



# The Client Perception of Value Project

Accessing our clients as our  
expert evaluators.



***What*** is 'it' your organisation striving for?

And ***how will you know*** 'it' has made an impact?



# Why?

How do we know that aiming for these things will make a difference?



# Baptist Community Services (NSW & ACT)

- One of Australia's largest aged care providers.
- 3,500 staff and 1,000 volunteers.
- \$200 million turnover last year.
- Clients... Over 12,000 in aged care.

**Our aim?**

**“Excellence in Christian Care”**



# Wanting our clients to tell us what to aim for...

- Our business excellence reviews showed we needed to improve our customer and market focus.
- Our senior management wanted more than financial indicators of success.



# Figuring out what our clients think is of value...

- Literature review
  - Other research into how to measure client values.
  - Findings on clients' 'values'.
- Process Mapping
  - “What do we do?”
- Value Chain Analysis
  - “At what points in the process does the client experience value?”



# Clients' 'values'?

- Focus groups
  - Care-recipients, carers, relatives and staff.
  - HACCC, CACP, NRCP, EACH, EACH-D
  - Urban and rural clients, across multiple centres and managers.
  - Involving 91 people;  
10 groups and 25 interviews.

→ Defining key elements of quality service.



# Themes that we discovered...

1. Maintaining and supporting client independence.
2. Service provision being client driven.
3. Information wanted by clients is provided in a timely and accessible manner.
4. Care Staff are professional and capable.
5. Service culture is engaging and positive for clients.
6. Administrative systems and processes are effective and responsive to client needs.



# Creating the Survey

- 15 pages covering 55 statements.
- Using words from the focus groups.
- Measuring tangible aspects of the 6 themes created by the clients.
- Tested through piloting and committee consultation.



# The Survey

Staff Skills		Please mark a choice on each line				
0	Conversations with staff are two way	Disagree	Tend to disagree	Neutral	Tend to agree	Agree
1	Staff talk to me about things I am interested in	Disagree	Tend to disagree	Neutral	Tend to agree	Agree
2	Staff can make good conversation with me	Disagree	Tend to disagree	Neutral	Tend to agree	Agree
3	I enjoy it when the staff are here	Disagree	Tend to disagree	Neutral	Tend to agree	Agree
4	Do you have any other comments?					



# How did we maximise participation?

- Employed 'age-relevant' techniques:
  - 5-point sensitive scale.
  - Yellow paper for eyesight.
  - Minimal writing required.
  - Large clear font.
  - Generation-appropriate words.
- Personal and inclusive language.
- Confidential and open process.
- Appropriate exclusion criteria.



# At this point we had:

- Designed and tested a survey.
- Distributed that survey across *all* capable clients, or a representative relative.
- Collated and examined the results.

We didn't stop there...



# Action Plans and more feedback...

- Results communicated to regional and local managers.
- Action Plans drafted by managers.
- Consultation with clients on Action Plans.

→ **Implementation.**



# How did BCS go?

## Participation:

50% of 4183 clients or representative relatives returned surveys.



# Broad Results:

# SUCCESS



- Care staff are highly regarded and professional.
- Care staff are warm and engaging.
- Services maintain and support client independence.
- Service provision is client driven.



## Broad Results:

- Communication about changes to rosters needs to be improved.
- Bills and invoices are not clear.
- Office staff could be more responsive and informative.



# The highlights for us...

- More than 50% of clients responded.
- We understand better what our clients value.
- Client responses are discerning and specific.
- Our senior leadership team has direct access to client feedback.
- Tangible changes are being made in response.



# The trouble spots:

- The process is labour intensive.
- Clinical measures continue to have a much louder voice.
- Generational differences challenge our interpretations.
- Our clients need to learn about giving feedback.



# Where to now ?

Continuing to aim for  
“Excellence in Christian Care”.

Measuring both ‘excellence’ and our  
attainment of it, according to our clients.



# Questions?

Thank-you for your attention this afternoon.

For further information,  
including benchmarking opportunities,  
please contact

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