Thank you for your interest in contributing to the new St. Michael's House Strategy 2022-2026. The information you provide will be used in the strategy but you will not be identified. The last 15 months were heavily dominated by the impact of Covid-19. In your response, please feel free to comment on your experience during Covid-19 but please also try and consider what is important for the organisation in more 'normal' times.

In this survey, the term "*family member*" refers to the service user that attends/receives services from St. Michael's House.

Please complete each question below. The participant may edit their answers up until the survey is submitted. The survey also has a "save and resume" function to support questionnaire completion.

please note there is no save function on completed questionnaires so do please take a screenshot of your answers should you wish to keep a copy

1. What services does your family member receive from St. Michael's House? Please tick all that apply.

	Residential service	Li	nk Service
	Local Centre	C	inical Services/Supports
	Short Term Training Centre (STTC)	D	ay Service
	Community Support	R	espite
	Other (Please say what service/support):		
2. Wł	nat age is your family member?		
\bigcirc	18-30		
\bigcirc	30-50		
\bigcirc	50-65		
\bigcirc	Over 65		
\bigcirc	0-18 Years		
On a s	scale of 1 to 10, where 1 is a low level of support a	nd 10	is a high level of support what level of

3. On a scale of 1 to 10, where 1 is a low level of support and 10 is a high level of support, what level of support do you feel your family member needs in his/her daily life?

1 (Low Level)	5	10 (High Level)
0		
-		

4. Living Arranger				
Where does your fa	amily member live?			
In a St. Michael's	House residential house/service			
In the community	supported by St. Michael's House			
With family (pare	nt(s), brother, sister, other relative)			
Other (please ex	plain)			
. Living arrangemer	nts			
lease comment;				
arrying on from Question how well is the living				
rangement working for				
our family member?				
ow well is the living				
rangement working for ou and/or any other family _r				
6. Relationship wi	th St. Michael's House: ing statements best describes how y	/ou feel about your rela	tionship with s	St. Michael's
6. Relationship wi Which of the follow House?		(d) I have a rather di	stant relationship	with the organis
6. Relationship wi Which of the follow House? (a) I feel I have a organisation	ing statements best describes how y a close and equal relationship with the a good relationship with individual staff but		stant relationship	with the organis
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	•	rapeutic inputs, Residential service, D	ay service Link hours, Leisure Centre/Swimmi	ing
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14. What additional s	ervice would make a significant improvement to the quality of your or	your family's life?
(e.g.) Respite service	s, Therapeutic inputs, Residential service, Day service, Link hours, L	eisure
Centre/Swimming Po		
1.		
2.		
۲.		
	Question 14, do you have any ideas on new supports or services that	could be developed
that would assist you	and/or your family member?	
16. The things that or	oncern me most for my family member for the future are	
1.		
2		
2.		
17. Have you any oth	er comments to add not covered in any question above?	