

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.

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Residential service | <input type="checkbox"/> Link Service |
| <input type="checkbox"/> Local Centre | <input type="checkbox"/> Clinical Services/Supports |
| <input type="checkbox"/> Short Term Training Centre (STTC) | <input type="checkbox"/> Day Service |
| <input type="checkbox"/> Community Support | <input type="checkbox"/> Respite |
| <input type="checkbox"/> Other (Please say what service/support): | |

2. What age is your family member?

- 18-30
- 30-50
- 50-65
- Over 65
- 0-18 Years

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)

4. Living Arrangements

Where does your family member live?

- In a St. Michael's House residential house/service
- In the community supported by St. Michael's House
- With family (parent(s), brother, sister, other relative)
- Other (please explain)

5. Living arrangements

Please comment;

Carrying on from Question 4, how well is the living arrangement working for your *family member*?

How well is the living arrangement working for you *and/or any other family members*?

6. Relationship with St. Michael's House:

Which of the following statements best describes how you feel about your relationship with St. Michael's House?

- (a) I feel I have a close and equal relationship with the organisation
- (b) I feel I have a good relationship with individual staff but not with the organisation
- (c) I feel I have a good relationship with the organisation and with staff
- (d) I have a rather distant relationship with the organisation
- (e) I have a poor relationship with the organisation

If you feel the relationship could be improved please tell us how

7. **Communication from and with St. Michael's House.** On a scale of 1 to 10 where 1 is a very poor experience and 10 is an excellent experience, how good is St. Michael's House at keeping you informed about matters that affect your family member?

1 (Poor)

5

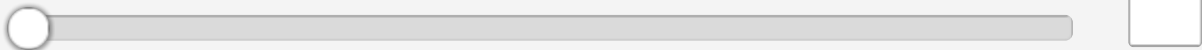
10 (Excellent)

8. Communication (continued)

What change in our communications would make the most difference to you/your family at this time?

9. **Planning:** On a scale of 1 to 10 where 1 is a very poor experience and 10 is an excellent experience, how good is St. Michael's House in helping you plan for your family members life?

1 (Poor) 5 10 (Excellent)



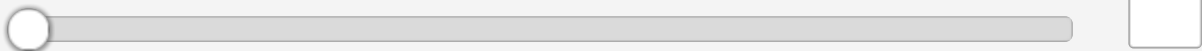
10. Planning (continued)

What do St. Michael's House do well?

What do St. Michael's House not do well?

11. **Well-being & Health:** On a scale of 1 to 10 where 1 is a very poor experience and 10 is an excellent experience, how good is St. Michael's House in supporting your family member's well-being and health?

1 (Poor) 5 10 (Excellent)



12. Well-being and Health (continued)

What could St. Michael's House do to improve your family member's health and well-being at this time?

13. What current service benefits you *most* in continuing to provide care for your family member? (e.g.) Respite services, Therapeutic inputs, Residential service, Day service Link hours, Leisure Centre/Swimming Pool

1.

2.

14. What additional service would make a *significant* improvement to the quality of your or your family's life? (e.g.) Respite services, Therapeutic inputs, Residential service, Day service, Link hours, Leisure Centre/Swimming Pool.

1.

2.

15. Continuing from 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 *concern* me most for my family member for the future are

1.

2.

17. Have you any other comments to add not covered in any question above?