

## **Community care experience questionnaire**

<b>CLIENT ID:</b>						
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### **Who should complete this questionnaire?**

The evaluation team is interested in feedback from clients and their advocates on their experiences in Innovative Pool pilot programs. One questionnaire is issued to each client. It can be completed by the client, his or her carer or advocate.

**It takes around 30 minutes to complete—  
your time is greatly appreciated.**

If you are completing the questionnaire on behalf of a client, you should be familiar with the client's experience in the Innovative Pool pilot program.

Part C (Questions 16-18) specifically seeks the views of disability support workers and family members who provide ongoing support, assistance and advocacy to the client in his/her usual place of residence.

**PLEASE USE THE REPLY PAID ENVELOPE TO RETURN THE  
COMPLETED QUESTIONNAIRE TO THE AIHW EVALUATION TEAM**

## READ THIS PAGE FIRST

- Part A (Questions 1 to 4) is about the help the client was receiving *prior* to entering the pilot program.
- Part B (Questions 5 to 15) is about the pilot program itself—the quantity and quality of services.
- Part C (Questions 16 to 18) is specifically for carers and advocates. Questions are about the suitability of pilot program services in meeting the client’s long-term needs in his/her usual place of residence.

### Who is completing this questionnaire?

Tick more than one row if more than one person helps complete the questionnaire:

	<i>Tick as many as applicable</i>
Client (with or without help)	
Group house manager or care worker	
Other disability support staff	
Family carer	
Other relative or friend	
Pilot coordinator	
Other advocate	

# PART A

*PART A asks about the help you [the client] received before entering the pilot program.*

## QUESTION 1

**Before you [the client] entered the pilot program, were you receiving enough assistance in each of the following areas?**

	<i>Tick one column on each row</i>			
	<b>Receiving enough assistance</b>	<b>Receiving assistance but more needed</b>	<b>Not receiving assistance, assistance needed</b>	<b>Assistance not needed</b>
<b>Personal assistance and health care</b>				
Personal assistance during the day—dressing, bathing, eating and drinking				
Personal assistance specifically at weekends and in the evenings				
Continence management				
Help to take medication in the right dose at the right time				
Provision of aids and equipment eg. walking frame or cane, wheelchair, bathing aids.				
<b>Mobility assistance</b>				
Mobility assistance—help to get in and out of bed, help to move around at home, help with wheelchair transfers				
<b>Help to make and keep important appointments</b>				
Transportation to and from appointments e.g. doctor, dentist, legal and financial advisers.				
Making appointments with health care providers and the coordination of those services e.g. doctor and dental appointments, hospital visits.				

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<b>Question 1 continued</b>	<i>Tick one column on each row</i>			
	<b>Receiving enough assistance</b>	<b>Receiving assistance, but more needed</b>	<b>Not receiving assistance, assistance needed</b>	<b>Assistance not needed</b>
<b>Professional health care</b>				
Nursing care at home				
Medical care				
Speech therapy				
Physiotherapy, occupational therapy and other allied health services				
Management of behavioural or psychological symptoms				
<b>Domestic and community life</b>				
Help to participate in domestic life and maintain living skills—meal preparation, shopping and household chores				
Leisure and recreation				
Transport to community and social events				
Social support—accompaniment at home and in the community for social contact; practical assistance such as bill paying, banking, letter writing and visiting.				

COMPLETED QUESTIONNAIRES ARE TREATED IN STRICT CONFIDENCE

**QUESTION 2**

**What activities do you [the client] need help with the MOST?**

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*Attach a separate page if necessary*

**QUESTION 3**

**What are your [the client's] most pressing age-related needs?**

By 'age-related needs' we mean needs that have emerged in recent times as a result of growing older, as distinct from long-standing disability-specific needs.

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*Attach a separate page if necessary*

**QUESTION 4**

**At the outset, what did you *hope* or *expect* the pilot program would deliver [for the client]?**

Please describe what you thought the pilot program might offer in addition to the help and care that was already available in the household:

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*Attach a separate page if necessary*

**Please continue to PART B.**

**PART B contains questions about pilot program services.**

## PART B

*PART B asks about pilot program services*

### QUESTION 5

**Overall, is the pilot program proving effective in meeting previously unmet 'age-related' needs?**

	<i>Tick one</i>
<b>Yes</b> The pilot program is able address the areas of age-related need where more individual assistance is required.	
<b>Partly</b> The pilot program helps but not as much as expected.	
<b>No</b> The pilot program fails to meet some important age-related needs of the client.	
<b>Undecided</b>	

## QUESTION 6

### Does the pilot program provide enough additional assistance with health and personal care?

Please tick *one box on each row* to show if enough additional assistance is available through the pilot program to meet the client's age-related needs.

If a particular type of assistance is not needed, please tick 'Not applicable'.

#### *Service rating: amount of additional assistance*

(tick one box on each row)

<b>Personal assistance and health care</b>	<b>Good to very good</b>	<b>Satisfactory</b>	<b>Less than satisfactory</b>	<b>Not applicable</b> e.g. additional assistance not needed
Personal assistance—dressing, bathing, eating and drinking				
Personal assistance specifically at weekends and in the evenings				
Continence management				
Help to take medication in the right dose at the right time				
Provision of aids and equipment eg. walking frame or cane, wheelchair, bathing aids				
<b>Mobility assistance</b>				
Mobility assistance—getting in and out of bed, getting to the bathroom, going for a walk				
<b>Help to make and keep important appointments</b>				
Transportation to and from appointments e.g. doctor, dentist, legal and financial advisers.				
Making appointments for professional care services and the coordination of those services e.g. doctor and dental appointments, hospital visits				

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**Question 6 continued**

***Service rating: amount of additional assistance***

(tick one box on each row)

<b>Professional services</b>	<b>Good to very good</b>	<b>Satisfactory</b>	<b>Less than satisfactory</b>	<b>Not applicable</b> e.g. additional assistance not needed
Nursing care at home				
Help to access medical care				
Speech therapy				
Physiotherapy or occupational for identified age-related needs				
Management of age-related behavioural and psychological symptoms				

**QUESTION 7**

**Does the pilot program provide enough additional assistance to help you [the client] participate in activities at home and in the community?**

Please tick *one box on each row* to show if enough assistance was available from the pilot program in each area. If a particular type of assistance is not needed, please tick 'Not applicable'.

*Service rating: amount of additional assistance*  
(tick one box on each row)

<b>Help at home and in the community</b>	<b>Good to very good</b>	<b>Satisfactory</b>	<b>Less than satisfactory</b>	<b>Not applicable</b>
Help to participate in domestic life—meal preparation, shopping and household chores				
Social support—accompaniment at home and in the community for social contact and practical assistance such as bill paying, banking, letter writing and visiting.				
Transport to community and social events				
Day leisure and skills programs				
Interpreting and translating service				

**QUESTION 8**

**If you ticked ‘Less than satisfactory’ for any type of assistance in Question 6 or 7, we would like to know why.**

**Please list any area of pilot program service delivery that you believe is unsatisfactory and indicate the factor/s responsible for limiting the amount of assistance received.**

**Reason for not getting enough assistance from the pilot program**

*(tick one or more boxes on each row)*

<b>Types of assistance rated ‘Less than satisfactory’ in Questions 6 and 7:</b>	<b>Limited availability of service</b>	<b>Too costly</b>	<b>Not convenient</b>	<b>Staffing issues</b>	<b>Other factors</b>

*Attach a separate sheet if you need more space*

## QUESTION 9

Please indicate below what you think of the *planning and coordination* of pilot program services for the client.

‘Care planning and coordination’ refers to all the activities that go into identifying the client’s age-related needs, devising a plan of care and coordinating the delivery of appropriate services. Careful planning and coordination is essential if pilot programs are to be effective in assisting clients and their families.

### Rating

*Tick one box on each row.*

	Good to very good	Satisfactory	Less than satisfactory	Not applicable
Assessment of client’s age-related needs and suitability of the pilot program care plan				
Involvement of disability support staff in decisions surrounding the client’s pilot program care plan				
Selection of services to meet the client’s age-related needs				
Ongoing liaison between pilot coordinator and disability support staff				
Liaison with client’s family about the care plan and/or transition to aged care, as applicable				
Training and education of disability support staff to facilitate implementation of the client’s care plan				

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**QUESTION 10**

**Is the additional assistance available through the pilot program delivered in a way that is convenient to the client and other members of the household?**

	<i>Tick one</i>
<p><b>Always or mostly convenient</b> Pilot program services fitted into client and household routines well—there was little or no disruption once established.</p>	
<p><b>Sometimes inconvenient</b> Pilot program services sometimes caused inconvenience to other members of the household and/or staff rosters.</p>	
<p><b>Always or often inconvenient</b> Pilot program services caused major disruption to other members of the household and/or staff rosters.</p>	
<p><b>Undecided</b></p>	

**If you have indicated that the pilot program caused disruption or inconvenience to the household, please give some examples:**

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*Attach a separate page if necessary*

**QUESTION 11**

**Were there any aspects of the pilot program that you did NOT like?**

If so, please describe them below.

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*Attach a separate page if necessary*

**QUESTION 12**

**Which aspects of the pilot program stand out as particularly effective in meeting the client's age-related needs?**

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*Attach a separate page if necessary*

### QUESTION 13

**Has the pilot program introduced new staff for client care i.e. in addition to the household's disability support staff?**

Circle yes or no:

**Yes**      ➤ **Please complete questions 13 and 14**

**No**      ➤ **Go to question 15**

**What do you think of the *staffing arrangements* for the provision of additional assistance through the pilot program?**

Please tick one box below.

	<i>Tick one</i>
<b>Good to very good</b> The number of staff providing care was appropriate and pilot program staff seemed aware of client needs and preferences. They worked in well with disability support staff to deliver consistent, quality care.	
<b>Satisfactory</b> Staffing arrangements were mostly adequate. Problems were experienced from time to time e.g. with individual members of staff or handover, but this did not compromise the overall standard of client care.	
<b>Less than satisfactory</b> Staffing arrangements had a negative impact on client care for reasons such as: <ul style="list-style-type: none"><li>• staff changed too frequently;</li><li>• there were too many or not enough people involved;</li><li>• staff were not sufficiently familiar with client's needs and preferences;</li><li>• pilot program staff lacked experience in care for people with a disability.</li></ul>	
<b>Undecided or unable to assess</b>	

**QUESTION 14**

**Has the pilot program helped to transfer skills and experience in aged care to disability support staff?**

**Circle one:**                      Yes                      No                      Undecided

If 'Yes', please describe below the newly acquired skills that are helping disability support staff to meet the client's age-related needs.

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### QUESTION 15

**Do clients, their families and disability support staff have enough say in the type of care that is provided through the pilot program?**

	<i>Tick one</i>
<b>Yes</b> There was an appropriate level of involvement in care planning for the pilot program.	
<b>Partially</b> Clients and/or their advocates were consulted about the care plan but should have had a greater say.	
<b>No</b> Clients and their advocates were not adequately involved in care planning for the pilot program.	
<b>Undecided</b>	

**Please continue to PART C.**

**PART C contains questions for disability support staff (e.g. group home manager) or family carer to answer.**

# PART C

*PART C asks the client's disability care worker or family carer to assess the pilot program from their perspective.*

Questions 16 to 18 are to be completed by a person who has been providing assistance to the client on an ongoing basis in their group home, independent of the pilot program, for example, disability support staff and/or a family member.

## QUESTION 16

**Does the pilot program offer *you*, the carer or care worker, an adequate level of support, information and practical assistance in managing the client's age-related needs?**

	<i>Tick one</i>
<b>Yes</b>	
<b>No</b>	
<b>Undecided</b>	
<b>Not applicable</b>	

**Please list any additional assistance that you need to support the client in their home as they age.**

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*Attach a separate page if necessary*

COMPLETED QUESTIONNAIRES ARE TREATED IN STRICT CONFIDENCE



**QUESTION 18 (continued)**

**(b) How could the pilot program be improved or expanded to better meet the client's age-related needs?**

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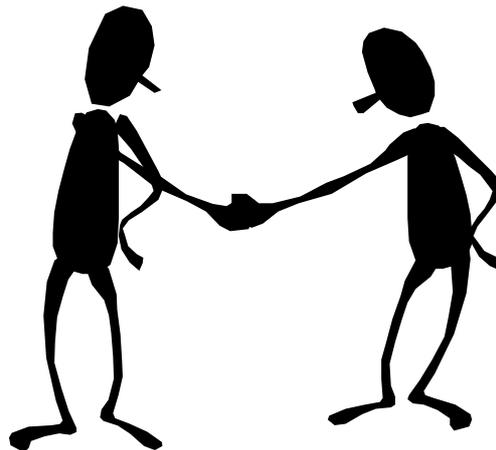
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*Attach a separate page if necessary*

**Thank you for completing this questionnaire**



**PLEASE RETURN THE QUESTIONNAIRE TO THE  
EVALUATION TEAM IN THE REPLY PAID ENVELOPE**

COMPLETED QUESTIONNAIRES ARE TREATED IN STRICT CONFIDENCE