

Survey for Parents, Families and Carers of People with a Disability using XXX

Introduction

Thank you for taking the time to complete this survey. It will provide valuable information for the evaluation.

1. How often does your family member use XXX?

- Regularly Occasionally/every so often
(e.g.respite only)

2. Are you aware that a new Disability Act was introduced in Victoria in the last year or so?

- Yes No

3. How much information have your disability service providers given you about..... (Please tick one in each row below)

	None	Some	A lot
The services the person is getting or will get (including How much, when and by whom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person's right to privacy and confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person's right to make a complaint if they are Unhappy with their services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to make a complaint or raise concerns about their Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How their complaint will be handled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person's right to take a complaint to the Disability Services Commissioner if they are unhappy with the response to their concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to take a complaint to the Disability Services Commissioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When you and your family member were given information by XXX about those things, please answer the question below:

Was the information explained to them?

- It was not explained at all It was explained a bit It was explained very clearly Not sure

5. Does the person with a disability have a support plan?

- Yes No

6. How involved was your family member the person with a disability in the development of your Support Plan?

- He or she was not involved much at all
 He or she was involved quite a bit
 He or she was very involved and felt in control of it

7. Was your family member asked if they wanted someone to help them in the planning process?

- Yes No Not sure

8. If your family member said that they did want someone to help you, please answer the two questions below:

- | | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| Was the person asked who they wanted to help them with planning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did their service arrange for this person to assist them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. Were you as a parent, carer or family member given the opportunity to be involved in the development of the support plan?

- I was given the opportunity but chose not to
- I was extensively involved
- I was involved a little
- I wasn't given the opportunity

10. How happy are you that the plan reflects what your family member needs and prefers:

- Not at all happy
- Fairly happy
- Very happy

11. Does the plan help your family member to do things they want such as hobbies, interests and seeing friends?

- Not at all
- Partly
- It helps a lot

12. Does your family member have a copy of the plan?

- Yes
- No

13. Was the plan written in a way that your family member could understand?

- Yes
- No

14. Was the plan explained to your family member?

- Yes
- No
- Not sure

15. Has the person asked for any changes to their plan?

- Yes
- No
- Not sure

16. If you answered "Yes" please answer the following:
Were they changes that they wanted made?

Yes No

17. Does the person have more than one service provider?

Yes No

18. If you answered "Yes" please answer the following:
Was your family member asked if they wanted one combined plan?

Yes No Not sure

19. If the person was unhappy about their services, how confident do you think they would feel about making a complaint?

Not at all confident Fairly confident Very confident

20. How confident would you feel that your family member's complaint would be investigated positively and there would be no negative consequences for you?

Not at all confident Fairly confident Very confident

21. If your family member or you were unhappy about the services being provided, how confident would you feel that.....

	Not at all confident	Fairly confident	Very confident
A complaint would be investigated positively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There would be no negative consequences for the person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The continuation of the person's disability services would not be threatened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Is your family member living in a residential service?

Yes

No

22. Do they have a Behaviour Support Plan?

Yes

No

For people with a Behaviour Support Plan

23. Was the plan discussed with the family member person?

Yes

No

Not sure

24. Was your family member asked if they wanted someone (other than the provider) to help them in discussing the plan?

Yes

No

Not sure

25. Were they consulted in the development of the Behaviour Support Plan?

Yes

No

Not sure

The person doesn't
have a guardian or
family

26. Was your family member given a copy of the plan?

Yes

No

Not sure

27. Was the plan written in a way that they could understand?

Yes

No

Not sure

28. If the plan was difficult to understand, was it given to a family member or someone else that the person chose to explain it to them?

- Yes
- No
- Not sure
- Assistance was not needed to understand the plan

29. Did your service tell you that you could ask for a review by VCAT?

- Yes
- No
- Not sure