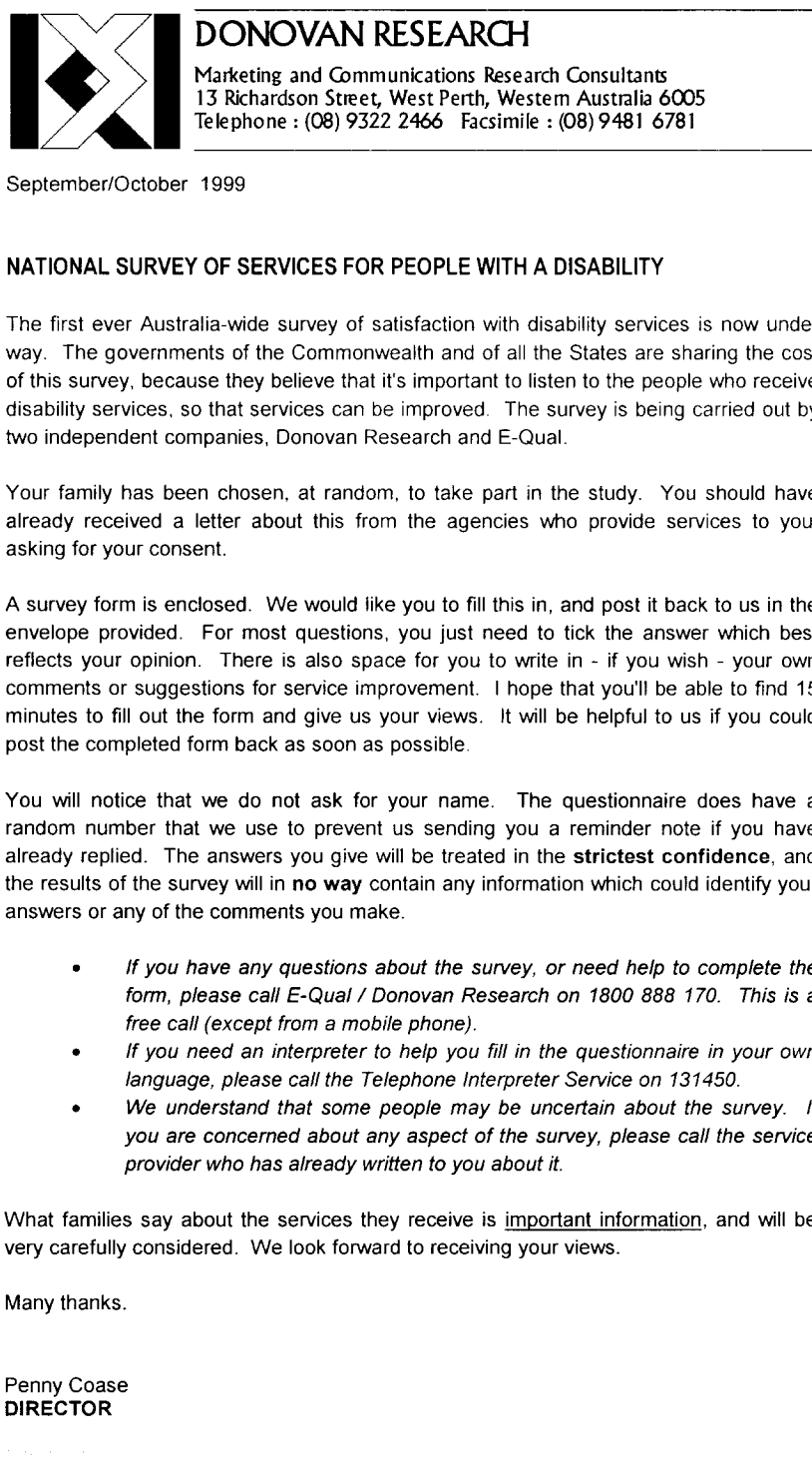

B Survey instruments and fieldwork documents

This appendix includes copies of the following survey instruments and fieldwork documents:

1. the covering letter for the family survey (as it was a mail survey) (figure B.1);
2. the family survey (figures B.2–B.16);
3. the client survey (figures B.17–B.32);
4. the advance letter from service providers, to clients about taking part in the client survey, or to the next-of-kin about taking part in the family (next-of-kin) survey (figure B.33);
5. the advance letter from service providers to the next-of-kin of clients selected about undertake the client survey on the client's behalf (figure B.34);
6. the advance letter from service providers to able clients or their next-of-kin about taking part in the family survey (figure B.35);
7. the service provider instructions and information (figures B.36–B.43); and
8. the pre survey form (figures B.44–B.46).

Figure B.1 **Covering letter for the family survey**



- 1 -

What do you think about Services for People with Disabilities?

Thank you for taking the time to complete this questionnaire. This is your chance to give your opinion on services, provided by **government and non-government agencies**, to people with disabilities and their families. What you have to say will help improve services across Australia.

Who should answer the questions?

The person or persons to whom the envelope was addressed. This survey asks your family for their opinion of services. When we use the words 'your family', we mean all your immediate family, including the member with a disability. We refer to the person with a disability as your 'family member'.

- ⇒ We also recognise that you may not be related to the person with the disability but may be a guardian. Please take these questions to apply to your situation as well.
- ⇒ If you are a person with a disability who organises services yourself, you may like to complete the survey, with your partner, or with other family members.

More than one person with a disability in the family?

If you have more than one person with a disability in your family, please answer the questions considering the adult family member with a disability who uses disability services the most.

What if I need help?

Other family members or friends can help you in reading or understanding the survey, or you can ring the Translating and Interpretation Service on 131450 if you need an interpreter or our Helpline on 1800 888 170 (a free call) if you have other questions or need another type of help.

Are my answers confidential?

The consultants, Donovan Research and E-QUAL are independent companies and your answers will be kept completely confidential. The results we will provide will not identify anyone, and will not be able to be traced to you.

How do I answer the questions?

For most questions, all you need to do is tick the box which applies to you. Please read all the questions carefully and follow the instructions after each question. Please ignore the numbers in brackets on the right hand side of the page, they are for our use only.

**Please take 15 minutes to fill this out!
Use the reply paid envelope to return the
questionnaire to us by the Friday 22nd October 1999.**

THANK YOU VERY MUCH

Figure B.3 Family survey — page 2 of 15

- 2 -		OFFICE USE COLS 1-6 7=1 8=5
Section A: Background Information		
Please remember, all the information we are collecting will be kept <u>strictly confidential</u> .		
Q1	What is the postcode of your family home? Write in. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(9-12)
Q2	<p>What is your relationship to your family member with a disability? If more than one person is completing this survey, please tick all that apply.</p> <p>I am the family member with a disability <input type="checkbox"/> 1</p> <p>Mother <input type="checkbox"/> 2</p> <p>Father <input type="checkbox"/> 3</p> <p>Partner eg.husband/wife <input type="checkbox"/> 4</p> <p>Brother or Sister <input type="checkbox"/> 5</p> <p>Son or Daughter (including in-law) <input type="checkbox"/> 6</p> <p>Other relative (WRITE IN) <input type="checkbox"/> 7</p> <p>Other (WRITE IN) <input type="checkbox"/> 8</p>	(13-17)
Q3	<p>What is the age of your family member with a disability? Remember, if more than one family member has a disability, please answer in relation to the adult (aged 18 or over) who uses services the <u>most</u>. Please tick one box only.</p> <p>Less than 15 years <input type="checkbox"/> 1</p> <p>15 - 18 years <input type="checkbox"/> 2</p> <p>18 - 24 years <input type="checkbox"/> 3</p> <p>25 - 34 years <input type="checkbox"/> 4</p> <p>35 - 44 years <input type="checkbox"/> 5</p> <p>45 - 54 years <input type="checkbox"/> 6</p> <p>55 - 64 years <input type="checkbox"/> 7</p> <p>65 - 74 years <input type="checkbox"/> 8</p> <p>75 years plus <input type="checkbox"/> 9</p>	(18)
Q4	<p>What is the age of the person completing this survey who is <u>most closely</u> involved with the person with a disability? (This is probably you.) Please tick one box only.</p> <p>Less than 24 years <input type="checkbox"/> 1</p> <p>25 - 34 years <input type="checkbox"/> 2</p> <p>35 - 44 years <input type="checkbox"/> 3</p> <p>45 - 54 years <input type="checkbox"/> 4</p> <p>55 - 64 years <input type="checkbox"/> 5</p> <p>65 - 74 years <input type="checkbox"/> 6</p> <p>75 years plus <input type="checkbox"/> 7</p> <p>Doesn't apply, I am the family member with a disability <input type="checkbox"/> 8</p>	(19)
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Figure B.4 Family survey — page 3 of 15

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Q5 What is your family member's main disability?
Please tick one box only.

Intellectual (including Down syndrome)	<input type="checkbox"/>	01	(20-25)
Specific Learning/ Attention Deficit Disorder	<input type="checkbox"/>	02	
Autism	<input type="checkbox"/>	03	
Physical (cerebral palsy, spinal cord lesions, spina bifida)	<input type="checkbox"/>	04	
Acquired Brain Injury	<input type="checkbox"/>	05	
Vision	<input type="checkbox"/>	06	
Hearing	<input type="checkbox"/>	07	
Speech	<input type="checkbox"/>	08	
Deaf and Blind (dual sensory)	<input type="checkbox"/>	09	
Psychiatric	<input type="checkbox"/>	10	
Neurological (including multiple sclerosis, epilepsy, Huntington's disease, or Alzheimer's disease)	<input type="checkbox"/>	11	
Other (Please specify)	<input type="checkbox"/>	12	

.....

Don't know ☐ 99

Q6 On average, how often do you see your family member or speak to them on the telephone?
Please tick one box only.

We live together	<input type="checkbox"/>	01	(26-27)
Every day	<input type="checkbox"/>	02	
Several times a week	<input type="checkbox"/>	03	
Once a week	<input type="checkbox"/>	04	
Several times a month.....	<input type="checkbox"/>	05	
Once a month.....	<input type="checkbox"/>	06	
Every two or three months.....	<input type="checkbox"/>	07	
Once or twice a year	<input type="checkbox"/>	08	
Less often	<input type="checkbox"/>	09	
Doesn't apply, I am the family member with a disability	<input type="checkbox"/>	10	
Can't remember.....	<input type="checkbox"/>	99	

The question below asks you about money your family or family member may receive from the government to buy or develop supports and services. Such money is called **brokerage, direct funding or individual support packages**. The question does not ask you about:

- Pensions such as the disability support pension and the carers pension
- Allowances such as the Mobility allowance or pharmaceutical allowance
- Rent assistance
- Taxi vouchers

Q7 Does your family receive **brokerage, direct funding** or an **individual support package**?

Yes ☐ 1 No ☐ 2 Not sure / don't know ☐ 8 (28)

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Figure B.5 Family survey — page 4 of 15

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Section B: Options Co-ordinator & Options Manager

These questions ask you about **Options Co-ordinators or Options Managers**. They work to organise supports or services for families and people with disabilities. The agencies who employ Options Co-ordinators / Managers include Intellectual Disabilities Services Council (IDSC), Crippled Children's Association, Sensory Options Co-ordination (SOC), Adults Physical Neurological (APN) and Brain Injury Options Co-ordination (BIOC).

The questions do not ask you about other people who may help you organise services.

Q8 In the last 12 months has your family (or family member with a disability) received assistance from an Option Co-ordinator or Options Manager from ANY OF THE ABOVE agencies?

Yes ☐ ₁ Go to Q9 No ☐ ₂ Go to Q13 on page 6 Don't know ☐ ₈ Go to Q13 on page 6

Q9 Please tick one box for each of the following questions.

a) Does your Options Co-ordinator / Manager work with you to find out what your family needs to support your family member with a disability?

☐ ₁ Most of the time ☐ ₂ Some of the time ☐ ₃ Rarely/Never ☐ ₈ Don't know ☐ ₉ Doesn't apply

b) Does your Options Co-ordinator / Manager keep your family well informed about the range of supports and services available?

☐ ₁ Most of the time ☐ ₂ Some of the time ☐ ₃ Rarely/Never ☐ ₈ Don't know ☐ ₉ Doesn't apply

c) Does your Options Co-ordinator / Manager communicate effectively with your family?

☐ ₁ Most of the time ☐ ₂ Some of the time ☐ ₃ Rarely/Never ☐ ₈ Don't know

d) Does your Options Co-ordinator / Manager respect your family's choices and preferences?

☐ ₁ Most of the time ☐ ₂ Some of the time ☐ ₃ Rarely/Never ☐ ₈ Don't know ☐ ₉ Doesn't apply

e) Does your Options Co-ordinator / Manager provide your family with the help you need to organise supports and services?

☐ ₁ Most of the time ☐ ₂ Some of the time ☐ ₃ Rarely/Never ☐ ₈ Don't know

f) Does your Options Co-ordinator / Manager do the things they say they will do?

☐ ₁ Most of the time ☐ ₂ Some of the time ☐ ₃ Rarely/Never ☐ ₈ Don't know

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Figure B.6 Family survey — page 5 of 15

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<p>g) Are changes of Options Co-ordinator / Manager a problem for your family?</p> <p> <input type="checkbox"/>₁ <input type="checkbox"/>₂ <input type="checkbox"/>₃ <input type="checkbox"/>₈ <i>Most of the time Some of the time Rarely/Never Don't know</i> </p>	(36)
<p>h) Are the supports (such as respite, recreation, accommodation) available when your family wants and needs them?</p> <p> <input type="checkbox"/>₁ <input type="checkbox"/>₂ <input type="checkbox"/>₃ <input type="checkbox"/>₈ <i>Most of the time Some of the time Rarely/Never Don't know</i> </p>	(37)
<p>Q10 Did members of your family <u>choose</u> your Options Co-ordinator / Manager?</p> <p> <input type="checkbox"/>₁ <input type="checkbox"/>₂ <input type="checkbox"/>₃ <input type="checkbox"/>₈ <i>Yes Partly No Don't know</i> </p>	(38)
<p>Q11 Would your family like to use a different Options Co-ordinator / Manager if one was available?</p> <p> <input type="checkbox"/>₁ <input type="checkbox"/>₂ <input type="checkbox"/>₈ <i>Yes No Don't know</i> </p>	(39)
<p>Q12a Overall, what do you think of the service and support your family received from your Options Co-ordinator / Manager over the last 12 months?</p> <p> <input type="checkbox"/>₁ <input type="checkbox"/>₂ <input type="checkbox"/>₃ <input type="checkbox"/>₄ <input type="checkbox"/>₅ <input type="checkbox"/>₈ <i>Very good Good Okay Poor Very Poor Don't know/ No opinion</i> </p>	(40)
<p>Q12b How could the services provided by your Options Co-ordinator / Manager be improved? Please write in below.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	(41-48)
	(49)

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Figure B.7 Family survey — page 6 of 15

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Section C: Employment Services

The questions in this section ask you about employment services including:

- ⇒ **Sheltered workshops, work crews, and enclaves** (services that employ and support people with disabilities in the same place).
- ⇒ **Open employment services** (services that support and help people with disabilities to find and keep a job in the community).

Q13 Over the last 12 months, has your family member with a disability been employed in a **sheltered workshop, work crew or enclave**, or used an **open employment** service.

Yes ☐ ₁ *Go to Q14*
 No ☐ ₂ *Go to Q20 on page 9*
 Don't know ☐ ₈ *Go to Q20 on page 9*
(50)

Q14 What type of employment service has your family member with a disability used? **Please tick all that apply.**

Sheltered workshop..... ☐ ₀₁
 Workcrew or enclave..... ☐ ₀₂
 Open employment service..... ☐ ₀₃
 Other (PLEASE SPECIFY) _____ ☐ ₉₇
(51-56)

Q15 **Please tick one box for each of the following questions. When we ask about the 'employment service', we are asking you about a sheltered workshop, workcrew, enclave, and/or open employment service.**

a) Does your family member enjoy the activities he or she does through the employment service (such as work itself, work experience, training)?

☐ ₁ ☐ ₂ ☐ ₃ ☐ ₈
Most of the time Some of the time Rarely/Never Don't know
(57)

b) Is your family member working as many hours as you would like?

☐ ₁ ☐ ₂ ☐ ₈
Yes No Don't know
(58)

c) Does your family member have as much job security as you would like?

☐ ₁ ☐ ₂ ☐ ₈
Yes No Don't know
(59)

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Figure B.8 Family survey — page 7 of 15

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d)	Do the employment service staff communicate effectively with you?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉	(60)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i> <i>Doesn't apply</i>	
e)	Do the employment service staff communicate effectively with your family member with a disability?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(61)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	
f)	Does the employment service work with you and your family member to identify what help and support your family member needs to work?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(62)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	
g)	Does the employment service respect your family member's choices and preferences?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(63)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	
h)	Does the employment service provide your family member with the help they need to work?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(64)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	
i)	Is extra employment support available when your family member needs it?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉	(65)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i> <i>Doesn't apply</i>	
j)	Do the employment service staff do the things they say they will do?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(66)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	
k)	Are changes of employment services' staff a problem for your family?	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(67)
		<i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	

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Figure B.9 Family survey — page 8 of 15

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<p>l) Is your family member safe when he or she is supported by the employment service (at work, work experience, training, job seeking)?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> ₁ <i>Most of the time</i></div> <div><input type="checkbox"/> ₂ <i>Some of the time</i></div> <div><input type="checkbox"/> ₃ <i>Rarely/Never</i></div> <div><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	(68)
<p>m) Is information about the range of employment services readily available to your family when you need it?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> ₁ <i>Most of the time</i></div> <div><input type="checkbox"/> ₂ <i>Some of the time</i></div> <div><input type="checkbox"/> ₃ <i>Rarely/Never</i></div> <div><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	(69)
<p>Q16 Did your family choose the employment service that works with your family member with a disability?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> ₁ <i>Yes</i></div> <div><input type="checkbox"/> ₂ <i>Partly</i></div> <div><input type="checkbox"/> ₃ <i>No</i></div> <div><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	(70)
<p>Q17 Did members of your family choose the employment service staff who work with your family member with a disability (that is, the employment co-ordinator, support workers or supervisors)?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> ₁ <i>Yes</i></div> <div><input type="checkbox"/> ₂ <i>Partly</i></div> <div><input type="checkbox"/> ₃ <i>No</i></div> <div><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	(71)
<p>Q18 Would you like your family member to use a different employment service if one was available?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> ₁ <i>Yes</i></div> <div><input type="checkbox"/> ₂ <i>No</i></div> <div><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	(72)
<p>Q19a Overall, what do you think of the employment service your family member has received over the last 12 months?</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div><input type="checkbox"/> ₁ <i>Very good</i></div> <div><input type="checkbox"/> ₂ <i>Good</i></div> <div><input type="checkbox"/> ₃ <i>Okay</i></div> <div><input type="checkbox"/> ₄ <i>Poor</i></div> <div><input type="checkbox"/> ₅ <i>Very Poor</i></div> <div><input type="checkbox"/> ₈ <i>Don't know/ No opinion</i></div> </div>	(73)
<p>Q19b How could your family member's employment service be improved? Please write in below.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	(74-81) (82)

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Figure B.10 Family survey — page 9 of 15

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Section D: Residential and Home-Support Services		
<p>The questions in this section ask you about residential and home-support services including:</p> <ul style="list-style-type: none"> ⇒ Group homes, hostels, residential units, and nursing homes (services that provide a place for people with disabilities to live and care for them in that place). ⇒ Alternative family placement (where <u>other</u> families or individuals are supported by a service to provide a home and care for a person with a disability). ⇒ In home support and attendant care (services that support people with disabilities to live in their own home or with their family). The support may range from many hours a week to a short visit every week or two. <p>These questions are <u>not asking you about</u>:</p> <ul style="list-style-type: none"> ⇒ Respite services that give families a short break from caring for the family member with a disability. ⇒ Landlords or state housing authorities who only provide housing. 		
<p>Q20 Over the last 12 months, has your family member with a disability:</p> <ul style="list-style-type: none"> • lived in a group home, hostel, residential unit, or nursing home; • received in home support or attendant care; and/or • lived in an alternative family placement? <p style="text-align: center;"> Yes <input type="checkbox"/> ₁ <i>Go to Q21</i> No <input type="checkbox"/> ₂ <i>Go to Q25 on page 12</i> Don't know <input type="checkbox"/> ₈ <i>Go to Q25 on page 12</i> </p>	<p style="text-align: right;">RPT COLS 1-6 7=2</p> <p style="text-align: right;">(8)</p>	
<p>Q21 What residential or home support services has your family member with a disability used in the last 12 months? Please tick all that apply</p> <p> A group home where no more than 6 people with disabilities live <input type="checkbox"/> ₀₁ A hostel or large residential unit where 7 or more people with disabilities live <input type="checkbox"/> ₀₂ Attendant care <input type="checkbox"/> ₀₃ In-home support <input type="checkbox"/> ₀₄ Alternative family placement <input type="checkbox"/> ₀₅ Other (PLEASE SPECIFY) <input type="checkbox"/> ₉₇ </p>	<p style="text-align: right;">(9-18)</p>	
<p>Q22 Please tick one box for each of the following questions.</p> <p>a) Is information about the range of residential and home-support services available to your family when you need it?</p> <p style="text-align: center;"> <input type="checkbox"/> ₁ <i>Most of the time</i> <input type="checkbox"/> ₂ <i>Some of the time</i> <input type="checkbox"/> ₃ <i>Rarely/Never</i> <input type="checkbox"/> ₈ <i>Don't know</i> <input type="checkbox"/> ₉ <i>Doesn't apply</i> </p>	<p style="text-align: right;">(19)</p>	

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Figure B.11 Family survey — page 10 of 15

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b)	Does the residential/home-support service work with you and your family member to identify what help your family member needs?		(20)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> <div style="text-align: center;"> <input type="checkbox"/>₉ Doesn't apply </div> </div>		
c)	Do the residential/home support service staff communicate effectively with you?		(21)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> </div>		
d)	Do the residential/home-support service staff communicate effectively with your family member?		(22)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> </div>		
e)	Does the residential/home support service respect your family member's choices and preferences?		(23)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> <div style="text-align: center;"> <input type="checkbox"/>₉ Doesn't apply </div> </div>		
f)	Does the residential/home-support service meet your family member's accommodation support needs?		(24)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> </div>		
g)	Is support available when your family member wants and needs it where they live?		(25)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> </div>		
h)	Do the residential/home-support service staff do the things they say they will do?		(26)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> </div>		
i)	Are changes in residential/home-support service staff a problem for you or your family member?		(27)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <input type="checkbox"/>₁ Most of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₂ Some of the time </div> <div style="text-align: center;"> <input type="checkbox"/>₃ Rarely/Never </div> <div style="text-align: center;"> <input type="checkbox"/>₈ Don't know </div> </div>		

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Figure B.12 Family survey — page 11 of 15

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j)	Is your family member safe where they live?	(28)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₈ <i>Yes</i> <i>No</i> <i>Don't know</i>	
k)	Does your family member enjoy where they live?	(29)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i>	
l)	Does the residential/home-support service encourage you to see and be involved with your family member?	(30)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉ <i>Most of the time</i> <i>Some of the time</i> <i>Rarely/Never</i> <i>Don't know</i> <i>Doesn't apply</i>	
Q20	Did members of your family choose the residential/home-support service that assists your family member?	(31)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <i>Yes</i> <i>Partly</i> <i>No</i> <i>Don't know</i>	
Q21	Did members of your family choose the staff (that is, the paid carers, residential care workers or support workers) who assist your family member?	(32)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <i>Yes</i> <i>Partly</i> <i>No</i> <i>Don't know</i>	
Q23	Would you like your family member to use a different residential/home-support service if one was available?	(33)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₈ <i>Yes</i> <i>No</i> <i>Don't know</i>	
Q24a	Overall, what do you think of the residential/home-support service your family member has received over the last 12 months?	(34)
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ <input type="checkbox"/> ₅ <input type="checkbox"/> ₆ <i>Very good</i> <i>Good</i> <i>Okay</i> <i>Poor</i> <i>Very Poor</i> <i>Don't know/No opinion</i>	
Q24b	How could your family member's residential/home-support services be improved? Please write in below.	(35-42)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	(43)

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Section E: Respite

The questions in this section ask you about respite arrangements (including services) that your family may use to have a short break from caring including:

- ⇒ **Respite houses and centre based respite** (Places that care for people with disabilities overnight and/or during the day).
- ⇒ **Own home respite** (where a paid worker or volunteer comes into the family home to care for a person with a disability).
- ⇒ **Host family respite** (where another family or person cares for a person with a disability).
- ⇒ **Peer support respite** (where a person who is of a similar age and/or has similar interests to the person with a disability, cares for a person with a disability. This person may go out and do things with the person with a disability).

The questions do not ask you about:

- ⇒ Employment, recreation and community access services your family member with a disability may use during the day.
- ⇒ Long term residential services your family member may use.

Q25 Over the last 12 months, has your family member with a disability used:

- a respite house
- centre based respite;
- own home respite;
- host family respite; and/or
- peer support respite?

Yes ☐ ₁ Go to Q26

No ☐ ₂ Go to Q33
on page 15

Don't know ☐ ₈ Go to Q33
on page 15

(44)

Q26 What respite arrangements has your family member with a disability used in the last 12 months?

Please tick all that apply.

- A respite house ☐ ₀₁
- Centre based respite ☐ ₀₂
- Own home respite ☐ ₀₃
- In home support ☐ ₀₄
- Peer support respite ☐ ₀₅
- Other (Please Specify) ☐ ₉₇

(45-54)

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Q27 Please tick one box for each of the following questions.

a)	Is information about respite readily available to you when you need it?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(55)
	<i>Most of the time Some of the time Rarely/Never Don't know</i>	
b)	Do respite services work with you to identify what your family's respite needs are?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉	(56)
	<i>Most of the time Some of the time Rarely/Never Don't know Doesn't apply</i>	
c)	Do respite carers or staff communicate effectively with you?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(57)
	<i>Most of the time Some of the time Rarely/Never Don't know</i>	
d)	Do respite carers or staff communicate effectively with your family member with a disability?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(58)
	<i>Most of the time Some of the time Rarely/Never Don't know</i>	
e)	Do respite services respect your choices and preferences?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉	(59)
	<i>Most of the time Some of the time Rarely/Never Don't know Doesn't apply</i>	
f)	Do the respite arrangements and services available to you meet your family's needs for a break from caring?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉	(60)
	<i>Most of the time Some of the time Rarely/Never Don't know</i>	
g)	Is respite available when your family wants and needs it?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(61)
	<i>Most of the time Some of the time Rarely/Never Don't know</i>	
h)	Do you feel more able to continue to care for your family member with a disability at home through using the respite available to you?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈ <input type="checkbox"/> ₉	(62)
	<i>Most of the time Some of the time Rarely/Never Don't know Doesn't apply</i>	
i)	Is change in carers who provide respite to your family a problem?	
	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₈	(63)
	<i>Most of the time Some of the time Rarely/Never Don't know</i>	

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j)	Is your family member safe when he or she is cared for by a respite service or carers?	(64)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> ₁ <i>Most of the time</i></div> <div style="text-align: center;"><input type="checkbox"/> ₂ <i>Some of the time</i></div> <div style="text-align: center;"><input type="checkbox"/> ₃ <i>Rarely/Never</i></div> <div style="text-align: center;"><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	
k)	Does your family member enjoy the time he or she is cared for a respite service or carers?	(65)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> ₁ <i>Most of the time</i></div> <div style="text-align: center;"><input type="checkbox"/> ₂ <i>Some of the time</i></div> <div style="text-align: center;"><input type="checkbox"/> ₃ <i>Rarely/Never</i></div> <div style="text-align: center;"><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	
Q28	Did you choose the respite you use?	(66)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> ₁ <i>Yes</i></div> <div style="text-align: center;"><input type="checkbox"/> ₂ <i>Partly</i></div> <div style="text-align: center;"><input type="checkbox"/> ₃ <i>No</i></div> <div style="text-align: center;"><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	
Q29	Do you choose the <u>carers</u> who provide you with respite?	(67)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> ₁ <i>Yes</i></div> <div style="text-align: center;"><input type="checkbox"/> ₂ <i>Partly</i></div> <div style="text-align: center;"><input type="checkbox"/> ₃ <i>No</i></div> <div style="text-align: center;"><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	
Q30	Would you like your family member to use different respite arrangements or services if they were available?	(68)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> ₁ <i>Yes</i></div> <div style="text-align: center;"><input type="checkbox"/> ₂ <i>Yes</i></div> <div style="text-align: center;"><input type="checkbox"/> ₃ <i>No</i></div> <div style="text-align: center;"><input type="checkbox"/> ₈ <i>Don't know</i></div> </div>	
Q31	Overall, what do you think of the respite you have used over the last 12 months?	(69)
	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"><input type="checkbox"/> ₁ <i>Very good</i></div> <div style="text-align: center;"><input type="checkbox"/> ₂ <i>Good</i></div> <div style="text-align: center;"><input type="checkbox"/> ₃ <i>Okay</i></div> <div style="text-align: center;"><input type="checkbox"/> ₄ <i>Poor</i></div> <div style="text-align: center;"><input type="checkbox"/> ₈ <i>Very Poor</i></div> <div style="text-align: center;"><input type="checkbox"/> ₉ <i>Don't know/ No opinion</i></div> </div>	
Q31a	How could your respite be improved? Please write in below.	(70-77)
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	

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Section F: Requirements and Comments																				
<p>Please answer this last short section.</p>																				
<p>Q32 Are you able to get <u>all</u> the disability services needed for your family member with a disability (including respite for the family)?</p> <p>Please tick one box.</p>	<p>Yes <input type="checkbox"/> ₁</p> <p>No <input type="checkbox"/> ₂</p> <p>Don't know/can't remember <input type="checkbox"/> ₃</p>	<p>(79)</p>																		
<p>Q33 If NO, what types of services are you waiting for or not able to get?</p> <p>Please tick all that apply.</p>																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Accommodation/residential service (place in hostel, group home)</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> ₀₁</td> <td style="width: 10%;"></td> </tr> <tr> <td>Accommodation support in person's own home</td> <td style="text-align: center;"><input type="checkbox"/> ₀₂</td> <td></td> </tr> <tr> <td>Employment service to get a job in the community</td> <td style="text-align: center;"><input type="checkbox"/> ₀₃</td> <td rowspan="4" style="vertical-align: middle; text-align: right;">(80-89)</td> </tr> <tr> <td>Sheltered work (job in a sheltered workshop, work crew or enclave)</td> <td style="text-align: center;"><input type="checkbox"/> ₀₄</td> </tr> <tr> <td>Respite</td> <td style="text-align: center;"><input type="checkbox"/> ₀₅</td> </tr> <tr> <td>Specialist care Options Co-ordinator / Manager</td> <td style="text-align: center;"><input type="checkbox"/> ₀₆</td> </tr> <tr> <td>Other (Please write in)</td> <td style="text-align: center;"><input type="checkbox"/> ₉₇</td> <td></td> </tr> </table>			Accommodation/residential service (place in hostel, group home)	<input type="checkbox"/> ₀₁		Accommodation support in person's own home	<input type="checkbox"/> ₀₂		Employment service to get a job in the community	<input type="checkbox"/> ₀₃	(80-89)	Sheltered work (job in a sheltered workshop, work crew or enclave)	<input type="checkbox"/> ₀₄	Respite	<input type="checkbox"/> ₀₅	Specialist care Options Co-ordinator / Manager	<input type="checkbox"/> ₀₆	Other (Please write in)	<input type="checkbox"/> ₉₇	
Accommodation/residential service (place in hostel, group home)	<input type="checkbox"/> ₀₁																			
Accommodation support in person's own home	<input type="checkbox"/> ₀₂																			
Employment service to get a job in the community	<input type="checkbox"/> ₀₃	(80-89)																		
Sheltered work (job in a sheltered workshop, work crew or enclave)	<input type="checkbox"/> ₀₄																			
Respite	<input type="checkbox"/> ₀₅																			
Specialist care Options Co-ordinator / Manager	<input type="checkbox"/> ₀₆																			
Other (Please write in)	<input type="checkbox"/> ₉₇																			
<p>Finally, do you have any other comments you would like to make about the disability services covered in this survey? We welcome your comments and suggestions.</p> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>																				
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p>THANK YOU FOR COMPLETING THIS SURVEY</p> <p>Please return it in the reply paid envelope provided by</p> <p>Friday 22nd October 1999</p> </div>																				

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Figure B.17 Client survey — page 1 of 16

CONSUMER FTF FINAL

98196
23/07/99 4.00PM

E-QUAL AND DONOVAN RESEARCH
PROJECT QUALITY - FACE TO FACE VERSION

		CLIENT ID	
State:	NSW.....1	SA.....5	(8) (1-6)
	VIC.....2	TAS.....6	
	QLD.....3	NT.....7	
	WA.....4	ACT.....8	
Interviewer	.....	ID	..... (9-11)
Time Started	.....	am / pm	
Time Finished	.....	am / pm	
Time Taken	.....	Mins	(12-13)
Date	...../...../99		

(OFFICE USE ONLY)

CARD 1 (7)

SUPERVISOR

- Checked :

- Validated :

CODER

- Listed :

- Edited :

- Coded :

READY FOR PUNCHING

.....

**ALL: YOU MUST COMPLETE IDENTIFYING
INFORMATION FOR CLIENT**

QA	NAME OF CLIENT:	
QB	GENDER OF CLIENT:	
	Male .....1	(14)
	Female .....2	
QC	MDS CODE OF PROVIDER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(15-17)

INTRODUCTION WILL VARY ACCORDING TO SITUATION, BUT INCLUDE:

Good ... (morning / afternoon / evening). My name is ... from ... NCS Australasia, the consumer research company.

May I please speak with (client / NOK as per pre-survey form)

REINTRODUCE YOURSELF IF NECESSARY

You would have recently received a letter from (service provider) / been told about a survey we are doing across Australia to find out what people with disabilities think of the services they receive.

INTRODUCTION FOR INTERVIEW WITH NEXT OF KIN

SAY:

The interview will take about 15 minutes. During the interview, we would like you to answer on behalf of (use name of family member) and give the answer or opinion that you think he / she would give or that you know to be true for his / her circumstances.

Before we begin can I just collect a couple of details (Interviewer: you may ask these at the end of the survey if you prefer but make sure they are completed)

QD	What is your relationship to (family member)?	
	DO NOT READ OUT. CODE.	
	NOK IS:	
	Mother.....1	Other relative:
	Father.....2	(WRITE IN)5
	Brother/sister.....3	Other:
	Son/daughter.....4	(WRITE IN)6

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E-QUAL & DONOVAN RESEARCH

Figure B.18 Client survey — page 2 of 16

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DO NOT ASK QE OR QF IF CLIENT LIVES WITH NOK FULL TIME (SEE PRE SURVEY FORM) - GO TO QG				
QE	On average, how often do you see _____ (family member) or speak to them on the telephone? DO NOT READ OUT. CODE NEAREST ANSWER			
	Every day 1 Several times a week 2 Once a week 3 Several times a month 4 Once a month 5	Every two to three months 6 Once or twice a year 7 Less often 8 Can't remember / no reply 9	(20)	
QF	When was the last time you saw _____ (family member)? DO NOT READ OUT. CODE NEAREST ANSWER			
	Last day or two 1 In the last week 2 In the last couple of weeks 3 Last month 4	A few months ago 5 About six months ago 6 A year or more ago 7 Can't remember / no reply 9	(21)	
QG	When did you last see for yourself how the different services work with _____ (family member)? Examples of 'seeing for yourself' are visiting a residence or respite centre, or talking with staff. ASK FOR EACH SERVICE, CODING 6 IF FAMILY MEMBER DOES NOT USE THAT SERVICE. DO NOT READ OUT RESPONSE CODES, CODE NEAREST RESPONSE.			
	Accommodation Service (22)	Employment Service (23)	Respite (24)	Service Co-ordination (25)
	In the last month 1	..... 1	..... 1	..... 1
	2-4 months ago 2	..... 2	..... 2	..... 2
	5-12 months ago 3	..... 3	..... 3	..... 3
	Over a year ago 4	..... 4	..... 4	..... 4
	Never seen how they work 5	..... 5	..... 5	..... 5
	Doesn't use this type of service 6	..... 6	..... 6	..... 6
	Can't remember / no reply 9	..... 9	..... 9	..... 9
INTRODUCTION FOR INTERVIEW WITH CLIENT				
INTERVIEWER PLEASE REMEMBER: There is up to ten minutes allowed in the interview for you to build rapport with the client, to get used to the way they communicate and check the pre survey information. There should be a smooth transition from initial phase to survey proper.				
INTRODUCE YOURSELF TO THE CLIENT. Hi, my name is .....from NCS Australasia. I'm here to ask you some questions about home, work, friends and family, and the people who help you. By answering these questions you are helping us work out how people in .....(State) are doing and how to make supports and services better.				
<ul style="list-style-type: none"> • I'd like to know your opinions, how you feel about things. • The same questions are being answered by people right across Australia. • You don't have to answer any questions that you don't want to. Just tell me if you don't want to answer. • This is not a test, and there are no right or wrong answers to these questions. If you don't understand a question, let me know and I'll try to explain it. It's okay to say you don't know to a question. • Please tell me how you honestly feel. I will not tell your answers to anyone with one exception. If you tell me something that I think means you are in danger or being abused in some way, I will have to tell someone else about it. I have to do this to protect you from further harm. No staff here will know what you say (<i>modify if staff assisting</i>). 				

Figure B.19 Client survey — page 3 of 16

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SECTION A: HOME (TO BE ASKED OF ALL RESPONDENTS)

I'd like to ask a few questions about your home.

1a Who do you live with? *Interviewer - this question is to direct the person to start thinking about home. If interviewing NOK, ask who the family member with a disability lives with. Check that if the person's response is consistent with the Pre-survey. If not consistent clarify with whom they currently live.*

Lives with family or NOK, including spouse or de facto partner.....	1	(26)
Lives alone	2	
Lives with other people (not family members) confirm names in Pre-survey Section C	3	
Gave different people who they live with (WRITE IN)	4	
No response, unclear response	9	

1b Where do you live? *Check that the person's response is consistent with the Pre-survey. If not consistent clarify where they currently live.*

Confirmed address on pre-survey form.....	1	(27)
Gave different address (WRITE IN)	2	
No response, unclear response.....	9	

DO NOT ASK Q2, Q3, Q4, & Q5 IF THE PERSON LIVES IN THE PARENT/RELATIVES HOME BUT CODE RESPONSE 7. FOR THESE QUESTIONS.

2 Did you choose to live there / at _____ (residence)? *Interviewer: Use the name of residence from Pre-survey, if better. (Did you look at other places before moving here?)*

Yes, unassisted (includes chose with family member / spouse / real estate agent)	1	(28)
Yes, with assistance (from co-ordinator / service provider)	2	
No, someone else chose for me.....	3	
Not applicable - live in parent/relative's home.....	7	
No response, unclear response, can't remember - too long ago	9	

3 Did you choose the people you live with? *(Did anyone ask you who you'd like to live with? If so, did you get to live with the people you said you'd like to live with? Were you given choices, did you get to interview people? Interviewer: if you need to, you can use the names of the people they share with from Pre-survey).*

Yes, unassisted	1	(29)
Yes, with assistance or chose some of the people who share with.....	2	
No, someone else chose the people I live with	3	
Not applicable - live in parent/relative's home	7	
Not applicable - lives alone.....	8	
No response, unclear response (including NOK don't know).....	9	

4 Do you like living here / at _____ (name of residence)?
(This relates to how much they like the house they live in)

Yes, like where I live now	1	(30)
In between	2	
No, don't like where I live now	3	
Not applicable - live in parent/relative's home	7	
No response, unclear response (including NOK don't know).....	9	

Figure B.20 Client survey — page 4 of 16

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5	<p>Do you feel safe here / at _____ (name of residence)?</p> <p>Yes, feel safe here / there 1</p> <p>In-between, most of the time 2</p> <p>No, don't feel safe 3</p> <p>Not applicable - live in parent/relative's home 7</p> <p>No response, unclear response (including NOK don't know) 9</p>	(31)
ASK ALL		
6	<p>Do you feel safe in your area? <i>(When you go outside like in the streets, do you ever feel scared or do you always feel safe? Do you ever feel afraid to go for a walk?)</i></p> <p>Yes, feel safe (if just feels unsafe outside at night, still code 1) 1</p> <p>In-between 2</p> <p>No, feel scared 3</p> <p>Not applicable – does not go out, not aware 8</p> <p>No response, unclear response (including NOK don't know) 9</p>	(32)
7	<p>CHECK Q1a. IF CODED 1 AT Q1a, GO TO Q8 IF CODED 2 AT Q1a, ASK Q7a OTHERS ASK Q7b</p> <p>7a) If the person lives alone: Do you like living alone?</p> <p>7b) Do you like living with the people you live with? <i>Interviewer: If possible, use the name/s of people with whom the interviewee lives with from Pre-survey.</i></p> <p>Yes, like who I live with / like living alone 1</p> <p>In-between, like others sometimes, or some people, not others 2</p> <p>No, don't like who I live with / living alone 3</p> <p>No response, unclear response (including NOK don't know) 9</p>	(33)
8	<p>ASK ALL CLIENTS, DO NOT ASK NOK, CODE 8 AND GO TO Q9</p> <p>Is your bedroom big or small? <i>Interviewer this is a consistency question. Do not rephrase but you may repeat the question.</i></p> <p>Big 1</p> <p>In between, about average 2</p> <p>Small 3</p> <p>No response, unclear response 9</p> <p>Not asked, NOK Interview 8</p>	(34)
9	<p>Do you want to move out of _____ (home/residence) where you live?</p> <p>Yes, move somewhere else for positive reasons (eg getting married) 1</p> <p>Yes, move somewhere else for negative reasons (eg don't like it here) 4</p> <p>In-between, sometimes I want to move, sometimes stay/not immediately but would like to move sometime in the future 3</p> <p>No, like where I live - stay 2</p> <p>No response, unclear response (including NOK don't know) 9</p>	(35)

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SECTION B: ACCOMMODATION SUPPORT SERVICES

Refer to briefing notes for definitions of accommodation services.

IF ACCOMMODATION SERVICE MARKED ON PRE SURVEY FORM ASK Q10a, IF NOT GO TO Q10b

10a Do people from _____ (accommodation service on pre-survey form) help you where you live? (or have they helped you over the last year/12months?)
Interviewer: Check that the person's response is consistent with the Pre-survey Section C, Accommodation Services. If not consistent, clarify the accommodation service that is working with them.

(36)

Yes, confirms services received as on pre survey form.....	1	→ Q11
No, gave different accommodation service (WRITE IN)	2	→ Q10b
No, now no accommodation service provided.....	3	→ SECTION C
No response, unclear response (including NOK don't know).....	9	→ Q10b

IF DOESN'T RECEIVE ANY HELP, IE. RESPONSE 3 GO TO SECTION C

10b Do you have staff to help you where you live? If 'yes' ask Who employs those staff? (Who do the staff work for?)

Yes (WRITE IN NAME OF ACCOMMODATION SERVICE)	1	(37)
No	2	→ SECTION C
No response, unclear response (including NOK don't know).....	9	

IF DOES NOT RECEIVE ANY HELP, GO TO SECTION C

11 What are the names of the staff who help you at/from _____ (accommodation service)? *Interviewer: check that the person's response is consistent with the Pre-survey Section C. If not consistent, it is likely that the person on the Pre-survey is the co-ordinator/manager, while the respondent gives names of staff who work directly with them.*

Yes, confirms staff received as a pre-survey form	1	(38)
No, gave different staff (WRITE IN)	2	
No response, unclear response (including NOK don't know).....	9	

12 Do the staff who help at _____ (home / residence – not name of agency) treat you with respect? Are the staff nice and polite? Use the names of the staff from Pre-survey or nominated by the interviewee at Q11.

Yes, most staff most of the time	1	(39)
Sometimes, some staff	2	
No, some staff often are not nice	3	
No response, unclear response (including NOK don't know).....	9	

13 Are the staff at _____ (accommodation service) able to understand what you want? (Use the name of staff. Do the staff here understand you?)

Yes, they understand me, most of the time	1	(40)
Some staff, sometimes	2	
No, few or no staff, rarely	3	
No response, unclear response (including NOK don't know).....	9	

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<p>14 Do <u>you</u> understand the staff at _____ (accommodation service) when they talk to you? (Use the name of staff. Do you understand the staff here?)</p> <p>Yes, I understand most staff, most of the time 1</p> <p>Some staff, sometimes 2</p> <p>No, few or no staff, rarely 3</p> <p>No response, unclear response (including NOK don't know) 9</p>	<p>(41)</p>
<p>15 Do the staff who support you in your home change too often? (Do the staff keep leaving? Are there too many new staff? Are staff often away? NOTE: This does not relate to normal shift changes)</p> <p>No, they stay, they don't change too often 1</p> <p>Some staff OR sometimes 2</p> <p>Yes, they change too often, keep leaving 3</p> <p>No response, unclear response (including NOK don't know) 9</p>	<p>(42)</p>
<p>16 Do you choose how you spend your evenings and weekends? (Do you choose who you spend your spare time with? Who chooses what activity to do and where you do it? eg. Whether to take a walk, go to a movie, what to watch on TV, etc.)</p> <p>Yes, unassisted, I make my own choices 1</p> <p>Yes, with assistance 2</p> <p>Sometimes, some things 3</p> <p>No, someone else chooses for me (including not able to choose) 4</p> <p>No response, unclear response (including NOK don't know) 9</p>	<p>(43)</p>
<p>17a Do you have someone who helps you with your money? Interviewer: this question is to find out if the respondent has help with their money.</p> <p>Yes, 1</p> <p>No, No need, has independent access to money 2</p> <p>No, But needs help with money 3</p> <p>No, Does not ask for/use money 4</p> <p>No, response/unclear response (including NOK don't know) 9</p>	<p>(44)</p> <p>→ Q17b</p> <p>→ Q18</p>
<p>17b Can you get your money whenever you want it? Interviewer: we are trying to determine if he/she accesses his/her money at will or if they have to get someone else's permission to use their money – we are concerned about the right to access money at will – not looking at skill level.</p> <p>Yes, can get to my money whenever I want it 1</p> <p>Yes, can get money, but with some restriction (such as specific weekly allowance) 2</p> <p>No, cannot get my money whenever I want it, always needs permission 3</p> <p>No response, unclear response (including NOK don't know) 9</p>	<p>(45)</p>
<p>18 Can you be alone/by yourself as much as you want to at _____ (home/residence)?</p> <p>Yes, have enough time alone 1</p> <p>No, wish I had more time alone 2</p> <p>Not applicable - lives alone 8</p> <p>No response, unclear response (including NOK don't know) 9</p>	<p>(46)</p>

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Figure B.23 Client survey — page 7 of 16

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<p>19a When you get mail or post, who opens it? <i>Interviewer: Probe to find out if this person opens all mail addressed directly to him/her. Do you open letters or birthday cards? Do you open bills?</i></p>	<p>(47)</p>
<p>Someone else opens some or all of my mail..... 1</p> <p>I open my own mail..... 2</p> <p>Not applicable - receives no mail..... 8</p> <p>No response, unclear response (including NOK don't know)..... 9</p>	<p>→ Q19b</p> <p>→ Q20</p>
<hr/>	
<p>19b Did you tell that person it was OK to open your mail? <i>(If NOK – Does anyone ever open this person's mail without permission?) Interviewer: This question is about rights, not skill level.</i></p>	<p>(48)</p>
<p>Mail is not opened without permission 1</p> <p>Some mail is opened without permission 2</p> <p>All mail opened without permission 3</p> <p>Not applicable - not able to give permission..... 8</p> <p>No response, unclear response (including NOK don't know)..... 9</p>	
<hr/>	
<p>20a Does anyone come into your bedroom without asking first? <i>Interviewer: Do not count other residents or family who also live in your home. We are talking about staff, case managers, landlords, etc. (Do they knock and wait for you to answer?)</i></p>	<p>(49)</p>
<p>No one enters the bedroom without permission..... 1</p> <p>Yes, people sometimes/always enter bedroom without permission..... 2</p> <p>Not applicable - not able to give permission..... 8</p> <p>No response, unclear response (including NOK don't know)..... 9</p>	
<hr/>	
<p>DO NOT ASK NOK, CODE 8 AND GO TO Q21</p>	
<p>20b Is your bedroom small or big? <i>(Interviewer: consistency question – do not rephrase but you may repeat question)</i></p>	<p>(50)</p>
<p>Big..... 1</p> <p>In-between, about average..... 2</p> <p>Small..... 3</p> <p>No response, unclear response (including NOK don't know)..... 9</p> <p>Not asked - NOK interview 8</p>	
<hr/>	
<p>21 Do you have special things at home to help you, such as ramps, rails and equipment? <i>(Do you know how to use them? Do you use them?) Interviewer: You need to establish whether such equipment is available and accessible at home and whether he/she knows how to use them.</i></p>	<p>(51)</p>
<p>Yes, complete access and knows how to use..... 1</p> <p>Yes, equipment present but need to better understand use 2</p> <p>Yes, but limited access / need more devices 3</p> <p>No access..... 4</p> <p>Not applicable - none needed 8</p> <p>No response, unclear response (including NOK don't know) 9</p>	
<hr/>	
<p>22 Can you learn new things at _____ (home/residence) if you want to - so that you can do more for yourself? <i>(Things like cooking, looking after your money, cleaning.)</i></p>	<p>(52)</p>
<p>Yes, if I want to, most things..... 1</p> <p>Sometimes, some things 2</p> <p>No 3</p> <p>Not applicable - don't need, not able, or don't want to learn new things..... 8</p> <p>No response, unclear response (including NOK don't know)..... 9</p>	

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CHECK Q1a. IF CODED 1 (IE LIVE WITH FAMILY OR PARTNER), CODE 23 AS 8, AND GO TO Q24.

23 Is this/ _____ (name of residence) a good place to live or a bad place to live?

Good	1	(53)
In-between	2	
Bad	3	
Not applicable - lives in parent/relative's home	8	
No response, unclear response (including NOK don't know)	9	

24a Overall, how satisfied/happy are you with _____ (accommodation service)?
Interviewer: If the respondent is not the person with a disability ask:
Speaking for _____ (person with a disability), **how satisfied would you say** _____
is with _____ (accommodation service)?

Satisfied/happy	1	(54)
In-between, neither satisfied or dissatisfied	3	
Dissatisfied/unhappy	5	→ Q24b
No response, unclear response (including NOK don't know)	9	

IF PERSON IS DISSATISFIED ASK Q24b

24b Why are you unhappy/dissatisfied with _____ (accommodation service)?
Interviewer: If the respondent is not the person with a disability ask: Why do you think
 **Is unhappy/dissatisfied with** _____ (accommodation service)? (55-64)

CODE REASONS GIVEN AND WRITE IN ADDITIONAL COMMENTS IN SPACE BELOW. IF UNSURE WHETHER RESPONSE FITS CODE, WRITE IN AND CHECK LATER AGAINST BRIEFING INSTRUCTIONS.

Access to services	01	Quality of service	06
Choice/self determination	02	Rights, privacy and confidentiality	07
Quality of life, including work	03	Effectiveness of services	08
Personal development and community inclusion	04	Don't know	09
Relationship with services and staff	05	Other WRITE IN	

SECTION C: COMMUNITY PARTICIPATION

THIS SECTION TO BE ANSWERED BY ALL

Now I'd like to ask you about your friends, family and things you do in the community.

25a Do you have someone you can talk to about **personal** things? (*Interviewer - if they ask for clarification, say someone you can have a heart to heart with, tell problems to. It doesn't matter if they are family or staff here*). **CODE ALL GIVEN**

Yes, a family member	1	(65-67)
Yes, a friend	2	
Yes, a staff member	3	
Sometimes	4	
No	5	
No response, unclear response (including NOK don't know)	9	

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<p>25b Do you have other friends you like to talk to or do things with? <i>(Interviewer - if he/she answers 'Yes', ask who the friends are and try to determine if they are family or staff. You can use prompts such as: Are these friends staff or your family? Do you have some other friends who aren't staff and aren't in your family?)</i></p> <p>Yes, friends who are <u>not</u> staff or family 1 (68)</p> <p>Yes, friends are all staff or family, or not sure whether they are staff/family or not 2</p> <p>No friends 3 → Q27</p> <p>No response, unclear response (including NOK don't know) 9</p>																																														
<p>26 Can you see your friends when you want to see them? <i>(Interviewer: Try to determine if there are restrictions on when he/she can see his/her friends, i.e., can he/she pick the times and if travel arrangements are made for him/her when he/she wants to see friends. Try to factor out situations where the friends themselves are not available, this is not the issue.)</i></p> <p>Yes, can see them when I want to 1 (69)</p> <p>Sometimes 2</p> <p>No 3</p> <p>Not applicable - doesn't have any friends 8</p> <p>No response, unclear response (including NOK don't know) 9</p>																																														
<p>27 IF LIVE WITH FAMILY CODE 4, AND GO TO Q28.</p> <p>Do you have family that you see? IF NO FAMILY CODE 4, AND GO TO Q28.</p> <p>Can you see your family when you want to? <i>(Interviewer: we are trying to determine if there are restrictions on when he/she can see his/her family, i.e., can he/she pick the times and if travel arrangements are made for him/her when he/she wants to see family. Try to factor out situations where the family themselves are not available, this is not the issue.)</i></p> <p>Yes, can see them when I want to, or choose to see family 1 (70)</p> <p>Sometimes 2</p> <p>No 3</p> <p>Not applicable - no family, family not available, or lives with family 8</p> <p>No response, unclear response (including NOK don't know) 9</p>																																														
<p>GIVE ONE RESPONSE FOR EACH OF THE FOLLOWING <i>Interviewer: we are trying to find out if the person participates in integrated activities ie activities in the community. If the person answers Yes, you may ask for an example to verify that the person understood the question. We are interested in the participation, not the staff support required or the person's ability to do the tasks.</i></p> <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>No Response Unclear/ Don't know</th> <th></th> </tr> </thead> <tbody> <tr> <td>28 Do you go shopping? <i>(What do you go shopping for?)</i> 1 2 9 (71)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">DO NOT ASK NOK, CODE 9 AND GO TO Q30</td> </tr> <tr> <td>29 Do you <u>always</u> eat at home? <i>(Consistency check – do not rephrase)</i> 1 2 9 (72)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>30 Do you go out to exercise or play sports <i>(What kind of sports? Walking, biking, fishing, bowling, swimming?)</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>Interviewer: give examples consistent with disability</i> 1 2 9 (73)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>31 Do you go out for entertainment? <i>(What kind of entertainment? Movies, pub, concert, sports, casino?)</i> 1 2 9 (74)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>32 Do you go out to any church services or religious events? 1 2 9 (75)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>33 Do you sometimes go out to eat? <i>(Consistency check – do not rephrase.) (Where do you go to eat? Restaurant, foodhall, café, pub)</i> 1 2 9</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	No Response Unclear/ Don't know		28 Do you go shopping? <i>(What do you go shopping for?)</i> 1 2 9 (71)					DO NOT ASK NOK, CODE 9 AND GO TO Q30					29 Do you <u>always</u> eat at home? <i>(Consistency check – do not rephrase)</i> 1 2 9 (72)					30 Do you go out to exercise or play sports <i>(What kind of sports? Walking, biking, fishing, bowling, swimming?)</i>					<i>Interviewer: give examples consistent with disability</i> 1 2 9 (73)					31 Do you go out for entertainment? <i>(What kind of entertainment? Movies, pub, concert, sports, casino?)</i> 1 2 9 (74)					32 Do you go out to any church services or religious events? 1 2 9 (75)					33 Do you sometimes go out to eat? <i>(Consistency check – do not rephrase.) (Where do you go to eat? Restaurant, foodhall, café, pub)</i> 1 2 9					
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34	<p>When you want to go somewhere, do you always have a way to get there or not? <i>(Can you get assistance to travel? Will someone take you?) Interviewer: This is about rights and access, not about skill in using transport.</i></p> <p>Almost always – travel by self, can always get a lift from family or staff 1</p> <p>Sometimes 2</p> <p>Almost never 3</p> <p>Not Applicable – does not have wishes/ask to go anywhere (may still be taken some places) 8</p> <p>No response, unclear response (including NOK don't know) 9</p>	(76)
<p>ASK Q35 OF PEOPLE WHO HAVE COMMUNICATION DIFFICULTIES. (IF INTERVIEWING NOK, ASK IF FAMILY MEMBER HAS COMMUNICATION DIFFICULTIES). OTHERS CODE 8 AND GO TO Q36</p>		
35	<p>Do you have the things such as communication boards or interpreters, that you need in order to communicate with people? <i>(Do you know how to use them? Do you use them? Interviewer: need to also establish availability, accessibility from most locations, i.e. not just at home, but at work/day sites and that respondent knows how to use them).</i></p> <p>Yes, complete access and knows how to use 1</p> <p>Yes, equipment/interpreter present but need to better understand use 2</p> <p>Yes, limited access, need more equipment/interpreters/locations 3</p> <p>No access to equipment/interpreters that needs 4</p> <p>Not applicable - none needed 8</p> <p>No response, unclear response (including NOK don't know) 9</p>	(77)
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;">SECTION D: WORK</div>		
<p><i>Refer to briefing notes for definitions of employment services.</i></p>		
<p>I'm now going to ask you some questions about work. ASK Q36a OF ALL</p>		
36a	<p>What are you doing for work at the moment? <i>(If working, is that full or part time or work experience /voluntary work?)</i></p> <p>Working, in paid open employment 1</p> <p>Working, in supported employment (sheltered workshop, work crew or enclave) 2</p> <p>Working, in both open and sheltered/supported employment 3</p> <p>Working, in sheltered/supported employment and using an open employment agency 4</p> <p>Not doing paid work, but looking for work (may be doing work experience, voluntary work, training or further education) 5</p> <p>Not working, not looking for work 6</p> <p>No response, unclear response (including NOK don't know) 9</p>	(8)
<p>IF NO EMPLOYMENT SERVICE MARKED ON PRE-SURVEY ASK 36b</p> <p>IF EMPLOYMENT SERVICE MARKED ON PRE-SURVEY ASK 36c</p>		
36b	<p>Who helps you with your work/to look for work? CODE 2 AND WRITE IN AT Q36c</p>	
36c	<p>Do _____ (employment service on Pre-survey Section C, Employment Services) help you with your work? <i>(or have they helped you over the last year/12months?) Interviewer: We are trying to get them to think about the employment services which assists them.</i></p> <p>Confirms employment service as on Pre-survey 1</p> <p>Gives (different) employment service (WRITE IN) 2</p> <p>No employment service (eg retired) 3</p> <p>No response, unclear response (including NOK don't know) 9</p>	(9)
<div style="border: 1px solid black; padding: 5px;"> <p>FOR THOSE WHO SCORE 1, 2 OR 9 ON Q36c</p> <p>i) GO TO Q37 IF THEY WORK (CODE 1, 2, 3, OR 4 AT Q36a)</p> <p>ii) GO TO Q46 IF THEY DON'T WORK (CODE 5 AT Q36a)</p> <p>iii) REFER TO PRE-SURVEY IF UNCLEAR IF WORKING OR NOT (CODE 9 AT Q36a). IF PRE-SURVEY SHOWS HAS A JOB GO TO Q37. IF NO JOB GO TO Q46.</p> </div>		
<p style="text-align: right;">GO TO Q51</p>		

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IF RESPONDENT HAS MORE THAN ONE JOB, ASK THEM TO ANSWER Q37 TO Q45
THINKING ABOUT THE ONE THEY SPEND MOST TIME AT

- 37 Did you choose to work at _____? (employer from Pre-survey, includes any supported employment service). (Did you look at other jobs before working here?)
- | | | |
|---|---|------|
| Yes, unassisted | 1 | |
| Yes, with assistance | 2 | (10) |
| No, someone else chose for me | 3 | |
| No response, unclear response, can't remember - too long ago (including NOK don't know) | 9 | |
-
- 38 Is _____(employer) a bad place to work or a good place to work? Interviewer: this is a consistency question – do not rephrase, but you may repeat the question.
- | | | |
|--|---|------|
| Good | 1 | (11) |
| In between | 2 | |
| Bad | 3 | |
| No response, unclear response (including NOK don't know) | 9 | |
-
- 39 Do you feel safe at work?
- | | | |
|--|---|------|
| Yes, feel safe there | 1 | (12) |
| In-between, most times, in most situations. | 2 | |
| No, don't feel safe | 3 | |
| No response, unclear response (including NOK don't know) | 9 | |
-
- 40 Do you think your pay is fair? (Do you get a fair amount of money for what you do?)
- | | | |
|--|---|------|
| Yes, pay is fair | 1 | (13) |
| In-between | 2 | |
| No, pay is not fair | 3 | |
| No response, unclear response (including NOK don't know) | 9 | |
-
- 41 Do you get to learn new things at work?
- | | | |
|--|---|------|
| Yes, I change jobs, learn new things | 1 | (14) |
| No, always do the same job | 2 | |
| Not applicable - does not have ability to learn new things | 8 | |
| No response, unclear response (including NOK don't know) | 9 | |
-
- 42 Do you have special things at work to help you, such as ramps, rails and equipment? (Do you know how to use them? Do you use them? Interviewer: Establish whether such equipment is available and accessible at work and whether he/she knows how to use it.)
- | | | |
|--|---|------|
| Yes, complete access and knows how to use | 1 | (15) |
| Yes, equipment present but need to better understand use | 2 | |
| Yes, but limited access / need more devices | 3 | |
| No access | 4 | |
| Not applicable - none needed | 8 | |
| No response, unclear response (including NOK don't know) | 9 | |

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<p>43 Do you want to change the hours you work? (if Yes, do you want to work more hours or fewer hours?)</p>	<p>No, work the same number of hours 1 Yes, want to work fewer hours 2 Yes, want to work more hours 3 Yes, change the times when I work while keeping same number of hours 4 No response, unclear response (including NOK don't know) 9</p>	<p>(16)</p>
<p>DO NOT ASK NOK, CODE 8 AND GO TO Q45</p>		
<p>44 Is _____ (employer) a good place to work or a bad place to work? Interviewer: this is a consistency question – do not rephrase, but you may repeat the question.</p>	<p>Good 1 In between 2 Bad 3 No response, unclear response (including NOK don't know) 9 Not asked, NOK interview 8</p>	<p>(17)</p>
<p>45 Do you want to leave your job? (If yes, what would you do then? Do you want a different job?)</p>	<p>No, like where I work now - want to stay 1 In-between, not immediately but won't stay forever 2 Yes, to go to another job, to get a better job 3 Yes, to give up work, to retire 8 No response, unclear response (including NOK don't know) 9</p>	<p>(18)</p>
<p>CHECK WHETHER USING AN EMPLOYMENT SERVICE (CODE 1 OR 2 AT Q36c). IF NOT GO TO Q51.</p>		
<p>46 Do the staff from _____ (employment service), treat you with respect? Are they nice and polite? (This is the service providing staff ie the staff from the employment service, not other people at the workplace)</p>	<p>Yes, most staff, most times 1 Sometimes, some staff 2 No, some staff are often not nice / polite 3 No response, unclear response (including NOK don't know) 9</p>	<p>(19)</p>
<p>47 Are the staff at _____ (employment service) able to understand what you want? (Use the name of actual employment service staff. Do the staff understand you?)</p>	<p>Yes, they understand me, most of the time 1 Some staff, sometimes 2 No, few or no staff, rarely 3 No response, unclear response (including NOK don't know) 9</p>	<p>(20)</p>
<p>48 Do you understand the _____ (employment service) staff, when they talk to you? (Use the names of actual employment service staff).</p>	<p>Yes, I understand most staff 1 Some staff, sometimes 2 No, few or no staff, rarely 3 No response, unclear response (including NOK don't know) 9</p>	<p>(21)</p>

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49 Do the _____ (employment service) staff change too often? (Do the staff keep leaving? Are there too many new staff? Are staff often away? NOTE: This does not relate to normal shift changes).

(22)

They stay long enough, don't leave too often 1

Some staff, sometimes 2

Yes, they change too often, keep leaving 3

No response, unclear response (including NOK don't know) 9

50a Overall, how satisfied/happy are you with _____ (employment service)?
Interviewer, if the respondent is not the person with a disability ask:
Speaking for _____ (person with a disability), how satisfied would you say _____ is with _____ (employment service)?

(23)

Satisfied/happy 1

In-between, neither satisfied or dissatisfied 3

Dissatisfied/unhappy 5 → Q50b

No response, unclear response 9

IF PERSON IS DISSATISFIED ASK Q50b

50b Why are you unhappy/dissatisfied with _____ (employment service)?
Interviewer. If the respondent is not the person with a disability ask: Why do you think _____ is unhappy/dissatisfied _____ (employment service)?

(24-33)

CODE REASONS GIVEN AND WRITE IN ADDITIONAL COMMENTS IN SPACE BELOW. IF UNSURE WHETHER RESPONSE FITS CODE, WRITE IN AND CHECK LATER AGAINST BRIEFING INSTRUCTIONS.

Access to services 01	Quality of service 06
Choice/self determination 02	Rights, privacy and confidentiality 07
Quality of life, including work 03	Effectiveness of services 08
Personal development and community inclusion ... 04	Don't know 97
Relationship with services and staff 05	Other WRITE IN BELOW

SECTION E: SERVICE CO-ORDINATION

The aim of Q51 is to establish if the respondent has an official service co-ordinator as defined in briefing notes. Respondents may have other people who help them to co-ordinate services (such as an employment co-ordinator, a residential care worker) but these questions are not asking about these people.

ASK Q51 OF ALL RESPONDENTS EXCEPT THOSE FROM THE ACT

51 People who organise disability services for people are called _____ (see briefing notes for name in State). Do you have a _____ ?
Interviewer: If answers Yes, verify the name of the co-ordinator, if any, shown on the Pre-survey, Section C: Service co-ordination services.

(34)

Yes, service co-ordinator, as on Pre-survey 1

Yes, service co-ordinator, different person than on Pre-survey 2

No, doesn't have a service co-ordinator 3 → Q57

No response, unclear response (including NOK don't know) 9

IF INTERVIEWING NOK, SAY 'please answer these next few questions about your service coordinator giving your opinion not that of family member.'

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52	Would you ask _____ (service co-ordinator as established in Q51) if you needed help?	(35)										
	Yes 1 Sometimes 2 No, wouldn't ask service co-ordinator for help 3 Don't know/not applicable (never ask for help) 8 No response, unclear response (including NOK don't know) 9											
53	Can you talk with _____ (service co-ordinator) when you want to? (Interviewer: If the person has a new service co-ordinator whom they have not met, ask about the one before)	(36)										
	Yes 1 Sometimes 2 No 3 No response, unclear response (including NOK don't know) 9											
54	Is your _____ (service co-ordinator) able to understand what you want? (Interviewer: If respondent is not person with disability ask if the service co-ordinator can understand the person with a disability.)	(37)										
	Yes 1 Sometimes 2 No 3 No response, unclear response (including NOK don't know) 9											
55	Does _____ (service co-ordinator) do the things he/she says he/she will do to help you? (Did he/she do what you asked?)	(38)										
	Yes 1 Sometimes, some things, not always 2 No 3 No response, unclear response (including NOK don't know) 9											
56a	Overall, how satisfied/happy are you with _____ (service co-ordinator)? (Are you happy with what they do for you?) Interviewer: If the respondent is family member they can answer in their own right)	(39)										
	Satisfied/happy 1 In-between, neither satisfied or dissatisfied 3 Dissatisfied/unhappy 5 No response, unclear response (including NOK don't know) 9	→ Q56b										
IF PERSON IS DISSATISFIED ASK Q56b												
56b	Why are you unhappy/dissatisfied with _____ (service co-ordinator)?	(40-49)										
CODE REASONS GIVEN AND WRITE IN ADDITIONAL COMMENTS IN SPACE BELOW. IF UNSURE WHETHER RESPONSE FITS CODE, WRITE IN AND CHECK LATER AGAINST BRIEFING INSTRUCTIONS.												
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Access to services 01</td> <td style="width: 50%;">Quality of service 06</td> </tr> <tr> <td>Choice/self determination 02</td> <td>Rights, privacy and confidentiality 07</td> </tr> <tr> <td>Quality of life, including work 03</td> <td>Effectiveness of services 08</td> </tr> <tr> <td>Personal development and community inclusion ... 04</td> <td>Don't know 97</td> </tr> <tr> <td>Relationship with services and staff 05</td> <td>Other WRITE IN</td> </tr> </table>			Access to services 01	Quality of service 06	Choice/self determination 02	Rights, privacy and confidentiality 07	Quality of life, including work 03	Effectiveness of services 08	Personal development and community inclusion ... 04	Don't know 97	Relationship with services and staff 05	Other WRITE IN
Access to services 01	Quality of service 06											
Choice/self determination 02	Rights, privacy and confidentiality 07											
Quality of life, including work 03	Effectiveness of services 08											
Personal development and community inclusion ... 04	Don't know 97											
Relationship with services and staff 05	Other WRITE IN											

Figure B.31 Client survey — page 15 of 16

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SECTION F: RESPITE SERVICES

Refer to briefing notes for definitions of respite services.

CHECK PRESURVEY FORM AND ASK Q57 OF ALL WHO HAVE USED RESPITE SERVICES (MDS CODE 4.01 TO 4.04). OTHERS, CLOSE INTERVIEW AND THANK RESPONDENT.

CONFIRM USE OF RESPITE SERVICES BY ASKING

57 Do you (IF NOK, does family member) use/go to _____ (respite service or individual)?

Confirms respite service as on pre-survey.....	1	(50)
Gives (different) respite service (WRITE IN)	2	
No respite service.....	3	→ GO TO END
No response, unclear response	9	

58a Do you like spending time with _____ (respite service or individual)? Interviewer: If respondent is not person with a disability ask if they think person with disability likes spending time with the respite service or individual.

Yes, I like it.....	1	
In between - sometimes, lukewarm acceptance	3	(51)
No, I don't like it.....	5	
No response, unclear response	9	

IF PERSON DOESN'T LIKE THEIR RESPITE SERVICE ASK Q58b

58b What is it you don't you like about _____ (respite service or individual)?
Interviewer: If respondent is not person with a disability ask respondent what it is they think person with disability doesn't like about the respite service or individual.

CODE REASONS GIVEN AND WRITE IN ADDITIONAL COMMENTS IN SPACE BELOW. IF UNSURE WHETHER RESPONSE FITS CODE, WRITE IN AND CHECK LATER AGAINST BRIEFING INSTRUCTIONS.

Access to services.....	01	Quality of service.....	06
Choice/self determination	02	Rights, privacy and confidentiality	07
Quality of life, including work.....	03	Effectiveness of services.....	08
Personal development and community inclusion	04	Don't know.....	97
Relationship with services and staff	05	Other WRITE IN BELOW	

THAT IS ALL THE QUESTIONS I HAVE. THANK YOU VERY MUCH FOR YOUR HELP.

98196\CLIENT.FTF FINAL
E-QUAL & DONOVAN RESEARCH

Figure B.32 Client survey — page 16 of 16

- 16 -

I certify that this is a true, accurate and complete interview, conducted in accordance with IQCA standards and the ICC/ESOMAR International Code of conduct. I will not disclose to any other person the content of this questionnaire or any other information relating to this project.

RESPONDENT'S NAME: _____ PHONE: _____

INTERVIEWER'S SIGNATURE: _____ DATE: _____

INTERVIEWER FEEDBACK

Please take a few minutes to complete a feedback sheet after each interview you complete.

1. Was this interview conducted in person, by telephone, or both?

In person 1 (62)
Telephone 2
Both 3

2. Please indicate who you interviewed.

Client 1 (63)
Client with some assistance from relative or friend 2
Client with assistance from service outlet staff 3
Relative, carer, advocate or guardian 4

3. Please indicate nature of client's disability (Based on your observations – do not ask person or NOK). Code all that apply

Physical disability 1 (64-68)
Sensory disability (deaf, blind, speech etc) 2
Intellectual disability from birth/childhood (eg Down syndrome) 3
Cognitive disability as an adult/acquired brain injury 4
Psychiatric Disability (schizophrenia, other mental illness) 5
Don't know/unsure/didn't meet 9

4. Were there any problems with any of the questions or responses that were difficult to code?

No 1 (69)
Yes 2

If yes, what problems did you have? PLEASE DESCRIBE FULLY

Question #	Problem/response eg. difficult to understand, upsetting or reason for coding

Figure B.33 **Advance letter from service providers, to clients about taking part in the client survey, or to the next-of-kin about taking part in the family (next-of-kin) survey**

Agency name....
Address details 1....
Address details 2....

Date....

National Satisfaction Survey of Disability Services

Dear (*Client/NOK name*).

The first ever Australia-wide survey of satisfaction with disability services is taking place.

Many people with disabilities, and many families of people with disabilities, are being asked how they feel about some of the services they get. The governments of the Commonwealth and the States are sharing the cost of this survey, because they believe that it's important to listen to the people who receive disability services, so that services can be improved.

You have been selected at random to take part. I hope that you'll agree. You don't have to take part if you don't want to, and you can pull out at any time if you don't want to continue. Everything you say will be kept strictly private, so that you can say exactly how you feel, without worrying about upsetting anyone.

In the next few weeks, you will receive a questionnaire in the post from the independent consultants conducting the survey, Donovan Research/EQUAL. Full instructions and a reply paid envelope in which to return the survey will also be enclosed. If you are the person with a disability, you may want to ask your family or friends to help you fill it in.

If you're happy to be included in the survey, you need not do anything.
If you do not wish to have your say, please let us know within the next week, by either writing to or telephoning (**contact name**) at the address above or on (**telephone number**).

We are sending letters to slightly more people than will actually need to be surveyed, so if you haven't been contacted by the end of September you can assume that you do not need to take part on this occasion.

Many thanks for your cooperation and we hope you enjoy the survey.

Yours sincerely

Figure B.34 **Advance letter from service providers to the next-of-kin of clients selected about undertake the client survey on the client's behalf**

Agency name....
Address details 1....
Address details 2....

Date....

National Consumer Satisfaction Survey of Disability Services

Dear *(NOK name)*.

The first ever Australia-wide survey of satisfaction with disability services is taking place.

Many people with disabilities, and many families of people with disabilities, are being asked how they feel about some of the services they get. The governments of the Commonwealth and the States are sharing the cost of this survey, because they believe that it's important to listen to the people who receive disability services, so that services can be improved.

Your family member has been selected at random to take part. As their next of kin, we are asking you to give permission and to either help them undertake the survey or undertake it on their behalf. I hope that you'll agree. You don't have to take part, and if you do, you may pull out at any time. Everything you say will be kept **strictly private and confidential** by the independent consultants doing the survey.

If you're happy for yourself or your family member to be included in the survey, you need not do anything. An interviewer from NCS Australasia will contact you by phone to arrange an interview. Your family member is welcome to be present during the interview, if you are asked to take part on their behalf.

You **may** also be asked to fill in a short Family Survey, which will be sent to you by mail from the independent consultants conducting the survey, Donovan Research /EQUAL. This form asks for your views, whereas in the interview you will be answering on your family member's behalf. Full instructions and a reply paid envelope in which to return the survey will also be supplied.

If you do not wish to take part, please let us know within the next week, by either writing to or telephoning **(contact name)** at the address above or on **(telephone number)**.

Letters are being sent to slightly more people than are actually needed in the survey, so if you haven't been contacted by the end of September you can assume you and your family member will not be asked to take part on this occasion.

Many thanks for your cooperation.
Yours sincerely

Figure B.35 **Advance letter from service providers to able clients or their next-of-kin about taking part in the family survey**

Agency name....
Address details 1....
Address details 2....

Date....

National Consumer Satisfaction Survey of Disability Services

Dear (*Client/NOK name*).

The first ever Australia-wide survey of satisfaction with disability services is taking place.

Many people with disabilities, and many families of people with disabilities, are being asked how they feel about some of the services they get. The governments of the Commonwealth and the States are sharing the cost of this survey, because they believe that it's important to listen to the people who receive disability services, so that services can be improved.

You have been selected at random to take part. I hope that you'll agree. You don't have to take part if you don't want to, and you can pull out at any time if you don't want to continue. Everything you say will be kept strictly private, so that you can say exactly how you feel, without worrying about upsetting anyone.

If you're happy to be included in the survey, you need not do anything.

If you are a person with a disability, you will be contacted by an interviewer from NCS Australasia to arrange a time to conduct the interview. Family members or friends are welcome to be there to help with the interview.

If you are a family member or guardian of a person with a disability, you will receive a Family Survey form in the post from the independent consultants conducting the survey, Donovan Research/EQUAL. Full instructions and a reply paid envelope in which to return the survey will also be enclosed.

If you do not wish to have your say, please let us know within the next week, by either writing to or telephoning (*contact name*) at the address above or *on (telephone number)*.

We are sending letters to slightly more people than will actually need to be surveyed, so if you haven't been contacted by the end of September you can assume that you do not need to take part on this occasion.

Many thanks for your cooperation and we hope you enjoy the survey.

Yours sincerely

Figure B.36 Service provider instructions and information — page 1 of 8



06 June 2000

«Provider_Fname» «Provider_LName»
«Agency_Name»
«Postal_Address»
«Post_Suburb» «Post_State» «Post_Postcode»

Dear «Provider_Fname»,

National Satisfaction Survey of Disability Services

Thank you for agreeing to assist with the above survey, we much appreciate it.
The following briefly outlines the procedure that needs to occur. Please take your time to read this information and if you have any questions please contact myself, Rhonda Zappelli or Penny Coase on 08 9322 2466 during office hours (10.30am - 7.30pm Eastern Standard Time). We will return your call.
The survey covers services in four areas and the approach being used varies between them as outlined below;

Service Area	APPROACH BEING USED	
	Client	Next of Kin / Family Member
Accommodation (1.01 to 1.07) Employment (5.01 and 5.02)	Interviews with sampled clients or with their next of kin on their behalf if client is unable to participate.	Next of kin of sampled clients are mailed the Family Survey to complete and mail back to the consultants
Respite (4.01 to 4.04) Case management / brokerage (2.07 and 2.10)	No client interviews back to the consultants	Sampled next of kin are mailed the Family Survey to complete and mail back to the consultant

As you have been asked to select clients / next of kin from several of the above service areas, please follow the instructions in **Section A** and **Section B**.

For accommodation and / or employment services please follow instructions in **Section A**.

For respite and / or case management services, please follow the instructions in **Section B**.

98196\FIELDWORK DOCS\PROFORMA LETTERS\LTR C - PROFORMA PACK COMBINED ONLY.DOC



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**Section A: Instructions for Client Interviews in
Accommodation and Employment Services**

1. Firstly the number of clients and their next of kin requested in the letter originally sent by Donovan Research, need to be selected.

You have been asked to randomly select some of your clients (and their next of kin) to be included in the survey. You should already have received **sampling details** regarding how to select these people, if not, these are included.

Please note, by next of kin we mean the family member (or guardian) who is most involved with the client and can best comment on the service they receive. This may not necessarily be their 'formal' next of kin.

2. Their consent to participate in the National Survey needs to be sought verbally or via a letter.

Once the clients have been selected they need to be asked if they would like to participate either verbally, or via a letter. Please find enclosed proforma letter(s) for you to use. Please insert the relevant details into the proforma letters and copy on to your letterhead. If you would like an electronic copy please let us know.

Thereafter, clients and next of kin (NOK) will be allowed 10 days to respond to these letters and given the opportunity to decline if they wish. Once this period of time has elapsed, passive consent will be assumed and you will be able to forward details of all clients and NOKs, who have not declined, to Donovan Research. This process complies with Commonwealth and State privacy legislation.

Q. Which letter do I send?

- Where the client is able to give their own consent send **LETTER ONE to the client.**



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- Where next of kin details are available for clients **LETTER ONE** should also be sent to the client's next of kin inviting them to participate in the family mail out survey.
- Where next of kin needs to give consent for the client to participate, send **LETTER TWO** to the client's next of kin.
- Where the client is unable to communicate, their next of kin will be asked to undertake the interview on their behalf (refer to sampling details). In this case, **LETTER TWO** should be sent to the client's next of kin.

Whenever possible we would like to interview the person with a disability. However, we appreciate that some people with disabilities cannot answer questions for themselves or tend to respond positively to all questions. When you consider who will undertake the client interview, only select next of kin (ie. the person most involved with the client) when you believe the client cannot respond reliably to the questions.

Stamps have been provided for postage. All letters need to be sent by **«M 10DAYS»**.

As soon as all clients and next of kin have been sent letters or asked verbally to participate, please fill in the small coloured postcard provided and post to Donovan Research.

Please also be aware that some clients or their next of kin may be sent identical letters by other agencies. Please assure them that once they have agreed to participate they will only be contacted once by Donovan Research.

3. **Once consent has been given (actively or passively), client and next of kin details should be forwarded to Donovan Research.**

An outline of the details Donovan Research requires is attached. Please let us know how many clients or next of kin decline.

These details may be sent via e-mail to m.white@donores.com.au, faxed on (08) 9481 6781 or mailed to Donovan Research. Please ensure that all client and next of kin details have been sent to us no later than **«M 2 WEEKS»**.



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Alternatively, you may fill in details straight on to the pre-survey forms provided (and explained below), rather than providing a separate list.

(Note: if you receive a refusal after forwarding details to Donovan Research please inform us as soon as possible)

4. For each client interview a PRE-SURVEY FORM needs to be filled in and returned to Donovan Research.

Q. What is it for?

The purpose of the form is:

- To provide the interviewer with information about the client and the people in the client's life, enabling them to interview more effectively.
- To provide classification information (such as type of disability) which will be useful for analysis but will not be available from the client.

Q. When do I fill them out?

A pre-survey form (PSF) will need to be completed for each of the client interviews (including those clients whose next of kin will answer on their behalf). They can either be filled out when you mail out the letters or you may wish to wait to see if you get any refusals before completing them.

Q. How do I fill them out?

Please complete all sections and details pertaining to the client, and their NOK.

- For SECTION A, please indicate, how and by whom, consent has been given.
- For SECTION B, please fill in client and next of kin details unless supplying a separate list.
- For SECTION C, please complete the details you know about the service they receive from you and other agencies. (We do not expect you to search out information, just tell us what you already know).
- For SECTION D, please fill in other relevant details to assist the interviewer. Note if you feel giving disability information is a breach of confidentiality you need not fill this in. However, it is useful for the interviewer to know this information prior to the interview.

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Please ensure that you sign and date the Pre Survey form on the front page.

Return completed pre-survey forms in the reply paid envelope provided by «M_2_WEEKS».

5. Interviews will then be arranged with clients or their representative and the client's next of kin will be sent the Family Survey to fill in and return to Donovan Research.

Please find enclosed with this letter:

1. **Sampling Details**
2. **Proforma Letters** to go out to clients and next of kin, and
3. **Stamps** to cover postage
4. A **postcard** for notification of letters sent
5. **List of client and next of kin details required** by Donovan Research, once consent has been given
6. **Pre Survey Forms** and
7. A **reply paid envelope** to return pre survey forms

<u>CHECKLIST : WHAT TO DO WHEN</u>	
Amended proforma letter	<input type="checkbox"/>
Sent letters out by «M_10DAYS»	<input type="checkbox"/>
Returned postcard to Donovan Research	<input type="checkbox"/>
Deleted refusals from sample lists	<input type="checkbox"/>
Completed Pre Survey Forms and returned to Donovan Research by «M_2_WEEKS»	<input type="checkbox"/>
Sent client and next of kin list to Donovan Research by «M_2_WEEKS»	<input type="checkbox"/>



- 6 -

**Section B: Instructions for Family Mail Out Survey from
Respite and Case Management / Brokerage Services**

1. **Firstly the number of next of kin requested in the letter originally sent by Donovan Research, need to be selected.**

You have been asked to randomly select some of your client's next of kin to be included in the Family's Survey. You may have already received **sampling details** regarding how to select these people, otherwise these are included.

Please note, by next of kin we mean the family (or guardian) who is most involved with the client and can best comment on the services they receive. This may not necessarily be their formal 'next of kin'.

2. **Their consent to participate in the Family Survey needs to be sought verbally or via a letter.**

Once the next of kin have been selected they will need to be asked if they would like to participate either verbally, or sent a letter. For this you will use **LETTER ONE** of the two enclosed for you to use. Please insert relevant details into the letter and copy on to your letterhead. If you would like an electronic copy, please let us know.

Thereafter, the next of kin (NOK) will be allowed 10 days to respond to these letters and given the opportunity to decline if they wish. Once this period of time has elapsed, passive consent will be assumed and you will be able to forward the details of all who have not declined, to Donovan Research. This process complies with Commonwealth and State privacy legislation.

Stamps have been provided for postage. All letters need to be sent by **«M 10DAYS»**.

As soon as all next of kin have been sent letters or asked verbally to participate, please fill in the small coloured postcard provided and post to Donovan Research.

Please also be aware that some clients or their next of kin may be sent identical letters by other agencies. Please assure them that once they have agreed to participate they will only be contacted once by Donovan Research.

98196/FIELDWORK DOCS/PROFORMA LETTERS/LTR C - PROFORMA PACK COMBINED ONLY DOC



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3. Once consent has been given (actively or passively), next of kin details should be forwarded to Donovan Research.

Please forward the following details for next of kin (NOK), who did not decline, to Donovan Research:

- **Agency name**
- **Service Outlet name**
- **NOK name**
- **NOK address**

Please let us know how many next of kin decline.

These details may be sent via e-mail to m.white@donores.com.au, faxed on (08) 9481 6781 or mailed TO Donovan Research. Please ensure that all client and next of kin details have been sent to us no later than **«M 2 WEEKS»**.

(Note: if you receive a refusal after forwarding details to Donovan Research please inform us as soon as possible)

4. The next of kin will then be sent a Family Survey to fill in and return to Donovan Research.

Please find enclosed with this letter:

1. **Sampling Details**
2. **Proforma Letters** to go out to next of kin, and
3. **Stamps** to cover postage
4. **A postcard** for notification of letters sent
5. **A reply paid envelope** to return next of kin details



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CHECKLIST

- | | |
|--|--------------------------|
| Amended proforma letter | <input type="checkbox"/> |
| Sent letters out by «M_10DAYS» | <input type="checkbox"/> |
| Returned postcard to Donovan Research | <input type="checkbox"/> |
| Deleted refusals from next of kin sample list | <input type="checkbox"/> |
| Sent next of kin list to Donovan Research by «M_2_WEEKS» | <input type="checkbox"/> |

Thank you again, for your help with this important project.

Yours sincerely,

Misha White
PROJECT DIRECTOR

We would greatly appreciate all efforts you can make to keep to this timing as individual provider delays result in a delay for the Family Survey across the State.

Figure B.44 Pre survey form — page 1 of 3

**NATIONAL SURVEY
OF
DISABILITY SERVICES**

PRE SURVEY FORM

CLIENT NAME (INCL TITLE): _____ DATE OF BIRTH: _____

Who is to be contacted to arrange interview? CLIENT ☐ NEXT OF KIN ☐ PROVIDER ☐

Who will be undertaking the client interview? CLIENT ☐ NEXT OF KIN ☐
(Note: Select next of kin only when the client cannot (on clients behalf) reliably respond to questions)

Who does the client live with? FAMILY/NEXT OF KIN ☐ ALONE ☐ OTHERS (NOT FAMILY) ☐

NAME: _____
TEL NO: () _____

SECTION A: CONSENT TO TAKE PART IN CLIENT INTERVIEW

PLEASE TICK BELOW TO INDICATE CONSENT.

- Letter sent to CLIENT and no response received, hence consent assumed..... ☐
- Letter sent to Next of Kin (NOK) (on clients behalf), and no response received, hence consent assumed..... ☐
- Consent given verbally by Client..... ☐
- Consent given verbally by NOK (on client's behalf)..... ☐

(NOTE: IF YOU RECEIVE A REFUSAL AFTER RETURNING THIS FORM PLEASE INFORM US AS SOON AS POSSIBLE)

SECTION B: CONTACT DETAILS

Please complete details below

IF YOU ARE PROVIDING A SEPARATE LIST OF CLIENT / NEXT OF KIN (NOK) CONTACT DETAILS YOU DO NOT NEED TO FILL IN THESE DETAILS

CLIENT CONTACT DETAILS

ADDRESS WHERE CLIENT LIVES: _____

TELEPHONE: _____ PLEASE TICK IF THIS IS: HOME ☐ WORK ☐

NEXT OF KIN (NOK) CONTACT DETAILS

NEXT OF KIN NAME (INCL TITLE) _____

NEXT OF KIN CONTACT ADDRESS _____

NEXT OF KIN TELEPHONE _____

Please tick if appropriate

Next of Kin Declined to participate in *family mail out* survey..... ☐

No next of kin details..... ☐

I hereby confirm that the above information is correct and true

Name _____ Position _____

Signed _____ Date _____

OFFICE USE

ID (1-6)
COL 7= (1)
MDS (8-10)
OL (11-14)

Figure B.45 Pre survey form — page 2 of 3

SECTION C: DISABILITY SERVICES USED BY CLIENT

Please complete for all services from your organisation and others that you know the client uses. Please complete as best you can from information you already have.

This information will enable interviewers to better interview clients by referring to the names of people they know and organisations they use.

Service Type and MDS Code	Service Used (✓)	Organisation Providing Service	Name(s) of Key Staff	Name(s) of People Client Lives With	
Accommodation Services (Please complete for <u>current</u> services)					
Large Residential (1.01)					(15)
Hostels (1.02)					(16)
Group Home (1.03)					(17)
Attendant Care ¹ (1.04)					(18)
Drop in support ² (1.05)					(19)
Alternative Family placement (1.06)					(20)
Other accommodation services (1.07)					(21)
Employment Services (Please complete for <u>current</u> services)					
Open employment (5.01)				Name of employer	(22)
Supported/ sheltered employment (5.02)					(23)
Open & supported employment (5.03)				Name of employer	(24)
Respite services & service co-ordination : Used in last 12 months					
Any respite services (4.01 - 4.04)					(25)
Case management ³ / Brokerage (2.07 and 2.10)				Name of case manager	(26) (27)

1. Includes CSDA funded Attendant Care

2. Also includes 'in-home' living support supplied independently of the accommodation

3. Also includes individual funding, individual support packages etc

Figure B.46 Pre survey form — page 3 of 3

SECTION D: OTHER INFORMATION

Please tick to indicate the nature of the client's **PRIMARY** disability and any other disabilities. (If you prefer not to give this information for reasons of confidentiality, that is fine, it is simply to assist the interviewers).

(28 - 31)		
DISABILITY GROUP	PRIMARY DISABILITY (1 ONLY)	OTHER DISABILITY (TICK ALL)
1. Developmental delay		
2. Intellectual (including Down Syndrome)		
3. Specific learning/Attention Deficit Disorder		
4. Autism		
5. Physical		
6. Acquired brain injury		
7. Deaf/blind (dual sensory)		
8. Vision (sensory)		
9. Hearing (sensory)		
10. Speech (sensory)		
11. Psychiatric		
12. Neurological (inc. epilepsy/Alzheimer's Diseases)		

Would client be able to undertake interview by telephone?

- No ☐ 1 (44-45)
- Yes with assistance ☐ 2
- Yes, would be happy with telephone interview ☐ 3
- Yes, but they would probably prefer personal interview ☐ 4
- Don't know ☐ 9

IF YES, WITH ASSISTANCE: Please write in type of assistance required

Will the client need assistance or special arrangements to undertake a face to face interview?

- No ☐ 1 (46)
- Yes ☐ 2

IF YES Please write in what will be required (eg communication board, interpreter)

Can you assist in providing/arranging any assistance?

- No ☐ 1 (47)
- Yes ☐ 2

IF YES, Please give details

Do you have any other advice or tips to enable the interviewing this person to go smoothly?

- No ☐ 1 (48)
- Yes ☐ 2

IF YES Please write in

In your opinion, could an interviewer be **at risk** interviewing the client **alone** at the client's home?

PLEASE TICK ONE BOX

- Possible risk (should not interview at home) ☐ 1 (49)
- No risk ☐ 2
- Don't know ☐ 9
- Client not being interviewed at home ☐ 8

