up reminder post card was sent to all non-respondents on May 30, 1979. Only 3 of the total 46 questionnaires returned by former clientele came in after the reminder post card was mailed.

Limitations in the outlined methodology will be discussed in the final chapter, Summary and Conclusions. The next chapter, Findings, presents and disucsses the findings from the Homemaker Opinion Survey and from the Former Clientele Satisfaction Survey separately.

CHAPTER IV

FINDINGS

This chapter will be divided into major sections: one to discuss findings from the Homemaker survey and another to discuss findings from the Former Clientele survey. The format for data presentation is similar for both surveys, with subsections used to discuss separate aspects of the data. They begin with a breakdown of the demographic characteristics of respondents. The next section provides a descriptive presentation of response patterns to scaled items within cluster categories and is followed by discussion of response patterns to open ended items. Chi Square analysis was used to determine whether statistically significant relationships were present between four demographic characteristics (age, education level, length of time employed by the agency, and having had Homemaker training prior to employment by the Homemaker Service of Lane County) of Homemaker respondents and their response patterns to the scaled items. Findings are detailed, for administrative rather than theoretical purposes.

Homemaker Survey

Characteristics of the Study Sample

The survey was distributed at the end of a full day of training in February, 1979 which was attended by all 23 Homemakers employed by the agency at that time. Twenty-one or ninety percent of the Homemakers employed at that time completed the survey. Included in the 21 Homemakers completing the survey were two women who had field tested that survey several weeks previously. The responses given by the Homemakers to the demographic items on the survey, discussed below are also presented in Table 1.

Age

All of the Homemakers employed by the agency at the time the survey was distributed, and thus all of the respondents, were women. Fifty-two percent of the respondents were between 50 and 59 years of age, while 24 percent were in the 40-49 group and 14 percent fell between 30 and 39. Five percent each were recorded in the ranges of 20-29 and 60 or above. None of the respondents fell within the 19 or below age group.

Marital Status, Number of Children and Level of Education

Fifty-seven percent of the respondents reported to be married, nineteen percent divorced, fourteen percent single and ten percent widowed. The respondents noted having from

zero to ten children. The mean number was 3.29 and the largest percentage of respondents (29%) had two. The respondents' education level ranged from ten to fifteen years of schooling, with an average of 12.48. Twenty-nine percent of the Homemakers responding had thirteen years of schooling and 24 percent had twelve years.

Length of Employment by the Homemaker Service of Lane County, History of Prior Homemaker Employment, and History of Prior Homemaker Training

Twenty-four percent of the respondents noted being employed by the agency for 1½ to 2 years. (Note: when compiling the data, reported length of employment was categorized into six month segments such that 1½ to 2 years would include anything over 1 year 6 months through 2 years or 24 months, and the next category of 2 to 2½ years would include anything over 24 months through 2 years 6 months.) Nineteen percent of the Homemakers responding had been employed ½ to 1 year, fourteen 5 to 5½ years and ten percent each, 6 months or less, and 2 to 2½ years. Twenty-four percent or 5 of the respondents indicated that they had worked as a Homemaker prior to employment with this agency, with length of their prior employment ranging from 5 months to 6½ years and a mean of 2 years 7½ months. Eight of the respondents or 38 percent reported having had some Homemaker training prior to employment by this agency.

TABLE I
HOMEMAKER RESPONDENT DEMOGRAPHIC DATA

	Frequency	Percent
<u>Sex:</u>		
Female	21	100
Male	0	0
<u>Age:</u>		
19 or below	0	0
20 - 29	1	5
30 - 39	3	17
40 - 49	5	24
50 - 59	11	52
60 or above	1	5
<u>Marital Status:</u>		
Single	3	14
Married	12	57
Widowed	2	10
Divorced	4	19
Separated	0	0
Other	0	0
<u>Number of Children:</u>		
None	3	14
One	1	5
Two	6	29
Three	4	19
Four	2	10
Five	1	5
Six	2	10
Seven	0	0
Eight	0	0
Nine	1	5
Ten	1	5
<u>Education (Years completed):</u>		
Ten	2	10
Eleven	3	14
Twelve	5	24
Thirteen	6	29
Fourteen	4	19
Fifteen	1	5

TABLE I (Cont'd.)

	Frequency	Percent
<u>Years Employed at Homemaker Services of Lane County:</u>		
0 - $\frac{1}{2}$ *	2	10
$\frac{1}{2}$ - 1**	14	19
1 - $1\frac{1}{2}$	1	5
$1\frac{1}{2}$ - 2	5	24
2 - $2\frac{1}{2}$	2	10
$2\frac{1}{2}$ - 3	1	5
3 - $3\frac{1}{2}$	1	05
$3\frac{1}{2}$ - 4	1	05
4 - $4\frac{1}{2}$	0	00
$4\frac{1}{2}$ - 5	0	0
5 - $5\frac{1}{2}$	3	14
$5\frac{1}{2}$ - 6	0	0
6 - $6\frac{1}{2}$	1	5
<u>Employment Prior to Homemaker Service of Lane County as a Homemaker:</u>		
Yes	5	24
No	16	76
<u>Length of Prior Homemaker Employment:</u>		
00 yr. 05 mo.	01	20
01 yr. 00 mo.	01	20
02 yr. 03 mo.	01	20
03 yr. 00 mo.	01	20
06 yr. 06 mo.	01	20
<u>Homemaker Training Prior to Working for Homemaker Services of Lane County:</u>		
Yes	8	38
No	13	62

n=21

* Read "to and including $\frac{1}{2}$ " in second column.** Read "more than $\frac{1}{2}$ " in first column.

Responses to Scaled Items 1 - 32 and 34

Items 1 - 32 and item 34 will be dealt with as a unit in which low response scores (1 or 2) on a 5 point scale are viewed as expressing generally favorable sentiment or attitude toward the Homemaker Service of Lane County, its policies, procedures, methods of operation, etc., a scale score of 3 represents neutral sentiment or attitude, and scale scores of 4 or 5 indicate critical sentiment or attitude. A score of 6 denotes "no opinion" on a particular item. It is important to note two design problems, when discussing findings in this section, that may have some impact on the results. First, three different types of scale titles were used with the items under discussion. Items 1 - 17 used titles ranging from "strongly agree" (1) to "strongly disagree" (5), while titles ranging from "always" (1) to "never" (5) were used on items 18 through 30, and "very high" (1) to "very low" (5) were used on item 34. A potential problem exists in discussing these items as a unit since the use of different types of titles in their response scales might have different meanings for respondents and might thus affect their response patterns differentially.

However, with the exception of item 34, all items being discussed are presented in the same format and all using a 5 point response scale with a sixth option of "no

opinion." As a result, in summarizing responses to each item, the categories were collapsed uniformly across all items. A response of 1 or 2 was thus equivalent to "agreement" with the item which in turn could be equated with favorable sentiment or attitude toward that aspect of the agency, a response of 3 indicated neutral sentiment toward an item, and responses of 4 or 5 suggested "disagreement" with the item and in turn critical sentiment or attitude toward that aspect of the agency.

The other design problem of which one should be aware in reviewing the findings on these items, is the reverse directionality of four items (numbers 8, 12, 13, and 24). While all other items were written so that a response of "1" or "2" suggested favorable sentiment or attitude toward a particular aspect of the agency and a response of "4" or "5" indicated critical sentiment or attitude, the opposite is true of items 8, 12, 13 and 24. In compiling the data, an adjustment was made by reversing the scale so that a response of "1" on these four items was recorded as a response of "5", "2" was changed to "4," "4" changed to "2" and "5" changed to "1." As a result the number or percentage of respondents listed as "agreeing" with any of the items 1 - 30 suggest those expressing favorable sentiment or attitude to a particular aspect of the agency, while the number or percentage of respondents noted as "disagreeing" indicate those expressing critical sentiment or attitude to

some aspect of the agency.

To provide focus in discussing the responses to questions 1 - 30, each question has been assigned to one or more of the following eight clusters to which they apply:

1. Homemaker Training
2. Personnel Policies
3. Paperwork and Meetings
4. Case Management
5. Supervision
6. Homemaker Interaction
7. Homemaker - Client Matching
8. Scheduling

Discussion will focus upon the items in each cluster. For purposes of this discussion, response to the four items in which directionality was reversed on the survey (8, 12, 13 and 24) will be dealt with in their rectified sign. The reader is referred to Table 2 in the master "Report of the Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County, 1979" for collapsed data response patterns for each item.

The percentage of respondents in agreement with given items or expressing favorable sentiment ranged from 5 percent on items 12, and 13 (Homemaker Interaction Cluster) to 95 percent on item 24 (Case Management Cluster). The percentage of respondents disagreeing with particular items or

expressing critical sentiment ranged from zero on Item 18 (Scheduling Cluster), Items 19 and 20 (Supervision Cluster), Item 25 (Case Management Cluster), and Item 26 (Case Management Cluster and Supervision Cluster). Neutral responses ranged from zero on Item 24 (Case Management Cluster) to 53 percent on Item 14 (Homemaker-Client Matching Cluster). The reader is referred to Tables X, XI, XII, and XIV in Appendix A for a more detailed breakdown in these items.

In Appendix A the reader will find tables, corresponding to each of the eight clusters listed previously, which give the number and percentage of respondents who expressed a preference to each item in that cluster. Item responses are noted in Tables VII to XIV by number and percentage of respondents in agreement, disagreement or expressing neutral sentiment to a particular item. It may be helpful to refer to them while reading the narrative sections, which follow, on each of the clusters. Response patterns to items 31, 32, 34, which are not included in the clusters, are recorded in Table XV of Appendix A.

Homemaker Training Cluster

Sixty-seven percent of the respondents felt they had adequate training to do their job competently and the necessary skills to feel confident in handling situations as they arise on the job. A small percentage (10 and 5 respectively) agreed that initial orientation training, or inservice

training was helpful. Almost equal percentages expressed neutral sentiment to each type of training with only a small percentage of the respondents disagreeing that it was helpful. The agency may wish to explore further the initial and ongoing training needs and interests of its staff.

Homemaker Personnel Policies Cluster

Sixty-seven percent of the Homemakers responding to the survey indicated they felt the personnel policies of the agency were fair for them personally, while 19 percent expressed neutral sentiment and 14 percent disagreed with the item, expressing critical sentiment. Since specific aspects of the personnel policies were not specified, further exploration would be necessary to determine the specific elements of the personnel policies which some respondents apparently did not feel were fair to them.

Homemaker Paperwork and Meetings Cluster

Seventy percent of the Homemakers responding to the survey noted that they understood the purpose of all the paperwork they have to do for their job. Identical percentages of respondents reported agreement, disagreement and neutral sentiment on the other three items in the Paperwork and Meetings Cluster. Fifty-two percent expressed agreement

and 38 percent neutral opinions that they understood how to accurately complete all the paperwork they had to do for the job, that the amount of paperwork was about right, and that the number of meetings that have to attend each month is about right. Based upon these responses the agency may wish to explore staff interests and needs for additional training on how to do certain aspects of the required paperwork.

Case Management Cluster

Responses to items on Case Management generally expressed a fairly high, but varied, level of favorable sentiment and low levels of critical sentiment. Ninety-five percent of the respondents indicated that they did not feel the agency kept clients on the program longer than necessary. This represented the highest percentage of respondents expressing favorable sentiment to any item. High levels of favorable sentiment with corresponding low levels of critical sentiment were recorded on items 23 and 28. Seventy percent of the respondents agreed and 5 percent or one respondent disagreed that if they reported a problem or need to the Homemaker Service supervisory staff, appropriate action was taken. On item 28, only one Homemaker or 5 percent of the respondents disagreed, while sixty-seven percent agreed, that a needs assessment is made by the supervisor before the Homemaker's first visit. Agreement was expressed by about half of the respondents on two other items while no

disagreement was indicated on either of these items. Fifty-eight percent of the Homemakers responding agreed that the goals and objectives of a client's service plan are changed when appropriate and fifty-two percent agreed that the assigned Homemaker is quickly made aware of any changes in her/his client's service plan if made by someone else (i.e., supervisor).

While fifty-six percent agreed with item 7 that "in the interest of providing good service for a client, I feel a client's service plan is reviewed often enough," the seventeen percent expressing disagreement with this item is the fifth highest percentage of disagreement expressed on any item. Response to the final item in this cluster is almost equally split between agreement, neutral sentiment and disagreement, since 35 percent registered both agreement and disagreement, and the remaining 30 percent were neutral. The 35 percent agreement is the fourth lowest percentage of respondents agreeing or expressing favorable sentiment with any item and the 35 percent disagreement is the fourth highest percentage of respondents disagreeing with any item or expressing critical sentiment.

Homemaker Supervision Cluster

The Supervision Cluster has four items in common (23, 26, 27, 28) with the Case Management Cluster. The percentage of agreement on each of the items unique to this cluster

(items 9, 19, 20, 21, and 22) range from 62 to 81 percent. There is no disagreement expressed with either items 19 or 20, on which respondents were asked if they get the assistance they need from the Homemaker Service supervisory staff when handling a difficult case and whether they get that assistance from supervisory staff of other agencies also working with their client when handling a difficult case. There was only 5 or 10 percent disagreement on the other 3 items unique to this cluster. Eighty-one percent agreed they get the assistance they need from the Homemaker Service supervisory staff when handling a difficult case and 75 percent agreed they get the assistance they need from staff of other agencies also working with their client when handling a difficult case. These are the second and third highest percentages of respondents agreeing or expressing favorable sentiment on any scaled item in the questionnaire. The percentage agreeing there is adequate availability or responsiveness of supervisors when dealing with more routine matters drops off somewhat. Sixty-seven percent of the Homemakers responding to the survey expressed agreement that the Homemaker Service supervisory staff spends enough time with them when a new case is assigned for them to clearly understand the service plan and what they are to do, while sixty-two percent each agreed that they get the amount of supervision they need to do a good job, and that the Homemaker Service supervisory staff is responsive to the needs of the

Homemaker. The percentage stating disagreement on the previous three items was 10, 5, and 10, respectively, which are in the lower range of percentage of disagreement on any item.

The percentage of agreement on items 23, 26, 27, and 28 which this cluster has in common with the Case Management Cluster varies from thirty-five to seventy percent. Seventy percent of the respondents agreed that if they report a problem or need to the Homemaker Service supervisory staff appropriate action is taken, while sixty-seven percent felt a needs assessment was made by the supervisor before the Homemaker's first visit. Only one respondent, or 5 percent, voiced disagreement with the two preceding items. Fifty-two percent of the respondents noted agreement that the assigned Homemaker is quickly made aware of any changes in his/her client's service plan if made by someone else (i.e., supervisor) while no respondents voiced disagreement. On item 27 (I get the assessment sheets I need to begin a new case before my first client visit) thirty percent each noted agreement and disagreement while thirty percent expressed neutral sentiment.

Homemaker Interaction Cluster

Within the Homemaker Interaction Cluster, responses to item 11 indicated that 50 percent of the respondents agreed that Homemakers employed at this agency provide support to

one another while 15 percent disagreed and 37 percent expressed neutral sentiment. Sixty-five percent of the Homemakers completing the survey agreed that they would like more opportunity to get to know the other Homemakers and 58 percent agreed they would like more opportunity to get to know the Housekeepers. When correcting for reverse directionality (see page 46) the percentages expressed on these two items represented highest and second highest percentages of critical sentiment on any of the items.

Homemaker - Client Matching Cluster

In the Homemaker - Client Matching Cluster, forty-two percent of the respondents agreed that the skills of the Homemaker were usually well matched to the needs of the client, while 53 percent expressed neutral views and 5 percent, or one respondent, disagreed. This percentage of neutral sentiment is the highest expressed by respondents on any of the items. This percentage in conjunction with only a moderate level of agreement on this item may suggest, among other things, that the respondents are not strongly convinced that Homemaker skills and client needs are usually well matched or that this is not an area in which Homemakers feel they have much knowledge or expertise. Knowledge of this area may generally be considered more of a supervisory function. Half of the respondents agreed that the personality of the Homemaker and client are usually

matched so they are compatible, 11 percent expressed disagreement, and 39 percent neutral opinions.

Homemaker Scheduling Cluster

There was a considerable range of response among the three items in this cluster. Seventy-one percent agreed that their Homemaker visits were scheduled so that they had enough time to get to each appointment on time, while one person or 5 percent disagreed and 5 people or 24 percent voiced neutral views. A similar response pattern was observed on item 18 which states that "client visits are scheduled frequently enough for me to do what is expected of me," where 70 percent indicated agreement, none expressed disagreement and 30 percent noted neutral sentiment. On item 29 fourteen percent disagreed (seventh highest percentage of respondents disagreeing with any item) that their travel schedule of Homemaker visits was arranged as efficiently as possible so they didn't have to re-trace their steps, and 43 percent agreed while another 43 percent expressed neutral opinions.

Response to Scaled Items 31, 32, and 34

Homemakers responding to the survey seemed to feel the length of their home visits was about right. Sixteen Homemakers or 80 percent of the respondents noted they could best

serve their clients if the length of home visits was about the same, while 20 percent expressed they could best serve if the length of home visits was longer, and none indicated they felt they could best serve if visits were shorter. The respondents seemed generally satisfied with the range of types of clients with which they worked. Staff morale is the last item to be reported upon in this section. Survey results indicated that 13 Homemakers or 54 percent of the respondents felt it was high, 5 Homemakers or 25 percent felt it was average and 2 respondents or 10 percent felt it was low.

Analysis of Relationship Between Respondent
Characteristics and Respondent Responses
to Questions 1 - 32, and 34

Chi-square analysis was used to test whether an association existed between certain respondent characteristics and response patterns to questions 1 - 32, and 34. The following variables, seen as independent, were selected for study by use of the Chi-square statistic:

- Age
- Education
- Length of employment
- Whether or not Homemakers have had Homemaker training prior to employment with this agency.

Using the independent variables noted, responses of

those respondents above and below 50 were contrasted; as were those of respondents with more or fewer than 12 years of education; those with and without prior Homemaker training; and those with 0 - 1 year, 1 - 2 years, and 2 - 3 years of employment with the Homemaker Service of Lane County. The results showed no statistically significant difference, at the .05 level, between the groups within any of these "independent" variables and their response patterns to items 1 - 32, or 34. Thus differences in Homemaker attitudes cannot be accounted for on the basis of these variables. However, it was observed that older respondents, those with some college education, and those with no prior Homemaker training generally expressed a higher proportion of "agreement" or favorable sentiment responses to most items than younger respondents, those with no college, and those with prior Homemaker training. A tendency was not observable when viewing the response patterns of respondents who had been employed by the Homemaker Service of Lane County for varying lengths of time. Since there was not found to be a statistically significant relationship between the respondent characteristics studied and the response patterns to items 1 - 32, and 34, one must attribute the attitude differences to other respondent characteristics, probably components of the job itself, or a combination of these.

Responses to Questions Relating to the Effectiveness
of the Homemaker Service of Lane County in Helping
Prevent, Postpone or Shorten the Need for Out
of Home Care

Responses to questions 35, 36 and 37 indicated that respondents felt the agency was the most effective in all three areas (preventing, postponing, and shortening the need for out of home care) with clients having difficulty physically caring for themselves; the second most effective with clients having difficulty physically caring for another family member and; the third most effective with clients having emotional problems. The reader is referred to the "Report of the Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County, 1979" for tables outlining specific response patterns to these items.

Homemaker Responses to Open-Ended Questions
(Items 33, and 38 - 46)

Item 33 asked respondents what types of clients they would like more work with if they wished a different range of clients than that with which they were currently working. Only six Homemakers responded to this item. Four of those noted that they were working primarily with senior citizens and expressed interest in doing some or more work with families or with mothers of newborns. One of these four also

noted she would like more work with mental health clients. A fifth respondent noted she would like more work with the elderly. The sixth Homemaker indicated she had worked with the elderly for quite awhile and would not like to change.

Item 38 asked respondents to provide suggestions they felt would serve to improve the Homemaker Service by:

- a) making the job easier
- b) making the job more enjoyable (or interesting)
- c) helping to provide better service to clients
- d) other

Suggestions were made by twelve respondents to the "make the job easier" portion of this question. The following themes emerged in their responses:

- guaranteed availability of client's case plan prior to beginning service
- more effective and/or more extensive communication between agency supervisors and office staff regarding:
 - a. new clients
 - b. Homemaker substitutions or other changes in client's service plan
- more training on particular topics

Of the thirteen Homemakers who responded to part b of item 38 on "how to make the job more enjoyable (or interesting)," five noted they would like more opportunity to spend time with other Homemakers, to exchange ideas and to learn from one another and to socialize; four commented that they enjoyed the job a great deal right now and did not know how they could make it more enjoyable; two expressed interest in a change of chores or a reduction in the number of

housekeeping tasks they had to do.

Of the eleven suggestions made to "help Homemakers provide better service to their clients" in part c of this item, two themes emerged: interest in ongoing training to keep abreast of current developments in service delivery, and the latitude to occasionally "bend policy" and be flexible with length of scheduled visits if it seems in the best interest of the client. All suggestions were made under parts a, b, or c, of this item and none of the respondents replied to part d, "other."

Item 39 asks respondents who feel they would like more job training, to note the kinds of training they desire. Nine Homemakers replied, several listing more than one type of training they would like. The response patterns are noted in Table II

TABLE II
TYPES OF ADDITIONAL TRAINING DESIRED
BY RESPONDENTS

Type	Number of Respondents
Human behavior and communication skills, including how to work with resistant clients.	4
Parenting skills.	3
More information on various health problems, including how to recognize specific problems, and appropriate provision of health care for various problems.	3

TABLE II (Cont'd.)

Type	Number of Respondents
Child abuse and how to work with abusive parents.	2
Work with handicapped children.	1
Teaching skills.	1
Cardio-Pulmonary Resuscitation (CPR)	1

On items 40 through 45 the respondent was asked to give three opinions in rank order. Thematic response categories have been determined on each item, based upon examination of the individual responses to each item. Thematic categories and individual responses that do not seem to fit within the categories, but are one of a kind for that item, are reported for each item. The reader will find tables listing individual responses that comprise the thematic categories, in the "Report of the Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County, 1979." An attempt has been made, neither here nor in the master report to record a frequency count for specific responses. It is hoped that the data presented in items 40 through 45 may provide some ideas and areas to be more specifically incorporated in future program evaluations.

In item 40 respondents were asked to list the three personal qualities they felt were the most important for a Homemaker to have, listing the most important first. The

six categories that emerged as encompassing the individual responses were:

- desire to help
- flexibility
- good health
- pleasant personality and even temperament
- responsibility
- sense of compassion/nurturing manner

Each Homemaker was asked in item 41 to record the three personal qualities she possessed that she felt were most important in her work. The six thematic categories that were evident in item 40, were also observed in responses to this item. The following responses, which do not fit within the previously described categories, were also recorded:

- ability to get along with older people
- ability to see when changes need to be made
- active interest in working
- ease with people and helping them to feel comfortable
- enjoyment of my kind of work
- possessing necessary job skills
- willingness to learn

Item 42 asked respondents to rank order the three things they liked most about working as a Homemaker. The following thematic categories emerged:

- helping people
- meeting and working with people
- structural aspects of the job
- type of work

Additional responses given were:

- being active in the community
- earning a salary
- enjoyment of older people

In item 43 Homemakers completing the survey were asked to rank order the three things they liked least about working as a Homemaker. The emergent thematic categories were:

- physical condition of some homes in which they have to work (i.e., those that are dirty, overheated, lack necessary tools to do the job)
- some agency procedures (i.e., reports that are difficult and hard to find time to do, staff meetings, and client visits that are too short)

In addition, the following responses were also given:

- emotional drain of the job
- giving men baths
- times when they felt they had not achieved a goal with a client
- travel time and distance driven between some client visits
- unpredictable schedule

Item 44 asked respondents to rank order the three things they liked most about working for this specific agency. The themes which arose were:

- good co-worker and staff relationships
- high quality of supervision marked by characteristics such as: openness to feedback, availability to give assistance to Homemakers, efforts to accommodate employee needs, and the ability and willingness to admit their own mistakes
- structural and procedural features of the agency

In addition, respondents noted the type of work and clients.

On item 45 respondents were asked to rank order the three things they liked the least about working for this agency. The one theme which emerged was communication problems. Additional individual responses included:

- low amount for mileage
- low pay
- unspecified policy and supervision changes

About half of the Homemakers completing the survey responded to item 46. It asked whether they had anything else to add about the service they provided their clients, about their job and/or about their employment with the Homemaker Service of Lane County. Many of those who did respond used it as an opportunity, at least in part, to praise the agency and/or the program. Excerpts from the responses are listed below.

Homemaker Service is real good--the elderly really need the help. Would like to be able to spend more time with clients without hurrying and rushing.

I enjoy the training but it's the doing it after the training I need. I don't always get the opportunity to practice what I learn until a long time after and then I sometimes forget.

I feel it is a very worthwhile program and has benefited a lot of people. I feel it is a program that could expand and be a large thing; a program that saves peoples smiles by keeping them happy and in their own homes.

I feel it is primarily a positive experience.

I hope we get more for travel expenses. I am glad this service is available to the public.

I think our service is great; so is the quality of service.

This agency has given me the opportunity to satisfy my need to help others and to help them stay where they belong, in their own homes.

We have needed this kind of service for a long time. I am very happy to work for Homemaker Service.

Former Clientele Survey

This survey was mailed on May 12, 1979 to the 132 clients of the Homemaker Service of Lane County who were terminated during the 6 month period between October 1, 1978 and March 30, 1979. The survey had been field tested on clients who had been terminated between April 1, 1978 and March 30, 1979. A follow-up post card was mailed on May 30, 1979, to encourage former clientele who had not as yet returned the survey to do so. Only three additional questionnaires were returned following that mailing. A total of 46 surveys or 34 percent of the 132 surveys mailed

were returned.

Preliminary data analysis for this survey was done by general type of case and major funding source for each type.

Elderly:

- Welfare
- Oregon Project Independence (OPI)
- Community Service
- CETA

Family:

- Children's Service Division (CSD)
- New Parent Project
- Community Service
- Law Enforcement Assistance Act (LEAA)

Other Adult:

- Welfare

and by the month in which clients were terminated. Data have been summarized and collapsed for purposes of discussion here. Responses from Elderly and Family clients will be dealt with as two groups, but without regard to funding source or specific month terminated. Since only two of the twelve former clients falling into the category Other Adult returned their survey, response rates from this category will not be discussed separately. Because of varying termination rates for each month and overall response rate of 34 percent there was an insufficient number of respondents falling within the subcategories of funding source or month

terminated, to make their discussion significant. However, Table III represents the total number of surveys sent, by type of client and funding source, the number who returned the surveys, and the percentage that is of the total number sent. Of the surveys mailed two or two percent of those sent to Elderly clients, five or 13 percent of those mailed to Family clients and two or 17 percent of those mailed to Other Adult clients were returned as undeliverable. Two surveys mailed to Elderly former clients were returned with a note stating the individual had died and one was returned saying an Elderly former client was too incapacitated to complete the survey. Table III indicates that Elderly former clients whose programs were funded through Oregon Project Independence (OPI) or Community Service funds had the highest response rates, forty-one and forty percent respectively. Family former clients with services funded through the Birth to Three New Parent Project had a response rate of 45 percent, with clients funded by the Children's Services Division a thirty-eight percent response rate.

The next two subsections present and discuss the demographic response patterns for Elderly and Family former clients. The reader is referred to Table IV for specific responses to each demographic item, broken down by Elderly, Family, Other Adult, and All Respondents.

TABLE III
FORMER CLIENTELE SURVEY RESPONSE RATES,
BY FUNDING SOURCE

	Number Sent	R e s p o n s e s	
		Frequency	Percentage
I. Elderly:			
A. Welfare	29	8	28
B. Oregon Project Independence (OPI)	34	14	41
C. Community Service	15	6	40
D. Comprehensive Employment Training Act (CETA)	3	1	33
Elderly Totals	81	29	36
II. Family:			
A. Children's Services Division (CSD)	13	5	38
B. New Parent Project	20	9	45
C. Community Service	6	1	16
D. Law Enforcement Act (LEA)	1	0	17
Family Totals	40	15	38
III. Other Adult:			
A. Welfare	12	2	17
Grand Total	133	46	35

Characteristics of the Former Clientele
Study Sample

Elderly Former Clients

Sex and Age:

Of the 81 elderly former clients to whom the survey was sent, 29 individuals or 36 percent responded. On the demographic data sheet 5 people or 17 percent indicated they were male and 18 or 62 percent female. Six respondents did not check this item on the data sheet. On the age item, four of the respondents or 18 percent indicated they were between 60 and 69, nine or 31 percent each between 70 and 79, and between 80 and 89, and two people or 7 percent 90 or above. Five individuals or 17 percent did not respond to this item.

Marital Status and Level of Education:

Fourteen or 48 percent of the respondents noted they were married, 11 or 38 percent widowed, and 2 or 7 percent divorced. Two persons did not respond to this item. Twenty-one of the twenty-nine respondents answered the item on highest grade of school completed. The range was grade 4 through 14, with an average of 10.28 years.

Referral Sources:

Respondents were asked to check off any and all sources of personal referral to the Homemaker Service of

Lane County on a list of agencies and individuals. The following sources, in order of frequency reported, were noted by respondents: Senior Services, Adult and Family Services, Physician, Public Health Nurse, Home Health, Physician's Nurse, Friend, Community Health, Neighbor, Self and Counselor. The reader is referred to Table IV for a specific frequency count.

Length of Service, Most Important Reason for Initially Seeking Service and Prior Knowledge of Homemaker Service:

Twenty-four of the twenty-nine respondents noted how long they had received service. Twelve of these had received service for six months or less, with five having had one month or less service. Fifteen of the twenty former clients completing the item indicated that the most important reason they first sought service from the Homemaker Service of Lane County was difficulty in physically caring for themselves. Four others noted that difficulty in physically caring for other family member(s) was the most important reason and one other person checked "other," but did not specify the reason. Twenty-five people responded to the item on prior knowledge of the Homemaker Service. No respondents noted that they had had "very much" or "much" prior knowledge. Five reported they had "some" prior knowledge, three "little" and seventeen of the respondents noted having "very little" or no prior knowledge of the service.

Other Demographic Items:

Several other questions were asked on the demographic data sheet, including number of children, and several about the individual's living situation when the Homemaker began and stopped visiting the client and whether he/she and/or another family member(s) was/were receiving out of home care when the Homemaker visits began and ended. The reader is referred to Table IV for responses to these items.

Family Former Clients

Sex and Age:

Fifteen or 38 percent of the thirty-nine Family clients, to whom the survey was sent returned it. Fourteen of those responding identified themselves as female. One respondent did not complete this item. All but one respondent checked their age range. Nine or 60 percent were 20 to 29, three or 20 percent were 30 to 39 and two or 13 percent noted they were 19 or below.

Marital Status:

Nine respondents or sixty percent reported they were married, three or 20 percent that they were divorced, one each or 7 percent that they were single or widowed. One of the Family clients returning the survey did not respond to this item.

All but one respondent replied to the items on the

number of children and the number of children at home. The range of total number of children was one through four. Three respondents or 20 percent had one child, four or 27 percent had two children, six or 40 percent had three children and one or 7 percent had four children. Five respondents or 33 percent had one child at home, 3 or 20 percent had two at home and six or 40 percent had three children at home.

Level of Education:

The highest grade of education completed by the respondents ranged from grade 8 through 17, with a mean of 12.36 years.

Referral Sources:

The referral sources checked by Family respondents, in order of frequency were: Friend, Adult and Family Services, Children's Services Division, Counselor, Physician's Nurse, Community Health, Public Health Nurse, and the New Parent Project. A specific frequency count may be found in Table IV.

Length of Service and Most Important Reason for Initially Seeking Service:

Six or 40 percent of the respondents had received service for one month or less, seven or 46 percent one to six months and two people did not answer this item. Difficulty in physically caring for other family member(s) was

TABLE IV

FORMER CLIENTELE DEMOGRAPHIC DATA: BROKEN DOWN BY TYPE OF CLIENT
(ELDERLY, FAMILY, OTHER ADULT AND ALL RESPONDENTS)

	Elderly n=29		Family n=15		Other Adult n=2		All Respondents n=46	
	f	%	f	%	f	%	f	%
<u>Sex</u>								
Male	5	17	0	0	1	50	6	13
Female	18	62	14	93	1	50	33	72
N/R*	6	21	1	7	0	0	7	15
<u>Age</u>								
19 or below	0	0	2	13	0	0	2	4
20 - 29	0	0	9	60	1	50	10	22
30 - 39	0	0	3	20	0	0	3	7
40 - 49	0	0	0	0	0	0	0	0
50 - 59	0	0	0	0	1	50	1	2
60 - 69	4	13	0	0	0	0	4	9
70 - 79	9	31	0	0	0	0	9	20
80 - 89	9	31	0	0	0	0	9	20
90 or above	2	7	0	0	0	0	2	4
N/R*	5	17	1	7	0	0	6	13
<u>Marital Status</u>								
Single	0	0	1	7	1	50	2	4
Married	14	48	9	60	0	0	23	50
Widowed	11	38	1	7	0	0	12	26
Divorced	2	7	3	20	1	50	6	13
Separated	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
N/R*	2	7	1	7	0	0	3	7

TABLE IV (Cont'd.)

	Elderly n=29		Family n=15		Other Adult n=2		All Respondents n=46	
	f	%	f	%	f	%	f	%
<u>Number of Children</u>								
Zero	2	7	0	0	2	100	4	9
One	5	17	3	20	0	0	8	17
Two	4	14	4	27	0	0	8	17
Three	5	17	6	40	0	0	11	24
Four	1	3	1	7	0	0	2	4
Five	2	7	0	0	0	0	2	4
Six	1	3	0	0	0	0	1	2
Seven	0	0	0	0	0	0	0	0
Eight	2	7	0	0	0	0	2	4
N/R*	7	24	1	7	0	0	8	17
<u>Number of Children at Home</u>								
Zero	18	62	0	0	2	100	20	43
One	2	7	5	33	0	0	7	15
Two	0	0	3	20	0	0	3	7
Three	0	0	6	40	0	0	6	13
Four	0	0	0	0	0	0	0	0
Five	0	0	0	0	0	0	0	0
Six	0	0	0	0	0	0	0	0
Seven	0	0	0	0	0	0	0	0
Eight	0	0	0	0	0	0	0	0
Nine	0	0	0	0	0	0	0	0
Ten	0	0	0	0	0	0	0	0
N/R*	9	31	1	7	0	0	10	22

TABLE IV (Cont'd.)

	Elderly n=29		Family n=15		Other Adult n=2		Respondents n=46	
	f	%	f	%	f	%	f	%
<u>Education (Years Completed)</u>								
Four	1	3	0	0	0	0	1	2
Five	0	0	0	0	0	0	0	0
Six	0	0	0	0	0	0	0	0
Seven	2	7	0	0	0	0	2	4
Eight	5	17	1	7	0	0	6	13
Nine	10	3	1	7	0	0	2	4
Ten	2	7	0	0	0	0	2	4
Eleven	1	3	1	7	1	50	3	7
Twelve	4	14	6	40	0	0	10	22
Thirteen	0	0	1	7	1	50	2	4
Fourteen	5	17	2	13	0	0	7	15
Fifteen	0	0	1	7	0	0	1	2
Seventeen	0	0	1	7	0	0	1	2
N/R*	8	26	1	7	0	0	9	20
<u>Referral Source**</u>								
Adult and Family Service	2	-	0	-	0	-	2	-
CARES	6	-	3	-	2	-	11	-
Children's Services Division	0	-	0	-	0	-	0	-
Client or former client of Homemaker Service of Lane County	0	-	2	-	0	-	2	-
Community Health	2	-	1	-	0	-	3	-
Counselor	1	-	2	-	0	-	3	-
Friend	3	-	4	-	0	-	7	-
Home Health	4	-	0	-	0	-	4	-
Juvenile Department	0	-	0	-	0	-	0	-

TABLE IV (Cont'd.)

	Elderly n=29		Family n=15		Other Adult n=2		Respondents n=46	
	f	%	f	%	f	%	f	%
<u>Referral Source (Continued)</u>								
Mental Health Clinic	0	-	0	-	0	-	0	-
Neighbor	2	-	0	-	0	-	2	-
Physician	6	-	0	-	0	-	6	-
Physician's Nurse	4	-	2	-	0	-	6	-
Public Health Nurse	5	-	1	-	0	-	6	-
Self	2	-	0	-	0	-	2	-
Senior Services	7	-	0	-	0	-	7	-
Other	1	-	1	-	0	-	2	-
<u>Reasons First Sought Service</u>								
Physical Care/Self	15	52	3	20	1	50	19	41
Physical Care/Other	4	14	5	33	0	0	9	20
Emotional Problems/Self	0	0	1	7	0	0	1	2
Emotional Problems/Other	0	0	0	0	0	0	0	0
Household Organization and Management	0	0	2	13	1	50	3	7
Parent Child Relations	0	0	3	20	0	0	3	7
Other	1	3	0	0	0	0	1	2
N/R*	9	31	1	7	0	0	10	22
<u>Prior Knowledge of the Homemaker Service of Lane County</u>								
Very Much	0	0	0	0	0	0	0	0
Much	0	0	0	0	0	0	0	0
Some	5	17	1	7	0	0	6	13
Little	3	10	2	13	0	0	5	11
Very Little	17	59	11	73	2	100	30	65
N/R*	4	14	1	7	0	0	5	11

TABLE IV (Cont'd.)

	Elderly n=29		Family n=15		Other Adult n=2		Respondents n=46	
	f	%	f	%	f	%	f	%
<u>Living Situation When The Homemaker Began Visiting</u>								
By self	12	41	0	0	2	100	14	30
Immediate family	12	41	14	93	0	0	26	57
Grown children	0	0	0	0	0	0	0	0
Other relatives	0	0	0	0	0	0	0	0
With friend	0	0	1	7	0	0	1	2
Other	0	0	0	0	0	0	0	0
N/R*	5	17	0	0	0	0	5	11
<u>Living Situation When Homemaker Stopped Visiting Was The Same As When Homemaker Began Visiting</u>								
Yes	11	38	11	73	2	100	24	52
No	38	4	27	0	0	0	15	33
N/R*	7	24	0	0	0	0	7	15
<u>Received Service From</u>								
10/78 - 3/79	5	17	10	67	2	100	17	37
4/78 - 9/78	5	17	0	0	0	0	5	11
10/77 - 3/78	5	17	0	0	0	0	5	11
4/77 - 9/77	3	10	0	0	0	0	3	7
10/76 - 3/77	1	3	0	0	0	0	1	2
4/76 - 9/76	0	0	0	0	0	0	0	0
10/75 - 3/76	0	0	0	0	0	0	0	0
N/R*	10	34	5	33	0	0	15	33

TABLE IV (Cont'd.)

	Elderly n=29		Family n=15		Other Adult n=2		Respondents n=46	
	f	%	f	%	f	%	f	%
<u>Received Service To</u>								
10/78 - 3/79	15	52	10	67	2	100	27	59
4/78 - 9/78	1	3	0	0	0	0	1	2
10/77 - 3/78	0	0	0	0	0	0	0	0
N/R*	13	45	5	33	0	0	18	39
<u>Length of Service</u>								
1 month or less	5	17	6	40	0	0	11	24
1 - 6 months	7	24	7	47	2	100	16	35
½ - 1 years***	2	7	0	0	0	0	2	4
1 - 1½ year†	3	10	0	0	0	0	3	7
1½ - 2 years	2	7	0	0	0	0	2	4
2 - 2½ years	2	7	0	0	0	0	2	4
2½ - 3 years	1	3	0	0	0	0	1	2
3 - 3½ years	1	3	0	0	0	0	1	2
3½ - 4 years	1	3	0	0	0	0	1	2
N/R*	5	17	2	13	0	0	7	15

*N/R=No Response.

**Some participants listed more than one referral source. As a result, percentage figures are not appropriate for this item.

***Read "more than ½" in first column.

†Read "to and including ½" in second column.

the reason most often listed as the one most important for initially seeking service. Five respondents or 33 percent listed this as most important, while three or 20 percent each noted difficulty in physically caring for self and having difficulty with parent-child relationships.

Prior Knowledge of Homemaker Service and Other Demographic Items:

As with the Elderly respondents, none of the family respondents indicated he/she had either "much" or "very much" prior knowledge of the Homemaker Service of Lane County. One person or 7 percent noted having "some" prior knowledge, while two or 13 percent had "little" prior knowledge and 11 respondents or 73 percent indicated having "very little" prior knowledge of the agency. The reader is referred to Table IV for former Family Client responses to items about the individual's living situation when the Homemaker began and stopped visiting the client and whether he/she and/or another family member(s) was/were receiving out of home care when the Homemaker visits began and ended.

Responses to Scaled Items 1 - 19, and 21

The framework used to discuss these responses will be the same as that used in the Homemaker survey section on scaled item responses. The data have been collapsed so that a response of 1 or 2 on items 1 - 19 are equivalent to "agree," a response of 3 equivalent to "neutral," and a 4 or 5 to a

"disagree" response. Focus is provided here, as with the Homemaker data, by establishing categories or clusters that suggest the major areas dealt with in items 1 - 19. Each question is then assigned to one or more clusters to which it applies. Clusters for the Former Clientele survey are:

1. Quality of Homemaker Work
2. Satisfaction with Service
3. Case Management
4. Scheduling
5. Homemaker - Client Matching
6. Usefulness of Service in Preventing,
Shortening or Postponing the Need
for Out of Home Care

The reader is referred to Tables XVI to XXI for a breakdown of the response rates and percentages for each of the items, by cluster. These figures are listed separately for all Elderly respondents, all Family respondents, for Elderly and Family respondents combined, and for All Respondents. (This latter group includes Other Adult respondents.) The responses to items 1 - 19 will be discussed by cluster and similarities and differences in response patterns between the two major client groups, Elderly and Family, will be discussed. For purposes of this discussion "agreement" percentage scores that are within 5 percentage points or less of one another will be considered similar and those that are 6 percentage points or more apart will be considered substantially different. The reader will find a

sequential list of former client response rates and percentages for scaled items 1 - 19, and 21 in Table 43 in the "Report of the Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County, 1979."

Quality of Homemaker Work Cluster

On Quality of Homemaker Work, percentages of Elderly and Family respondents expressing favorable sentiment or agreement with the items is generally high (72 - 86 percent). Eighty percent of the Elderly and 79 percent of the Family respondents voiced agreement with item 1, (In general, I was happy with the quality of the Homemaker's work). On item 11, (I would recommend the Homemaker Service of Lane County to a friend who might need it), 83 percent of the Elderly and 86 percent of the Family clients were in agreement. On the other three items in this cluster Family respondents expressed higher levels of agreement than the Elderly. None of the Elderly or Family respondents reported any disagreement with items 11 or 12, (Looking back on the services my Homemaker provided me and/or my family, I feel they were helpful), and there were no Elderly in disagreement with item 14, (I feel I/we received service within a reasonable length of time after requesting a Homemaker).

Level of Satisfaction with Service Cluster

The Level of Satisfaction with Service is measured by

responses to some of the same items used to measure Quality of Homemaker Work. As a result, a generally high level of agreement with items in this cluster is observed. Eighty percent of the Elderly and seventy-nine percent of the Family respondents noted that, in general, they were happy with the quality of the Homemaker's work. Satisfaction was also suggested by the agreement of eighty-three percent of the Elderly and eighty-six percent of the Family former clients that they would recommend the Homemaker Service of Lane County to a friend who might need it. Eighty-six percent of the Family and seventy-two percent of the Elderly respondents expressed agreement that as they looked back on the services their Homemaker provided them and/or their family, they were helpful; and that their Homemaker seemed to have the training necessary to do his/her job. Eighty-six percent of the Family clients and seventy-five percent of the Elderly felt they received service within a reasonable length of time after requesting a Homemaker. The Elderly respondents expressed a higher level of agreement (80%) than did Family clients (71%) on item 10 (In the very beginning, before my Homemaker's first visit, I felt a Homemaker might be helpful to me and/or my family). Neither group of respondents expressed disagreement with this item.

There was no disagreement among either group of respondents either that they would recommend the Homemaker

Service to a friend who might need it, or that as they looked back on the services their Homemaker had provided that they had been helpful. Elderly former clients expressed no disagreement to the statement that they felt they received service within a reasonable length of time.

Case Management Cluster

The percentage of agreement with the items in Case Management, ranging from 45 - 83 percent, was generally lower than response rates to items in the two preceding clusters. This cluster has item 10 in common with the Level of Satisfaction cluster discussed above. Thus it is observed that eighty percent of Elderly clients and seventy-one percent of Family clients voiced agreement that in the very beginning, before their Homemaker's first visit, they felt a Homemaker might be helpful to them and/or their family; and no respondents from either group expressed disagreement. The percentage scores of the two groups of clients are similar on item 2 (The Homemaker supervisor, Homemaker, case-worker [if applicable], and I agreed on the duties the Homemaker was to perform), item 4 (On the average, my Homemaker's visits were about the right length of time each visit), and item 5 (My Homemaker was always on time for his/her visits). On item 2, seventy-five percent of the Elderly respondents and 71 percent of Family respondents were in agreement, on item 4 fifty-eight percent of the

Elderly and 57 percent of the Family respondents in agreement and on item 5, sixty-seven percent of the Elderly and 64 percent of the Family voiced agreement. On items 3 (On the average, my Homemaker visited me enough times each week to do what I expected of her/him) and 9 (The Homemaker told me about community resources that might benefit me) the percentage of Elderly in agreement was at least 6 percent higher, or substantially different, than that of the Family respondents. The relationship was reversed on item 6 (I was always contacted if my Homemaker could not come when scheduled) and item 8 (If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided) where a substantially higher percentage of Family than Elderly respondents reported agreement. The highest percentages of disagreement on any item in this cluster for either group of respondents was on item 9 where four Elderly respondents or 24 percent and five former Family clients or 45 percent reported disagreement. These figures were followed, for the Elderly respondents, by item 2 with which four individuals or 20 percent disagreed and item 4 with which three people or 16 percent disagreed. Three Family respondents or 21 percent indicated disagreement with item 5.

Scheduling Cluster

Agreement was expressed by seventy-five percent of the

Elderly and 86 percent of the Family respondents that they received service within a reasonable length of time after requesting a Homemaker. However, levels of agreement that Homemaker visits were frequent enough or about the right length, that Homemakers were always on time for visits, or that the client was always contacted if the Homemaker could not come when scheduled were generally quite a bit lower. The percentage of agreement scores on the items just noted ranged from 54 percent - 67 percent, with one exception. Eighty-three percent of the Family respondents expressed agreement that they were always contacted if their Homemaker could not come when scheduled.

Homemaker - Client Matching Cluster

Seventy percent or more of the respondents in both groups reported agreement with all items in this cluster, with one exception. Only 68 percent of the Elderly respondents noted agreement with item 8 (If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided), while 79 percent of Family respondents agreed. Responses of the Elderly showed a slightly higher percentage of agreement on two items in this cluster while Family respondents had a higher percentage of agreement on the other six items in the cluster. Eighty percent of the Elderly, in contrast to 79 percent of Family respondents, agreed that in

general, they were happy with the quality of the Homemaker's work. Seventy-four percent of the Elderly and 71 percent of the Family clients recorded agreement that they felt free to communicate their needs to their Homemaker.

On three items eighty-six percent of the Family respondents and 72 percent of the Elderly expressed agreement. These are item 12 (Looking back on the services my Homemaker provided me and/or my family I feel they were helpful), item 13 (My Homemaker seemed to have the training necessary to do his/her job), and item 16 (I felt my Homemaker understood my situation). Eighty-six percent of Family respondents were also in agreement with item 11 (I would recommend the Homemaker Service of Lane County to a friend who might need it), while 80 percent of the Elderly respondents agreed with the item. Eighty-five percent of Family clients and 72 percent of Elderly clients agreed they and their Homemaker got along well.

There was no disagreement by either group of respondents that they would recommend the Homemaker Service to a friend who might need it or that as they looked back on the service provided them they felt it was helpful. None of the Family respondents disagreed that they got along well with their Homemaker or they felt their Homemaker understood their situation.

Usefulness of the Service in Preventing, Shortening
or Postponing the Need for Out of Home Care Cluster

The three items in this sixth cluster, were generally underresponded to in comparison to items in the other clusters. This may be explained in part by the similarity of the questions and the likelihood that many of the respondents may not have considered (or may not want to consider) their possible need for out of home care had they not received Homemaker services. The reader is referred to Table XXI. However, Elderly respondents expressed substantially higher levels of agreement (63 - 64%) on all items in this cluster than Family clients (33 - 44%). This seems consistent with the most important reasons expressed by both groups of clients on the demographic sheet for initially seeking service. Fifty-one percent of the Elderly responding to that demographic item listed difficulty physically caring for themselves and 13 percent difficulty physically caring for another family member(s). Family client responses to that demographic item were more evenly distributed among difficulty physically caring for self or family member(s), own emotional problem, difficulty organizing and managing household, and difficulty with parent-child relationships. Since Elderly clients were more likely to seek service due to difficulty physically for themselves or others in the family it seems logical that they would be more likely to agree that the Homemaker Service was useful

in preventing, shortening or postponing the need for out of home care. The relatively high percentage of disagreement (36 - 50%) by Family respondents with these items may indicate that they did not feel that out of home care might be needed (and it may not have been) if they did not have service from the Homemaker Service or, "out of home care" may have had different meanings for different respondents.

Expectations Met

While item 21 (How many of your expectations were met? All, most, some, few, none or no opinion) applies to Cluster 1, 2, and 3 which include Quality of Homemaker Work, Satisfaction with Service, and Case Management, it was not included in any of them because its format is different than all other items in the clusters. Table V indicates that 20 of the 22 Elderly respondents or 91 percent who answered this item and 13 of the 14 Family respondents (93%) answering the item reported that all or most of their expectations were met. Only one Elderly respondent and none of the Family respondents voiced disagreement.

TABLE V
FORMER CLIENTELE EXPECTATIONS MET

		Elderly	Family	Elderly & Family	All Clients
How many of your expectations were met?					
All/Most (1,2)	f 20 % 91	13 93	33 92	33 87	
Some (3)	f 1 % 5	1 7	2 6	3 8	
Few/None (4,5)	f 1 % 5	0 0	1 3	2 5	

Responses to Items 20 and 22 Regarding
Duties Clientele Expected of Homemaker
and those Actually Performed

Item 20 presented a list of ten duties that a Homemaker might perform in providing service to a client and asked the respondent to check the duties he/she, in the very beginning, expected the Homemaker to perform and those actually performed. Table VI presents the list of duties and the number of respondents, by clientele group, who indicated they expected their Homemaker to perform given duties and who reported their Homemaker actually performed them. Respondents were asked to check as many duties as applied. Twenty Elderly, all fifteen Family and both Adult respondents answered this item.

A caution is offered in reviewing this table. Although

it appears to reflect a direct relationship between those expecting specific duties and those reporting their Homemaker actually did them, it does not in all cases do so. In other words, on a specific duty where recorded expectation and performance are equal, such as number 4, shopping, for the Elderly, the totals may be accounted for both by participants who expected and had a particular duty performed for them and by pairs of respondents each of whom may have either expected or had a particular duty performed, but not both. In most cases the expected duties were also performed. The results to item 21, reported previously, showed that 91 percent of the Elderly, 93 percent of Family and 87 percent of All respondents reported that most or all of their expectations were met. Table VI primarily illustrates differences between the types of duties most commonly expected by Elderly and Family respondents.

Data presented in response to item 20 in which respondents were asked to check off items on a list that they had expected their Homemaker to perform, and those that the Homemaker actually did, and to item 21 in which respondents were asked what level of their expectations were met, suggest that not only were all or most expected duties met, but in some cases exceeded. In item 22, respondents were asked to specify any duties or activities that the Homemaker performed that the client did not expect him or her to do. Activities noted by Elderly respondents

TABLE VI

SPECIFIC CLIENT EXPECTATIONS AND HOMEMAKER PERFORMANCE
OF EXPECTED DUTIES

	Elderly		Family		Other Adult		All Respondents	
	Expect	Met	Expect	Met	Expect	Met	Expect	Met
1. Personal care	15	14	2	3	2	1	19	18
2. Plan or prepare meals	8	8	8	9	2	1	18	18
3. Assistance with family budgeting	0	0	0	1	1	0	1	1
4. Shopping	6	6	3	4	2	1	11	11
5. Light housekeeping	12	11	8	7	2	1	22	19
6. Laundry	9	8	4	3	1	1	14	13
7. Child care	0	0	9	9	0	0	9	9
8. Demonstrate and teach better methods of home management	1	1	2	2	1	0	4	3
9. Demonstrate and teach better methods of child care	0	0	3	3	0	0	3	3
10. Demonstrate and teach better methods of self care	2	2	2	2	0	0	4	4
11. Other	0	0	0	0	0	0	0	0

are the following:

- baked cookies
- became a very good friend
- cleaned part of some carpeting
- hair care
- made breakfast

Family respondents reported the following activities:

- did dishes and helped clean house
- heavy duty scrubbing
- referral to low cost housing. Lended an empathetic ear.
- visited and kept me company

The next subsection presents and discusses responses to other open-ended items in the survey.

Responses to Open-Ended Items 23 - 27

The same format is used to present the results on items 23 - 25 as was used in presenting results to items 40 through 45 on the Homemaker survey. On each of these open ended items respondents were asked to give three opinions in rank order. Thematic categories have been determined, across ranks, for each item based upon examination of individual responses to the items. Some attention is given to variation in response patterns among client groups. The reader will find tables listing individual responses, by client group, that comprise the thematic categories, in the

"Report of the Homemaker and Former Clientele Evaluation of the Homemaker Service of Lane County, 1979." As with the Homemaker results, no attempt has been made to record a frequency count for specific former client responses. It is hoped that the data presented in items 23 - 25 may provide some ideas and areas to be more specifically incorporated in future program evaluations.

On item 23 respondents were asked to rank order the three personal qualities they felt were most important to them in a Homemaker. The thematic categories that emerged across all three client groups (Elderly, Family, and Other Adult clients) were:

- necessary qualifications
- pleasant personality and manner
- positive attitude toward work
- sense of responsibility

On item 24 respondents were asked to list, in rank order, the three personal qualities of his/her Homemaker that were most important to the client. The thirteen Elderly, seven Family and one Other Adult respondent replied to this item. The themes that emerged that were common to both Elderly and Family respondents were:

- necessary qualifications
- pleasant personality and manner
- sense of responsibility

In addition, Elderly respondents gave responses suggesting a positive attitude toward work was important to them. The qualities noted by the only Other Adult client responding were a pleasant personality and clean in preparing food.

On item 25, respondents were asked to note the three personal qualities of their Homemaker that they liked the least. Four Elderly, three Family and two Other Adult former clients answered this item. Most of the comments listed behaviors rather than qualities. Among the Elderly respondents there were two comments that Homemakers stopped working short of their allotted time. Since these responses are difficult to categorize, specific comments are listed below.

Qualities least liked by Elderly former clientele were the following:

- claiming to finish a job that wasn't done
- getting ready to stop working on client time
- having to repeat list of chores visit to visit even when they were the same
- occasionally putting in for time that had not worked
- offensive breath
- seldom worked her allotted time/would sit and read book or magazine
- too talkative
- too tired to do a good job

Least liked Homemaker qualities noted by Family former clientele include the following:

- lack of time
- perhaps needed more experience herself to combine meals and teach new techniques and menus
- sat and read a book rather than helping with housework

The following responses were made to this item by the Other Adult clients:

- not planning meals
- not washing hands when cooking
- seemed pressed for time
- she just talked to me and didn't get me to do anything
- visits too early in the morning

Among all three groups of former clients the responses to item 25 seem fairly individualistic. There were comments by two clients that their Homemaker occasionally stopped working short of their allotted time and responses by two others that their Homemaker seemed pressed for time.

Item 26 asked "How could your Homemaker have helped you more?" and asked respondents to specify. Seven Elderly and one Family client used this item to express satisfaction with their Homemaker and responded "In no way." Four of the Elderly, six of the Family and both of the Other Adult respondents made specific comments on how their Homemaker might have helped them more. Their specific comments are

noted in the lists below. Responses given by the Elderly and Other Adult respondents are varied. In contrast five of the six Family respondents listed more time (either longer or more frequent visits).

Elderly former clients gave the following responses to item 26:

By being prompt and just going ahead and doing what needed doing so I could have rested the hour they were here.

By doing a better job of the things she did. By knowing more about her work, such as not taking cleaning clothes from bath back to kitchen.

Done a little more.

More time. I had a very sick husband and was ill myself. Needed more help.

Used her more for cleaning.

Family respondents gave the following opinions on how their Homemaker could have helped them more:

Being here more often--only here three days.

By coming more often. I couldn't lift my baby and when her 4 weeks were up it was rough trying to get friends to help since it was a long recuperation time.

By organizing someone to come from some other organization to help us out for the next few months. I didn't have the energy to make the phone calls. In other words I needed help/follow-up.

By spending more time.

In the first few weeks of her service, I would have appreciated more frequent visits; twice a week vs. once a week.

More time. More specific examples and ideas.

She could have been a lot more energetic.

The Other Adult clients expressed the following opinions in response to item 26:

Cleaning my house.

Dusting furniture.

Eating a more balanced diet.

Teaching me how to shop and manage my money.

Teaching me recipes.

Item 27, the last item of the questionnaire, asked respondents if they had anything else to add about their experience with their Homemaker, or the Homemaker Service of Lane County. Seven Elderly, seven Family and both of the Other Adult former clients responded to this item. Comments are varied among respondents to this item. However, one issue is addressed by several responses to both this item and item 26. Some clients noted they felt the need for more frequent or longer Homemaker visits, a longer duration of service, and/or felt dissatisfied with a particular Homemaker assigned to their case. At the same time these clients seemed hesitant to report their needs or dissatisfaction to the agency so that modifications in their service plan might be made. Factors contributing to this

lack of reporting may include clients receiving no or low cost services feeling that they don't have the "right" to complain, clients feeling that others really do need the service more than they do, and concerns by some that if they voice any dissatisfaction their entire service might be discontinued. In addition, illness, family problems or other circumstances that contributed to the initial request for services may have resulted in diminished client self confidence and assertiveness and in turn reluctance to report needs or dissatisfaction to the agency. Very straight forward factors may also contribute to this lack of reporting to the agency. These may include the client not having the agency phone number handy, or not knowing exactly who is providing the service, especially when the service is arranged and financed by a third party.

To reduce the likelihood of non-reporting of client changing needs or dissatisfactions as they occur, the agency might consider things such as giving the client additional information about whom to contact in the event of changing needs or dissatisfaction and/or after a couple of weeks of service have the Homemaker leave a printed post card that could be mailed back to the agency, with questions about the client's level of satisfaction and asking if there were anything about their program they might like changed. Follow-up could then be done as appropriate.

Comments listed below were made by Elderly respondents

when asked, on item 27, if they had anything else to add about their experience with their Homemaker, or the Homemaker Service of Lane County:

Homemakers are very helpful. It's the best thing that Lane County ever did for us senior citizens when one lives alone and doesn't have many funds to pay anyone. Please keep it up.

I feel that lack of training was the main thing and the turn over in helpers. We'd no more than get used to one than we'd get someone else. There should be more men too; for some men don't care to have women do personal care for them. The last one we had was excellent. They should all be as well trained as she is. She was with me when my husband passed away. I'm grateful for her help.

I trusted my help. All of my help had good personalities.

In the past I have had household help. At first I had Home Health, which was great. Then Homemakers took over. The first housekeeper was excellent and the lady who helped me with my bath was good. The first time the Homemaker, about whom I completed this survey came to my house, she was 20 minutes late. She worked well for 1½ hours and I suggested she take a break. She told me she felt she had done enough for 2 hours and was going to put in for 3 hours. I don't like a liar and I'm sure this colored my opinion. However, I did try to get along with her, but I do not feel she is an adequate Homemaker. Sorry for this, but I do feel the rest of the services I got from Home Health and Homemakers was excellent.

Mother was well pleased, and very grateful, as we were.

Satisfied if she had stayed.

They were very cooperative. Sent a Registered Nurse everyday--a Homemaker every day. Sent a therapist several times. Sent a hot meal for both

of us every day while my wife was here.
(Seems client may have confused some of
the services provided by Homemaker Service
with services provided by other agencies.)

_____ was my helper. She was so
helpful. Could have used her longer but
others needed her worse.

Family former clients gave the following responses
to item 27:

It's a neat program that I think more
people should know about.

It was nice to have help when I really
needed it.

Not enough advertising nor Homemakers
available.

Since I had two different Homemakers, I
had two different experiences. The first
Homemaker I had was fantastic but the
second Homemaker, although she was very
helpful, seemed so unstable and had such a
disturbing life--and could not stop talking
about it. I was recovering from a traumatic
surgery and didn't feel like I would be having
to handle her problems, so I dismissed her
early under the pretense I didn't need her--
which was not exactly the case. She definitely
needed someone to talk to, but it was bad
timing. The Homemaker Service is great, but
I thought you should be aware of this.

The time period that my Homemaker visited
me was an extremely difficult one in my life.
However, it would have been much more trying
had I not had her assistance. The Homemaker
Service was of immeasurable value to me. I
was recovering from a traumatic C-section
(emergency) delivery, making daily visits to
the hospital to nurse my premature infant. I
was an emotional/physical wreck, initially.
I shall be forever grateful for the support
during that crucial time.

Their help was a godsend.

Yes, I had one Homemaker that came to the house after I had an operation to help me with the kids and to keep house. I was very disappointed she did not know how to cook. She cooked meat and vegetables. That is not a meal at all. She did not clean my house. The next day when she came I told her I did not need her even though I did.

The following comments were made by Other Adult clients in response to item 27:

She could not take me to the doctor--said no insurance. Did not wash hands! This bugged me the most. But all in all, O.K.

Would like her to come in the afternoon and teach me recipies and how to clean and manage my housework and help me shop.

This chapter has examined the opinions of Homemakers and former clients about the quality of and general level of satisfaction with service provided by the Homemaker Service of Lane County and components that contribute to that level of service. Homemaker response patterns were generally more expressive of favorable sentiment within the Supervision and Scheduling clusters and least expressive of favorable sentiment within the Homemaker Interaction and Homemaker - Client Matching clusters. In reviewing former client response patterns it was observed that Elderly respondents' levels of agreement with items were higher in the Quality of Homemaker Work and Satisfaction with Service clusters while lowest in the Scheduling cluster. The Family respondents shared high levels of agreement with

items in the same two clusters noted for Elderly respondents. Family respondents also expressed higher percentages of agreement with items in the Homemaker - Client Matching cluster than in others. The percentages of agreement with individual items was much more diverse in the Case Management and Scheduling clusters.

The fifth and final chapter shall summarize the entire report, discuss its limitations, and shall conclude with a discussion of the implications of this study for future Homemaker Service program evaluations.

CHAPTER V

SUMMARY AND CONCLUSIONS

This concluding chapter will briefly review and summarize earlier chapters; discuss limitations of the program evaluation study; highlight findings; and discuss implications of this study for future program evaluations of this and other Homemaker Service programs. The program evaluation of the Homemaker Service of Lane County, both descriptive and exploratory in intent, described in this paper utilized both descriptive and correlational methods to report its findings. A Homemaker Opinion Survey and a Former Clientele Satisfaction Survey were used to solicit opinions of these two groups about various aspects of the program felt to contribute to quality of service for clients, and to work environment for Homemakers.

The introduction of this paper provided a:

- brief history of program evaluation
- background of this specific Homemaker Service program evaluation
- discussion of the significance and the purpose of this study
- definition of terms frequently used in this study and a
- discussion of assumptions of and questions to be answered by this study.

The discussion of the history of social service program accountability and evaluation was related to factors

contributing to agency interest in doing the program evaluation described in this paper. It was noted that although the literature points to the desire of Homemaker Service specialists throughout the country to provide quality service to their clients and to avoid the abuse scandals that have plagued nursing homes in recent years, there is a dearth of information in the literature about Homemaker Service program evaluation. This seems to suggest that relatively little has been done to date in the area of program evaluation at the local, state, or national levels.

The literature indicates several trends in the United States suggest the continued growth in the use of Homemaker Services in this country. The projected continuing and excellerating growth of Homemaker Services, combined with a desire to provide quality care underscore the importance and urgency of development and implementation of utilization-focused, on-going evaluation systems for Homemaker programs.

The introduction next outlines the purpose of this specific program evaluation. The introductory chapter concludes with definition of terms commonly used in this study and a discussion of the assumptions made and questions to be answered in the design and implementation of this study.

Chapter II explores and discusses literature relevant to this study. It is divided into two sections. One includes literature about social service accountability and program evaluation in general and the other deals more

specifically with the history and program evaluation of Homemaker Services. The methodology of this study is described in Chapter III. Attention is given to aims of this study, survey design, field testing and distribution, and sampling design for both the Homemaker and Former Clientele aspects of this two part exploratory study which utilized a descriptive survey approach, but also incorporated some aspects of a correlational design.

Chapter IV presents the findings of the study. It is divided into two major sections. The first presents results from the Homemaker Opinion Survey and the second presents results from the Former Clientele Survey. Both the Homemaker and Former Client findings have subsections which present and discuss the characteristics of their respective study samples; the response patterns to the scaled, fixed choice items; and the response patterns to open-ended items. In addition the Homemaker findings have a subsection which discuss the relationship between four specific respondent characteristics and respondent responses to the scaled, fixed choice items.

Limitations

There were limitations in the survey design and distribution, the sampling procedures and the data collection system of this study. A survey in contrast to a personal interview design was selected for data collection

with both Homemaker and Former Client populations since it was less expensive and less time consuming. However, the overall Former Client response rate (35%) might have been increased considerably with the direct contact personal interview approach, instead of the mail-out survey method used. This seems most likely with Elderly former clients, who perhaps had more difficulty reading and filling out the survey than younger recipients of service and might have welcomed the attention of direct contact of a telephone or personal interview in their home.

The design of the questionnaire may have been improved by greater involvement of Homemakers and some involvement of Former Clients in developing the instruments and deciding what types of items ought to be included. Program evaluation specialists have suggested that although evaluators, administrators, etc., who are generally most likely to be involved in the design of evaluation systems may best know what "theoretically" makes a good quality program and thus what questions are appropriate to include in a survey, those most directly involved in a program (service recipients, staff, etc.) may know more about what "practically" determines a high quality program. The latter may thus be able to suggest appropriate and important program evaluation questions not otherwise addressed.

An additional limitation of the survey design was the length of both instruments and an attempt to include a few

questions about program outcome (Items 35 through 37 on the Homemaker survey and Items 17 through 19 on the Former Clientele survey) which referred to the effectiveness of the agency services in preventing, postponing or shortening the need for out of home care. The rest of the items on both instruments were primarily process evaluation focused. The response rate to the last nine questions, which were open-ended, on the Homemaker survey was lower than that on the previous scaled, fixed choice items. The fact that they were open-ended may have reduced the potential response rate. However, it is the belief of the researcher that had the total instrument been shorter, respondents would have been more likely to have answered the open-ended items as well. The total number of Former Client surveys mailed out that were returned may also have been higher had the survey been shorter.

The three outcome questions asked on each survey about the effectiveness of the agency in preventing, postponing or shortening the need for out of home care, in retrospect, seemed ineffective at getting at this type of information. With the exception of the question of "shortening" the need for out of home care these were basically questions on prevention which are generally difficult for most people to answer. Future evaluation efforts desiring information in these preventive areas would probably find it more useful to attempt to determine what specific Homemaker or agency

behavioral activities are likely to contribute to such prevention and then attempt to measure the extent to which those did or did not take place.

The survey distribution system to both the Homemakers and Former Clients presented some limitations in study design. Distributing the Homemaker Opinion Survey to Homemakers during a monthly training meeting and giving them time during the session to complete it was designed to maximize returns. Generally it did, with only two of the 23 Homemakers employed by the agency at the time and in attendance at the meeting not completing the survey. As noted earlier, quite a few Homemakers did not respond to the open-ended items. Factors contributing to this may include the general length of the survey; open-ended items seeming more difficult than the previous scaled, fixed response items; and also the fact that the survey was distributed as the last item on the agenda of a full day of training. General response levels to all items might be improved in this situation in the future if the survey were distributed earlier in a training session.

The distribution of the Former Clientele Satisfaction Survey by mail was followed 2½ weeks later by a reminder post card. It was sent to all recipients of the original survey who had not returned their survey and encouraged them to do so. Only three additional responses were received following mailing of the post cards. Telephone

follow-up was not done. That kind of a personal touch might have done more to encourage additional returns.

There were some limitations in the sampling and field testing procedures. Limitations in the procedure for sampling Former Client opinion were related to the fact that clients selected for the sample had had their cases closed for varying lengths of time (1½ to 7½ months) at the time the survey was distributed. As a result, differential mortality of the sample, maturation of the sample, and the "halo effect" may have contributed to some skewing of the survey results. Due to the relatively small number (23) of Homemakers employed by the agency at the time the Homemaker survey was distributed, the two women who field tested the survey were asked to complete it again when it was distributed to all Homemakers. Ideally persons field testing a survey would not complete it a second time.

Highlights of Findings

Agency staff are likely to find the data most useful if the responses to each item are considered in the context of agency policies, procedures, and staffing patterns at the time the evaluation was done; proposed agency directions in these areas and agency resources available for program planning and development. Although each reader is likely to have his or her own interpretation of the findings, the researcher presents the following highlights that

seemed relevant in analyzing the data. Data from the Homemaker Opinion Survey will be discussed first. All of the Homemakers employed by the agency at the time, and thus all twenty-one respondents, were women. The responses to individual demographic items indicated the highest percentage of respondents were between 50 and 59, married, had two children, had 13 years of education, and had been employed by the Homemaker Service of Lane County for 1½ to 2 years. Only five of the respondents had been employed as a Homemaker prior to their employment with this agency. Thirty-eight percent of the respondents had had Homemaker training prior to employment with this agency.

Individual scaled, fixed choice Items 1 - 30 on which Homemaker respondents expressed the highest levels of favorable sentiment were item 24 (We keep clients on the program longer than necessary) to which 95 percent of those answering this item disagreed; item 19 (I get the assistance I need from the Homemaker Service supervisory staff when handling a difficult case) with 81 percent replying to this item in agreement; and item 20 where seventy-five percent of those responding indicated they get the assistance they need from staff of other agencies also working with their client when handling a difficult case.

The individual items on which there was the least amount of agreement were item 27 (I get the assignment sheets I need to begin a new case before my first client

visit) to which only 35 percent of those responding to the item agreed; item 14 (The skills of the Homemaker are usually well matched to the needs of the client) with 42 percent in agreement; item 29 (My travel schedule of Homemaker visits is arranged as efficiently as possible so I don't have to re-trace my steps) to which 43 percent voiced agreement; and item 16 (Initial orientation training was helpful) with 45 percent agreeing.

With the exception of the reverse directionality items (8, 12, 13 and 24), and item 27 (I get the assignment sheets I need to begin a new case before my first client visit) on which 7 individuals or 35 percent of the respondents voiced disagreement, the levels of disagreement with all of the items on the Homemaker survey were low. The next highest number of individuals in disagreement with any one item was three people which was equal to 14 percent of the respondents to item 3 (I feel the Homemaker Service of Lane County personnel policies are fair for me personally) and to 17 percent of the respondents to item 7 (In the interest of providing good service for a client, I feel a client's service plan is reviewed often enough). There was no disagreement or critical sentiment expressed on items 18 (Client visits are scheduled frequently enough for me to do what is expected of me); 19 (I get the assistance I need from the Homemaker Service supervisory staff when handling a difficult case); 25 (Goals and objectives of a client's

service plan are changed when appropriate); and 26 (The assigned Homemaker is quickly made aware of any changes in her/his client's service plan if made by someone else).

Homemaker response patterns were generally more expressive of favorable sentiment within the Supervision and Scheduling clusters and least expressive of favorable sentiment within the Homemaker Interaction and the Homemaker-Client Matching clusters. Sixty-five percent of the respondents noted they felt staff morale was high and the majority of respondents felt the length of home visits and the range of types of clients to which they are assigned is about right.

Chi-square analysis was used to assess the existence of a statistically significant association between four respondent characteristics (age, education, length of employment, and whether respondent had had Homemaker training prior to employment with this agency) which were seen as independent variables, and response patterns to scaled items 1 - 32, and 34. The results showed no statistically significant difference, at the .05 level, between the groups within any of these "independent" variables and their response patterns to items 1 - 32, or 34.

In discussion of the highlights of the Former Clientele Satisfaction Survey findings attention will be given to the two major groups of clients, Elderly and Family. Twenty-nine of the 81 Elderly Former Clients to whom the

survey was sent returned it. Responses to individual demographic items indicated that the largest percentage of Elderly respondents were between 70 and 79 (31%) and between 80 and 89 (31%), were married, had one (17%) or three (17%) children, had an eighth (17%) or fourteenth (17%) grade education, and had received service from one to six months. The reason most frequently marked by this group of former clients as that which was the most important one for first seeking services, was difficulty in physically caring for oneself. Fifty-nine percent of this group of respondents indicated they had very little or no prior knowledge of the Homemaker Service of Lane County, with the next highest percentage expressing only some prior knowledge.

On scaled, fixed choice items 1 - 19 and 21 Elderly respondents voiced the highest percentages of agreement with items 21 (How many of your expectations were met? all to none) with 91 percent indicating all or most; item 11 (I would recommend the Homemaker Service of Lane County to a friend who might need it) with which 83 percent indicated agreement; item 1 (In general, I was happy with the quality of the Homemaker's work) and item 10 (In the very beginning, before my Homemaker's first visit, I felt a Homemaker might be helpful to me and/or my family), both of which had 80 percent in agreement; and items 2 (The Homemaker supervisor, Homemaker, caseworker [if applicable] and I agreed on the

duties the Homemaker was to perform) and 14 (I feel I/we received service within a reasonable length of time after requesting a Homemaker), to both of which 75 percent noted agreement.

The lowest levels of percentage agreement among Elderly respondents on Items 1 - 19 are listed below. They are item 4 (On the average, my Homemaker's visits were about the right length of time each visit) with which 58 percent of those answering this item noted agreement; and item 9 (The Homemaker told me about community resources that might benefit me) to which 59 percent agreed.

Items to which the highest percentages of disagreement were expressed by Elderly respondents, are item 7 (The Homemaker told me about community resources that might benefit me) with which 24 percent of those responding to the item disagreed; item 2 (The Homemaker supervisor, Homemaker, caseworker [if applicable] and I agreed on the duties the Homemaker was to perform) which had 20 percent disagreement; and item 4 (On the average, my Homemaker's visits were about the right length of time each visit) to which 16 percent voiced disagreement. No disagreement was expressed, by Elderly respondents, to item 7 (I generally felt free to communicate my needs to my Homemaker); item 10 (In the very beginning, before my Homemaker's first visit I felt a Homemaker might be helpful to me and/or my family); item 11 (I would recommend the Homemaker Service

of Lane County to a friend who might need it); item 12 (Looking back on the services my Homemaker provided me and/or my family I feel they were helpful); and item 14 (I feel I/we received service within a reasonable length of time after requesting a Homemaker).

Among Elderly respondents expression of favorable sentiment or levels of agreement with cluster items were higher in the Quality of Homemaker Work and Satisfaction with Service clusters while lower in the Scheduling Cluster.

Responses to individual demographic items indicated that the largest percentage of Family respondents were female (93%), between 20 and 29 (60%), married (60%), had three children (40%), and had a 12th grade education (40%). Approximately equal percentages received service for one month or less (40%) and for 1 - 6 months (47%). Difficulty in physically caring for another family member (33%) was the reason most frequently given as that most important in originally seeking service. One person or 7 percent of the Family respondents noted having "some" prior knowledge of the Homemaker Service of Lane County, two or 13 percent "little" and eleven or 73 percent "very little" prior knowledge.

On five separate items eighty-six percent of Family respondents expressed agreement. They were items 11 (I would recommend the Homemaker Service of Lane County to a friend who might need it); 12 (Looking back on the services

my Homemaker provided me and/or my family I feel they were helpful); 13 (My Homemaker seemed to have the training necessary to do his/her job); 14 (I feel I/we received service within a reasonable length of time after requesting a Homemaker); and 16 (I felt my Homemaker understood my situation). Eighty-five and eighty-three percent, respectively, noted agreement with items 15 (My Homemaker and I got along well) and 6 (I was always contacted if my Homemaker could not come when scheduled).

The lowest percentages of agreement among Family respondents were to item 9 (The Homemaker told me about community resources that might benefit me) with which 45 percent agreed; item 3 (On the average, my Homemaker visited me enough times each week to do what I expected of her/him) on which 54 percent of the respondents noted agreement; and item 4 (On the average, my Homemaker's visits were about the right length of time each visit) with which 57 percent agreed.

Items on which there were the highest percentage levels of disagreement among Family clients included item 9 (The Homemaker told me about community resources that might benefit me) with which 5 individuals or 45 percent of the respondents disagreed; item 5 (My Homemaker was always on time for his/her visits) which had 3 persons or 21 percent in disagreement; and items 4 (On the average, my Homemaker's visits were about the right length of time each visit) and

7 (I generally felt free to communicate my needs to my Homemaker), both of which had two people or 14 percent of the respondents to those items in disagreement.

Among Family respondents, there was no disagreement with item 6 (I was always contacted if my Homemaker could not come when scheduled); item 10 (In the very beginning, before my Homemaker's first visit I felt a Homemaker might be helpful to me and/or my family); item 11 (I would recommend the Homemaker Service of Lane County to a friend who might need it); item 12 (Looking back on the services my Homemaker provided me and/or my family I feel they were helpful); item 15 (My Homemaker and I got along well); and item 16 (I felt my Homemaker understood my situation).

Among Family respondents, favorable sentiment or percentage of agreement with individual items was generally higher in the Quality of Homemaker Work, Satisfaction with Service, and Homemaker - Client Matching clusters. The percentages of agreement with individual items was much more diverse in the Case Management and Scheduling clusters.

There was a similarity of response among both Elderly and Family Former Clients to the open-ended questions about the personal qualities they felt most important for a Homemaker to have and the personal qualities of their Homemaker that were most important to them. Although specific individual responses varied somewhat between the two groups and the two questions, they generally seemed to fit into

four broad thematic categories. These are a positive attitude toward work, sense of responsibility, pleasant personality and manner, and necessary qualifications for the job. Several of the respondents used the last two open-ended items, asking in what ways their Homemaker might have helped them more and if they had anything else they wished to add about their Homemaker or the service they received, to note praise of the program. Some also indicated ways in which the program might have helped them more or might be improved.

Implications of this Study for Future Homemaker
Service Program Evaluations

Based upon the literature review and other research done in preparation for this study, the design and implementation of the program evaluation itself, findings, and the data analysis, the researcher has noted some implications of this study for future Homemaker Service program evaluations and offers the following observations and recommendations.

An on-going program evaluation, focused upon both current and former clients, would probably provide information that would be more useful for program planning and development than a one-shot effort such as this study. A survey distributed to clients immediately upon termination, rather than at a later time, should reduce the influence of

factors such as the halo effect, maturation, and differential mortality of the sample upon the response patterns.

Although the items in both the Homemaker and Former Client surveys were primarily process focused there were several questions in both that related to the effectiveness of the agency service in preventing, postponing, or shortening the need for out of home care which were basically outcome questions. Other means of getting at program outcome would probably be more effective. These might include the evaluator attempting to determine the specific Homemaker and/or agency behaviors and activities that are likely to contribute to the accomplishment of the desired outcome and then designing opinion questions to determine the extent to which these behaviors or activities actually occurred.

A variation of the outcome technique noted above, which although would be more time consuming and thus more costly, would involve the client more fully in targeting individual program objectives and thus should make him or her a more active participant in working toward their accomplishment. An example of such a technique is called Goal Attainment Scaling or GAS, developed by Thomas J. Kiresuk. In using this procedure the client and Homemaker and/or supervisor would assess the client's needs at the onset of service, then determine objectives for that individual service plan and from there specify, in behaviorally specific terms, how

it was to be determined if the objective had been achieved. A projected time frame for achieving the objective(s) would generally be given and the responsibilities of both the service provider and the client in working toward the objectives would also be noted. All of this is put into written form, with a scaled formula provided by Kiresuk's GAS protocol, for determining the extent to which the objectives have been achieved. Generally both overall goals and specific sequential objectives which contribute to the achievement of the broader goals are noted. The reader interested in such a system is referred to articles by Kiresuk and others on Goal Attainment Scaling.

It was noted in the findings that several Former Client respondents felt they needed or could have used services of a Homemaker for a longer period of time than they actually received them and several others noted some dissatisfaction with their assigned Homemaker and her service. In most of these situations the respondents also noted that they were hesitant to ask for additional service and/or to express their dissatisfaction to the Homemaker or the agency directly. In several cases respondents stated they dismissed the Homemaker under false pretenses when they still felt they needed service. A procedure such as Goal Attainment Scaling might obviate such problems inasmuch as periodic review of the plan would be scheduled and more client involvement in plan development and assessment might be

encouraged.

Individuals involved in planning future program evaluations of this agency or other Homemaker Services that use a survey approach might consider shorter surveys and minimizing the number of open-ended questions in an attempt to increase the response rates of Former Clients. It might also be helpful to design surveys for staff and clients with a number of identical questions and then correlate the response patterns of the two groups on these items. Another group from which it might also be useful to solicit opinion about quality of service would be referring and sponsoring agencies such as Adult and Family Service and Children's Services Division.

A broader picture might be provided of the factors that staff, clients, and referring agencies feel contribute to quality of service and work environment if representatives of each of these groups were more actively involved in the design of the survey instrument. Planners of future program evaluations may also find it useful to incorporate a more sophisticated analysis of the correlation between respondent characteristics and response patterns.

Finally, it is noted that it may be useful for planners of Homemaker Service program evaluation to stay abreast of evaluation trends in primary care services of medical settings. The literature makes some reference to concerns raised by members of the medical and health communities

about home care services being provided by para-professionals. In some cases learning to assess the quality of service provided, using tools that are similar to those used by the medical and health communities, may give in-home care programs such as the Homemaker Service more credence in the eyes of some members of those communities. A Homemaker Service is in part a health service and on that basis alone some of the assessment tools and devices used by the medical and health communities may also be appropriate for Homemaker Services. In addition, members of the medical and health care communities are also often in a position to support or challenge legislation or other policy making that may effect funding or standard setting for organizations and agencies such as the Homemaker Service which provide in-home health and social services.

This report has explored a variety of factors about the history of social service accountability and program evaluation and about the history of Homemaker Service programs themselves that contribute to the significance of this particular program evaluation. The design and implementation of this study have been outlined, and the findings and data analysis presented and discussed. This concluding chapter has presented a review of the chapters preceding it, highlights of the findings, discussion of the limitations of the study and finally, an outline of possible implications of this study for future Homemaker Service

program evaluations.

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APPENDIX A

TABLES REPORTING HOMEMAKER AND FORMER
CLIENTELE SURVEY FINDINGS, BY CLUSTER

TABLE VII
HOMEMAKER TRAINING CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. I feel I have adequate training to competently do my job.	f 14 % 67	5 24	2 10
2. I have the necessary skills to feel confident handling situations as they arise on the job.	f 14 % 67	6 29	1 5
8. I would like more training to help me do my job.*	f 3 % 14	7 33	11 52
16. Initial orientation training was helpful.	f 9 % 45	9 45	2 10
17. Inservice training is helpful.	f 11 % 55	8 40	1 5

* Response rates on this item reflect an adjustment made by reversing the scale to correct for reverse directionality of the item wording (see page 46).

TABLE VIII
 HOMEMAKER PERSONNEL POLICIES CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
3. I feel the Homemaker Service of Lane County Personnel Policies are fair for me personally.	f 14 % 67	4 19	3 14

TABLE IX

HOMEMAKER PAPERWORK AND MEETINGS CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
4. I understand the purpose of all the paperwork I have to do for my job.	f 14 % 70	4 20	2 10
5. I understand how to accurately complete all the paperwork I have to do for my job.	f 11 % 52	8 38	2 10
6. The amount of paperwork I have to do for my job is about right.	f 11 % 52	8 38	2 10
10. The number of meetings I have to attend each month is about right.	f 11 % 52	8 38	2 10

TABLE X
HOMEMAKER CASE MANAGEMENT CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
7. In the interest of providing good service for a client, I feel a client's service plan is reviewed often enough.	f 10 % 56	5 28	3 17
23. If I report a problem or need to the Homemaker Service supervisory staff appropriate action is taken.*	f 14 % 70	5 25	1 5
24. We keep clients on the program longer than necessary.**	f 18 % 95	0 0	1 5
25. Goals and objectives of a client's service plan are changed when appropriate.	f 11 % 58	8 42	0 0
26. The assigned Homemaker is quickly made aware of any changes in her/his client's service plan if made by someone else (i.e., supervisor).*	f 11 % 52	10 48	0 0
27. I get the assignment sheets I need to begin a new case before my first client visit.*	f 7 % 35	6 30	7 35
28. A needs assessment is made by the supervisor before my first visit with a client.*	f 14 % 67	6 29	1 5

*These items are held in common with the Supervision Cluster.

**Response rates on this item reflect on adjustment made by reversing the scale to correct for reverse directionality of the item wording (see page 46).

TABLE XI
HOMEMAKER SUPERVISION CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
9. I get the amount of supervision I need to do a good job.	f 13 % 62	7 33	1 5
19. I get the assistance I need from the Homemaker Service supervisory staff when handling a difficult case.	f 17 % 81	4 19	0 0
20. I get the assistance I need from staff of other agencies also working with my client when handling a difficult case.	f 15 % 75	5 25	0 0
21. Homemaker Service supervisory staff spend enough time with me when a new case is assigned for me to clearly understand the service plan and what I am to do.	f 14 % 67	5 24	2 10
22. The Homemaker Service supervisory staff is responsive to needs of the Homemaker.	f 13 % 62	6 29	2 10
23. If I report a problem or need to the Homemaker Service supervisory staff appropriate action is taken.*	f 14 % 70	5 25	1 5
26. The assigned Homemaker is quickly made aware of any changes in her/his client's service plan if made by someone else (ie., supervisor).*	f 11 % 52	10 48	0 0

TABLE XI (Cont'd.)

	Agree (1,2)	Neutral (3)	Disagree (4,5)
27. I get the assessment sheets I need to begin a new case before my first client visit.*	f 7 % 35	6 30	7 35
28. A Needs Assessment is made by the supervisor before my first visit.*	f 14 % 67	6 29	1 5

*These items are held in common with the Case Management Cluster.

TABLE XII
HOMEMAKER INTERACTION CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
11. The Homemakers employed at our agency provide support to one another.	f 10 % 50	7 35	3 15
12. I would like more opportunity to get to know the other Homemakers.*	f 1 % 5	6 30	13 65
13. I would like more opportunity to get to know the Housekeepers.*	f 1 % 5	7 37	11 58

*Response rates on this item reflect an adjustment made by reversing the scale to correct for reverse directionality of the item wording (see page 46).

TABLE XIII
HOMEMAKER - CLIENT MATCHING CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
14. The skills of the Homemaker are usually well matched to the needs of the client.	f 8 % 42	10 53	1 5
15. The personality of the Homemaker and client are usually matched so they are compatible.	f 9 % 50	7 39	2 11

TABLE XIV
HOMEMAKER SCHEDULING CLUSTER

	Agree (1,2)	Neutral (3)	Disagree (4,5)
18. Client visits are scheduled frequently enough for me to do what is expected of me.	f 14 % 70	6 30	0 0
29. My travel schedule of Homemaker visits is arranged as efficiently as possible so I don't have to re-trace my steps.	f 9 % 43	9 43	3 14
30. My Homemaker visits are scheduled so that I have enough time to get to each appointment on time.	f 15 % 71	5 24	1 5

TABLE XV
HOMEMAKER RESPONSES TO ITEMS 31, 32 and 34

		Longer (1,2)	About Same (3)	Shorter (4,5)
31. I could best serve my clients if the length of home visits was:	f	4	16	0
	%	20	80	0
		Greater (1,2)	About Same (3)	Narrower (4,5)
32. I would like the range of types of clients to which I am assigned to be:	f	7	11	0
	%	39	61	0
		High (1,2)	Average (3)	Low (4,5)
34. Staff morale at the Home-maker Service is:	f	13	5	2
	%	65	25	10

TABLE XVI

FORMER CLIENTELE RESPONSES TO QUALITY OF HOMEMAKER WORK CLUSTER ITEMS

	E l d e r l y n=29			F a m i l y n=15		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. In general, I was happy with the quality of the Homemaker's work.*,**	f 16 % 80	3 15	1 5	11 79	2 14	1 7
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.*,**	f 15 % 83	3 17	0 0	12 86	2 14	0 0
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.*,**	f 13 % 72	5 20	0 0	12 86	2 14	0 0
13. My Homemaker seemed to have the training necessary to do his/her job.*,**	f 13 % 72	3 17	2 11	12 86	1 7	1 7
14. I feel I/we received service within a reasonable length of time after requesting a Homemaker.*,**,***	f 12 % 75	4 25	0 0	12 86	1 7	1 7

TABLE XVI (Cont'd.)

	Elderly & Family n=44			All Respondents n=46		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. In general, I was happy with the quality of the Homemaker's work.*,**	f 27 % 79	5 15	2 6	27 77	5 14	3 9
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.*,**	f 27 % 84	5 16	0 0	28 82	6 18	0 0
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.*,**	f 25 % 78	7 22	0 0	25 74	8 24	1 3
13. My Homemaker seemed to have the training necessary to do his/her job.*,**	f 25 % 78	4 13	3 9	25 74	6 18	3 9
14. I feel I/we received service within a reasonable length of time after requesting a Homemaker.*,**,***	f 24 % 80	5 17	1 3	24 5	7 22	1 3

TABLE XVI (Cont'd.)

*Items in common with Level of Satisfaction with Service Cluster.

**Items in common with Homemaker - Client Matching Cluster.

***Item in common with Scheduling Cluster.

TABLE XVII

FORMER CLIENTELE RESPONSES TO LEVEL OF SATISFACTION WITH
SERVICE CLUSTER ITEMS

	E l d e r l y n=29			F a m i l y n=15		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. In general, I was happy with the quality of the Homemaker's work.*,**	f 16 % 80	3 15	1 5	11 79	2 14	1 7
10. In the very beginning, before my Homemaker's first visit I felt a Homemaker might be helpful to me and/or my family.***	f 16 % 80	4 20	0 0	10 71	4 29	0 0
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.*,**	f 15 % 83	3 17	0 0	12 86	2 14	0 0
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.*,**	f 13 % 72	5 28	0 0	12 86	2 14	0 0
13. My homemaker seemed to have the training necessary to do his/her job.*,**	f 13 % 72	3 17	2 11	12 86	1 7	1 7
14. I feel I/we received service within a reasonable length of time after requesting a Homemaker.*,†	f 12 % 75	4 25	0 0	12 86	1 7	1 7

*Items in common with Quality of Homemaker Work Cluster.

**Items in common with Homemaker - Client Matching Cluster.

***Items in common with Case Management Cluster.

†Items in common with Scheduling Cluster.

TABLE XVII (Cont'd.)

	Elderly & Family n=44			All Respondents n=46		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. In general, I was happy with the quality of the Homemaker's work.*,**	f 27 % 79	5 15	2 6	27 77	5 14	3 9
10. In the very beginning, before my Homemaker's first visit I felt a Homemaker might be helpful to me and/or my family.***	f 26 % 77	8 24	0 0	28 78	8 22	0 0
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.*,**	f 27 % 84	5 16	0 0	28 82	6 18	0 0
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.*,**	f 25 % 78	7 2	0 0	25 74	8 24	1 3
13. My homemaker seemed to have the training necessary to do his/her job.*,**	f 25 % 78	4 13	3 9	25 74	6 18	3 9
14. I feel I/we received service within a reasonable length of time after request-a Homemaker.*,†	f 24 % 80	5 17	1 3	24 75	7 22	1 3

TABLE XVIII

FORMER CLIENTELE RESPONSES TO CASE MANAGEMENT CLUSTER ITEMS

	E l d e r l y n=29			F a m i l y n=15		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
2. The Homemaker supervisor, Homemaker, caseworker (if applicable), and I agreed on the duties the Homemaker was to perform.	f 15 % 75	1 5	4 20	10 71	3 21	1 7
3. On the average, my Homemaker visited me enough times each week to do what I expected of her/him.*	f 12 % 67	5 28	1 6	7 54	5 38	1 8
4. On the average, my Homemaker's visits were about the right length of time each visit.*	f 11 % 58	5 26	3 16	8 57	4 29	2 14
5. My Homemaker was always on time for his/her visit.*	f 14 % 67	5 24	2 10	9 64	2 14	3 21
6. I was always contacted if my Homemaker could not come when scheduled.*	f 12 % 67	4 22	2 11	10 83	2 17	0 0
8. If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided.**	f 13 % 68	5 26	1 5	11 79	2 14	1 7
9. The Homemaker told me about community resources that might benefit me.	f 10 % 59	3 18	4 24	5 45	1 9	5 45
10. I feel I/we received service within a reasonable length of time after requesting a Homemaker.***	f 16 % 80	4 20	0 0	10 71	4 29	0 0

*Items in common with Scheduling Cluster.

**Item in common with Homemaker - Client Matching Cluster.

***Item in common with Level of Satisfaction with Service Cluster.

TABLE XVIII (Cont'd.)

	Elderly & Family n=44			All Respondents n=46		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
2. The Homemaker supervisor, Homemaker, caseworker (if applicable), and I agreed on the duties the Homemaker was to perform.	f 25 % 74	4 12	4 15	25 71	4 11	6 17
3. On the average, my Homemaker visited me enough times each week to do what I expected of her/him.*	f 19 % 61	10 32	2 6	19 59	11 34	2 6
4. On the average, my Homemaker's visits were about the right length of time each visit.*	f 19 % 58	9 27	5 15	19 56	10 29	5 15
5. My Homemaker was always on time for his/her visit.*	f 23 % 66	7 20	5 14	23 64	8 22	5 14
6. I was always contacted if my Homemaker could not come when scheduled.*	f 22 % 73	6 20	2 7	22 71	7 23	2 6
8. If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided.**	f 24 % 73	7 21	2 6	24 71	7 21	3 9
9. The Homemaker told me about community resources that might benefit me.	f 15 % 54	4 14	9 32	16 55	4 14	9 31
10. I feel I/we received service within a reasonable length of time after requesting a Homemaker.***	f 26 % 77	8 24	0 0	28 78	8 22	0 0

TABLE XIX

FORMER CLIENTELE RESPONSES TO SCHEDULING CLUSTER ITEMS

	E l d e r l y n=29			F a m i l y n=15		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
3. On the average, my Homemaker visited me enough times each week to do what I expected of her/him.*	f 12 % 67	5 28	1 6	7 54	5 28	1 8
4. On the average, my Homemaker's visits were about the right length of time each visit.*	f 11 % 58	5 26	3 16	8 57	4 29	2 14
5. My Homemaker was always on time for his/her visits.*	f 14 % 67	5 24	2 10	9 67	2 14	3 21
6. I was always contacted if my Homemaker could not come when scheduled.*	f 12 % 67	4 22	2 11	10 83	2 17	0 0
14. I feel I/we received service within a reasonable length of time after requesting a Homemaker.**	f 12 % 75	4 25	0 0	12 86	1 7	1 7

TABLE XIX (Cont'd.)

	Elderly & Family n=44			All Respondents n=46		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
3. On the average, my Homemaker visited me enough times each week to do what I expected of her/him.*	f 19 % 61	10 32	2 6	19 59	11 34	2 6
4. On the average, my Homemaker's visits were about the right length of time each visit.*	f 19 % 58	9 27	5 15	19 56	10 29	5 15
5. My Homemaker was always on time for his/her visits.*	f 23 % 66	7 20	5 14	23 65	8 22	5 14
6. I was always contacted if my Homemaker could not come when scheduled.*	f 22 % 73	6 20	2 7	22 71	7 23	2 6
14. I feel I/we received service within a reasonable length of time after requesting a Homemaker.**	f 24 % 80	5 17	1 3	24 75	7 22	1 3

TABLE XIX (Cont'd.)

*Items in common with Case Management Cluster.

**Items in common with Quality of Homemaker Work Cluster and Level of Satisfaction with Service Cluster.

TABLE XX

FORMER CLIENTELE RESPONSES TO HOMEMAKER - CLIENT MATCHING CLUSTER ITEMS

	E l d e r l y n=29			F a m i l y n=15		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. In general, I was happy with the quality of the Homemaker's work.*	f 16 % 80	3 15	1 5	11 79	2 14	1 7
7. I generally felt free to communicate my needs to my Homemaker.	f 14 % 74	5 26	0 0	10 71	2 14	2 14
8. If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided.**	f 13 % 68	5 26	1 5	11 79	2 14	1 7
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.*	f 16 % 80	4 20	0 0	12 86	2 14	0 0
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.*	f 13 % 72	3 28	0 0	12 86	2 14	0 0
13. My Homemaker seemed to have the training necessary to do his/her job.*	f 13 % 72	3 17	2 11	12 86	1 7	1 7
15. My Homemaker and I got along well.	f. 13 % 72	4 22	1 6	11 85	2 15	0 0
16. I felt my Homemaker understood my situation.	f 13 % 72	3 17	2 11	12 86	2 14	0 0

*Items in common with Quality of Homemaker Work Cluster and Level of Satisfaction with the Service Cluster.

**Item in common with Case Management Cluster.

TABLE XX (Cont'd.)

	Elderly & Family n=44			All Respondents n=46		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
1. In general, I was happy with the quality of the Homemaker's work.*	f 27 % 79	5 15	2 6	27 77	5 14	3 9
7. I generally felt free to communicate my needs to my Homemaker.	f 24 % 73	7 21	2 6	24 71	7 21	3 9
8. If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided.**	f 24 % 73	7 21	2 6	24 71	7 21	3 9
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.*	f 27 % 84	5 16	0 0	28 82	6 18	0 0
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.*	f 25 % 78	7 22	0 0	25 74	8 24	1 3
13. My Homemaker seemed to have the training necessary to do his/her job.*	f 25 % 78	4 13	3 9	25 74	6 18	3 9
15. My Homemaker and I got along well.	f 24 % 77	6 19	1 3	24 75	7 21	2 6
16. I felt my Homemaker understood my situation.	f 25 % 78	5 16	2 6	25 74	7 21	2 6

TABLE XXI

FORMER CLIENTELE RESPONSES TO ITEMS ON THE USEFULNESS OF THE HOMEMAKER SERVICE
IN PREVENTING, POSTPONING, OR SHORTENING THE NEED FOR OUT OF HOME CARE

	E l d e r l y n=29			F a m i l y n=15		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
17. If I/we had not had a Home- maker I or a member of my family might not have been able to remain at home.	f 10 % 63	4 25	2 13	4 36	3 27	4 36
18. If I/we had not had a Home- maker I or a member of my family might not have been able to return home as soon from out of home care (i.e., hospitalization, nursing home care, foster home care, etc.)	f 9 % 64	2 14	3 21	4 44	1 11	4 44
19. If I/we had not had a Home- maker, I or a member of my family might not have been able to remain at home as long.	f 10 % 63	4 25	2 13	2 33	1 17	3 50

TABLE XXI (Cont'd.)

	Elderly & Family n=44			All Respondents n=46		
	Agree (1,2)	Neutral (3)	Disagree (4,5)	Agree (1,2)	Neutral (3)	Disagree (4,5)
17. If I/we had not had a Home-maker I or a member of my family might not have been able to remain at home.	f 14 % 52	7 26	6 22	14 50	8 29	6 21
18. If I/we had not had a Home-maker I or a member of my family might not have been able to return home as soon from out of home care (i.e., hospitalization, nursing home care, foster home care, etc.)	f 13 % 57	3 13	7 30	13 54	4 17	7 29
19. If I/we had not had a Home-maker, I or a member of my family might not have been able to remain at home as long.	f 12 % 55	5 23	5 23	12 52	6 26	5 22

APPENDIX B

HOMEMAKER OPINION SURVEY

February 21, 1979

TO: Homemakers

FROM: Shan Leonard
Program Evaluator

RE: Attached Homemaker Opinion Survey

This letter is to ask your support in filling out the attached survey. It asks for your opinion about various aspects of your job and the services provided by the agency. Your opinions will help in better planning program and services. A similar survey will be sent to some of the former clientele of the agency. They will be asked questions about how they felt about services they received. The decision whether or not to fill out the survey is yours. Your decision will in no way effect your job, job assignments, etc. You may not receive any direct benefit from participating in this survey. However, your participation may help to increase knowledge which may benefit others in the future. The only inconvenience to you would be the few minutes of your time required to fill out the survey.

To assure confidentiality, the results will be tabulated by an independent researcher. Please do not put your name on the survey. Your completed survey will only be seen by the researcher. It will not be seen by other Homemakers or Homemaker Service staff, supervisors, or administrator. Survey results will only be available in tabulated form. This will give information about opinions held by Homemakers as a whole without singling out the opinions of any one Homemaker.

If you have any questions about the survey please ask me or Joanne Gulsvig. You are encouraged to complete the survey during this meeting and return it in the attached envelope at the end of the session. If you are unable to return it until later please put it in the attached envelope and give it to one of the clerical staff upstairs by Monday, February 28. Your return of the completed survey will indicate you have read and understood this letter, and that you give your consent to fill out the survey.

Hoping for your support!

Please respond to each of the items on the next two pages by checking or circling the most appropriate response or filling in the blank to describe your own situation.

SEX

_____ Male
 _____ Female

AGE

_____ 19 or below
 _____ 20 to 29
 _____ 30 to 39
 _____ 40 to 49
 _____ 50 to 59
 _____ 60 or above

MARITAL STATUS

_____ Single
 _____ Married
 _____ Widowed
 _____ Divorced
 _____ Separated
 _____ Other

NUMBER OF CHILDREN (please circle)

0 1 2 3 4 5 6 7 8 9 10 11 12

EDUCATION (please circle highest grade completed)

6 7 8 9 10 11 12 13 14 15 16 17 18

EMPLOYMENT

1. I have been employed by Homemaker Service of Lane County since
 _____ (date)

2. I have been employed by Homemaker Service of Lane County for:

_____ (years) _____ (months)

EMPLOYMENT (cont.)

3. I have worked as a Homemaker prior to being employed by Homemaker Service of Lane County.

_____ yes

_____ no

4. If you answered yes to #3 above, for how long did you work as a Homemaker prior to being employed by Homemaker Service of Lane County?

_____ (years) _____ (months)

5. Did you have Homemaker training prior to working for Homemaker Service of Lane County?

_____ yes

_____ no

6. The last job I had prior to my employment with the Homemaker Service of Lane County was: _____.

(type of job)

7. Date I left job listed in #6 was: _____.

8. I was employed in the job listed in #6 above for:

_____ (years) _____ (months)

GENERAL INSTRUCTIONS:

Please respond to each item on the attached survey with your honest opinion. There are no right or wrong answers. Your honest opinion will provide the most help in assessing the present Homemaker program and help in planning for future program and services.

If you have no opinion regarding an item or it does not apply to you please mark the "no opinion" response. I encourage you to respond to all items. However, if for some reason you do not wish to answer a particular question please mark the "no opinion" response. There are no tricks in the way the questions are worded. Do not take too much time in responding to any question. Please give the first response that comes to mind.

The response choices 1 through 5 (strongly agree to disagree on questions 1-17 and always to never on questions 18-30) represent levels of agreement from most to least. A response "1" equals full agreement with a statement and a response "5" equals full disagreement with a statement. Responses "2, 3, and 4" equal levels between total agreement and total disagreement. A response "6" means you have no opinion about that statement or you choose not to answer it.

INSTRUCTIONS FOR ITEMS 1 - 30:

Please respond to items 1 - 30 by checking the box under the response that most closely describes how you feel about each statement at the present time.

	1	2	3	4	5	6
	STRONGLY AGREE	MODERATELY AGREE	AGREE	MODERATELY DISAGREE	STRONGLY DISAGREE	NO OPINION
1. I feel I have adequate training to competantly do my job.						
2. I have the necessary skills to feel confident handling situations as they arise on the job.						
3. I feel the Homemaker Service of Lane County personnel policies are fair for me personally.						
4. I understand the purpose of all the paperwork I have to do for my job.						
5. I understand how to accurately complete all the paperwork I have to do for my job.						
6. The amount of paperwor't I have to do for my job is about right.						
7. In the interest of providing good service for a client, I feel a client's service plan is reviewed often enough.						
8. I would like more training to help me do my job.						
9. I get the amount of supervision I need to do a good job.						

	1	2	3	4	5	6
	STRONGLY AGREE	MODERATELY AGREE	AGREE	MODERATELY DISAGREE	STRONGLY DISAGREE	NO OPINION
10. The number of meetings I have to attend each month is about right.						
11. The Homemakers employed at our agency provide support to one another.						
12. I would like more opportunity to get to know the other Homemakers						
13. I would like more opportunity to get to know the Housekeepers.						
14. The skills of the Homemaker are usually well matched to the needs of the client.						
15. The personality of the Homemaker and client are usually matched so they are compatible.						
16. Initial orientation training was helpful.						
17. Inservice training is helpful.						

	1	2	3	4	5	6
	ALWAYS	MOST OF THE TIME	USUALLY	SELDOM	NEVER	NO OPINION
18. Client visits are scheduled frequently enough for me to do what is expected of me.						
19. I get the assistance I need from the Homemaker Service supervisory staff when handling a difficult case.						
20. I get the assistance I need from staff of other agencies also working with my client when handling a difficult case.						
21. Homemaker Service supervisory staff spend enough time with me when a new case is assigned for me to clearly understand the service plan and what I am to do.						
22. The Homemaker Service supervisory staff is responsive to needs of the Homemaker.						
23. If I report a problem or need to the Homemaker Service supervisory staff appropriate action is taken.						
24. We keep clients on the program longer if necessary.						
25. Goals and objectives of a client's service plan are changed when appropriate.						

	1	2	3	4	5	6
	ALWAYS	MOST OF THE TIME	USUALLY	SELDOM	NEVER	NO OPINION
26. The assigned Homemaker is quickly made aware of any changes in her/his client's service plan if made by someone else (i.e. supervisor)						
27. I get the assignment sheets I need to begin a new case before my first client visit.						
28. A Needs Assessment is made by the supervisor before my first visit with a client.						
29. My travel schedule of Homemaker visits is arranged as efficiently as possible so I don't have to re-trace my steps.						
30. My Homemaker visits are scheduled so that I have enough time to get to each appointment on time.						

INSTRUCTIONS FOR ITEMS 31 - 45:

Please respond to items 31 - 45 by checking the response that most closely 166 describes how you feel about the statement at the present time on those items where choices are listed and by writing a short response to the other items.

31. I could best serve my clients if the length of home visits was:

- much longer
- somewhat longer
- about the same as they are now
- somewhat shorter
- much shorter
- no opinion

32. I would like the range of types of clients to which I am assigned to be:

- much greater
- somewhat greater
- about the same as now
- somewhat narrower
- much narrower
- no opinion

33. If response to question #32 is "greater" or "much greater", with what types of clients would you like more work? (Please write what kinds.)

34. Staff morale at the Homemaker Service is:

- _____ very high
- _____ high
- _____ average
- _____ low
- _____ very low
- _____ no opinion

35. I feel the Homemaker Service of Lane County is most effective in pre-venting the need for out of home care (i.e. nursing home care, foster home care, live with relatives, mental health hospitalization, etc.) for the following types of clients. (Please mark with 1, 2, 3 the 3 types of clients with which you feel the agency is most effective, second and third most effective.)

- _____ client with difficulty physically caring for him/herself
- _____ client with difficulty physically caring for another family member
- _____ client with emotional problem (s)
- _____ client with family member who has emotional problem (s)
- _____ client having difficulty organizing and managing household
- _____ client having difficulty with parent-child relationships
- _____ other (please specify)
- _____ no opinion

36. I feel the Homemaker Service of Lane County is most effective in post-poning the need for out of home care (i.e. nursing home care, foster home care, live with relatives, mental health hospitalization, etc.) for the following types of clients. (Please mark with 1, 2, 3 the 3 types of clients with which you feel the agency is most effective, second and third most effective.)

- _____ client with difficulty physically caring for him/herself
- _____ client with difficulty physically caring for another family member
- _____ client with emotional problem (s)
- _____ client with family member who has emotional problem (s)
- _____ client having difficulty organizing and managing household
- _____ client having difficulty with parent-child relationships
- _____ other (please specify)
- _____ no opinion

37. I feel the Homemaker Service of Lane County is most effective in helping to shorten the length of the need for out of the home care (i.e. nursing home care, foster home care, live with relatives, mental health hospitalization, etc.) for the following types of clients. (Please mark with a 1, 2, 3 the 3 types of clients with which you feel the agency is the most effective, second and third most effective.)

_____ client with difficulty physically caring for him/herself
 _____ client with difficulty physically caring for another family member
 _____ client with emotional problem (s)
 _____ client with family member who has emotional problem (s)
 _____ client having difficulty organizing and managing household
 _____ client having difficulty with parent-child relationships
 _____ other (please specify)
 _____ no opinion

38. Please suggest ways to improve the Homemaker Service: (use back of this page if necessary)

A. To make the job easier:

B. To make the job more enjoyable (or interesting):

C. So you can provide better service to your clients:

D. Other: (Please specify)

39. If you feel you would like more job training, what kinds of training do you desire: (please list briefly)
40. The three personal qualities I feel are most important for a Homemaker to have are: (Please list the most important first)
- 1.
 - 2.
 - 3.
41. The three personal qualities I possess that I feel are most important in my work are: (Please list most important first)
- 1.
 - 2.
 - 3.
42. The three things I like most about working as a Homemaker are: (Please list most important first)
- 1.
 - 2.
 - 3.

43. The three things I like least about working as a Homemaker are:
(Please list least favorite first)

1.

2.

3.

44. The three things I like most about working for this specific agency are:
(Please list most important first)

1.

2.

3.

45. The three things I like least about working for this specific agency are:
(Please list least favorite first)

46. Do you have anything else you care to add about service you provide your clients, your job and/or your employment with the Homemaker Service of Lane County?

APPENDIX C

FORMER CLIENTELE SATISFACTION SURVEY

May 7, 1979

TO: Former Clientele of Homemaker Service of Lane County

FROM: Shan Leonard
Program Evaluator

RE: Enclosed Clientele Satisfaction Survey

This letter is to ask your support in filling out the enclosed survey. We wish to find out how you felt about your contact with Homemaker Service of Lane County. Your opinions will help us better plan our program and services. The decision whether or not to fill out the survey is yours. Your decision will in no way effect your eligibility for services you may request from Homemaker Service of Lane County in the future. You may not receive any direct benefit from participating in the survey. However, your participation may help to increase knowledge which may benefit others in the future. Each person's response is important in getting an overall picture of how people felt about services they received. The only inconvenience to you would be the few minutes of your time required to fill out the survey.

To assure confidentiality, the results will be tabulated by an independent researcher. Please do not put your name on the survey. Your completed survey will only be seen by the researcher. It will not be seen by Homemakers or other Homemaker Service staff, supervisors, or administrators. Survey results will be available only in tabulated form. This will give information about opinions held by former clientele as a whole without singling out the opinions of any one former client.

If you have any questions about the survey please call Homemaker Service of Lane County. You can reach them Monday through Friday during regular business hours at 485-5111. A return stamped, self addressed envelope is enclosed so that return of the survey will be of no cost to you. Return of the survey by Monday, May 21, 1979 will be appreciated. Your return of the completed survey will indicate you have read and understood this letter, and that you give your consent to fill out the survey.

Hoping for your support 1

CLIENTELE SATISFACTION SURVEY

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Unless otherwise indicated, please respond to each of the items on the next four pages by checking or circling the most appropriate response or filling in the blank to describe you and your situation when the Homemaker first began visiting you.

SEX

- Male
- Female

AGE

- 19 or below
- 20 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60 to 69
- 70 to 79
- 80 to 89
- 90 or above

MARITAL STATUS

- Single
- Married
- Widowed
- Divorced
- Separated
- Other

NUMBER OF CHILDREN (please circle total number of children)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

NUMBER OF CHILDREN AT HOME (please circle number of children living at home during time Homemaker visited you)

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EDUCATION (please circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 20+

REFERRAL

1. I was referred to Homemaker Service of Lane County by:
(please check as many as apply)

- Adult and Family Service
 CARES
 Children's Services Division
 Client or former client of Homemaker Service of Lane County
 Community Health
 Counselor
 Friend
 Home Health
 Juvenile Department
 Mental Health Clinic
 Neighbor
 Physician
 Physician's Nurse
 Public Health Nurse
 Self
 Senior Services
 Other (please list)

2. I/we received service from a Homemaker from

_____ TO
 (month) (year)

 (month) (year)

3. The total length of time I/we received service from a Homemaker is:

 (years) (months)

REFERRAL (Cont.)

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4. The most important reason(s) I/we first sought services from the Homemaker Service of Lane County is/are:
(Please mark your answers with a 1, 2, and 3, with 1 your most important reason, 2 your second most important reason, and 3 your third most important.)

- difficulty physically caring for myself
- difficulty physically caring for other family member(s)
- emotional problem of mine
- emotional problem of other family member(s)
- having difficulty organizing and managing household
- having difficulty with parent-child relationships
- other (please list)

KNOWLEDGE OF HOMEMAKER SERVICE OF LANE COUNTY:

Before I/we had a Homemaker I know the following amount about the Homemaker Service of Lane County:

- very much
- much
- some
- little
- very little

LIVING SITUATION:

1. When the Homemaker first began visiting I was living:

- by myself
- with my immediate family (i.e. spouse, children, etc.)
- with grown children
- with other relatives
- with friends
- other (please specify)

LIVING SITUATION (Cont.)

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1. When the Homemaker stopped visiting my living situation was the same as in #1.

Yes

No

1. If your answer to #2 above is "no" please answer the following.

When the Homemaker stopped visiting I was living:

by myself

with my immediate family (i.e. spouse, children, etc.)

with grown children

with other relatives

with friends

other (please specify)

4. When the Homemaker first began visiting I and/or another member(s) of my family was/were receiving out of home care (i.e. hospitalization, foster home care, nursing home care, etc.)

Yes

No

5. When the Homemaker stopped visiting I and/or another member(s) of my family was/were receiving out of home care (i.e. hospitalization, foster home care, nursing home care, etc.)

Yes

No

GENERAL INSTRUCTIONS:

Please respond to each item on the attached survey with your honest opinion. There are no right or wrong answers. Your honest opinion will provide the most help in assessing the present Homemaker program and help in planning for future programs and services.

If you have no opinion regarding an item or it does not apply to you please mark the "no opinion" response. I encourage you to respond to all items. However, if for some reason you do not wish to answer a particular question please mark the "no opinion" response. There are no tricks in the way the questions are worded. Do not take too much time in responding to any question. Please give the first response that comes to mind. You may use the back of the page to complete your answers if necessary.

If you have had more than one Homemaker please refer to the Homemaker who visited you most, when answering the survey. If you had 2 or more Homemakers who visited about the same number of times please select one and refer only to that one when filling out the survey.

The response choices 1 through 5 (strongly agree to strongly disagree on questions 1 - 19) represent levels of agreement from most to least. A response "1" equals full agreement with a statement and a response "5" equals full disagreement with a statement. Responses "2, 3, and 4" equal levels between total agreement and total disagreement. A response "6" means you have no opinion about that statement or you choose not to answer it.

INSTRUCTIONS FOR ITEMS 1 - 19:

Please respond to items 1 - 19 by checking the box under the response that most closely describes how you feel about each statement.

	1	2	3	4	5	6
	STRONGLY AGREE	MODERATELY AGREE	AGREE	MODERATELY DISAGREE	STRONGLY DISAGREE	NO OPINION
1. In general, I was happy with the quality of the Homemaker's work.						
2. The Homemaker supervisor, Homemaker, caseworker (if applicable), and I agreed on the duties the Homemaker was to perform.						
3. On the average, my Homemaker visited me enough <u>times</u> each week to do what I expected of her/him.						
4. On the average, my Homemaker's visits were about <u>the</u> right length of time each visit.						
5. My Homemaker was always on time for his/her visits.						
6. I was always contacted if my Homemaker could not come when scheduled.						
7. I generally felt free to communicate my needs to my Homemaker.						
8. If I told my Homemaker about a change in what I wanted or needed from him/her, he/she usually made a change in the services provided.						
9. The Homemaker told me about community resources that might benefit me.						
10. In the very beginning, before my Homemaker's first visit I felt a Homemaker might be helpful to me and/or my family.						179

	1	2	3	4	5	6
	STRONGLY AGREE	MODERATELY AGREE	AGREE	MODERATELY DISAGREE	STRONGLY DISAGREE	NO OPINION
11. I would recommend the Homemaker Service of Lane County to a friend who might need it.						
12. Looking back on the services my Homemaker provided me and/or my family I feel they were helpful.						
13. My Homemaker seemed to have the training necessary to do his/her job.						
14. I feel I/we received service within a reasonable length of time after requesting a Homemaker.						
15. My Homemaker and I got along well.						
16. I felt my Homemaker understood my situation.						
17. If I/we had not had a Homemaker I or a member of my family might not have been able to remain at home.						
18. If I/we had not had a Homemaker I or a member of my family might not have been able to return home as soon from out of home care (i.e. hospitalization, nursing home care, foster home care, etc.)						
19. If I/we had not had a Homemaker, I or a member of my family might not have been able to remain at home as long.						

INSTRUCTIONS FOR ITEMS 20 - 27:

Please respond to items 20 - 27 by checking a response(s) that most closely describes how you feel about the statement on those items where choices are listed and by writing a short response to the other items.

20. To the left of the list below please check those duties that, in the very beginning, you expected your Homemaker to perform and to the right of the list below please check those duties your Homemaker actually did.
(Please check as many as apply)

<u>Expect Homemaker to perform</u>		<u>Homemaker actually did</u>
1. _____	personal care	1. _____
2. _____	plan or prepare meals	2. _____
3. _____	assistance with family budgeting	3. _____
4. _____	shopping	4. _____
5. _____	light housekeeping	5. _____
6. _____	laundry	6. _____
7. _____	child care	7. _____
8. _____	demonstrate and teach better methods of home management	8. _____
9. _____	demonstrate and teach better methods of child care	9. _____
10. _____	demonstrate and teach better methods of self care	10. _____
11. _____	other (please list)	11. _____

21. How many of your expectations were met?

_____. all

_____. most

_____. some

_____. few

_____. none

_____. no opinion

22. What duties or activities did the Homemaker perform that you did not expect him/her to do?
(Please list briefly)

23. The three personal qualities I feel are most important for a Homemaker to have are:
(Please list most important first)

1.

2.

3.

24. The three personal qualities of my Homemaker that were most important to me are:
(Please list most important first)

1.

2.

3.

25. The three personal qualities of my Homemaker that I liked the least are:

1.

2.

3.

26. How could your Homemaker have helped you more?
(Please be specific)

27. Do you have anything else to add about your experience with your Homemaker, or the Homemaker Service of Lane County?
(Please use the back of this sheet if necessary)