



SERVICE USER REPRESENTATIVE QUESTIONNAIRE

Stakeholder Survey

October 2009

This questionnaire is intended for individuals who represent a Praxis Care service user (for example, family member, advocate, close friend). This questionnaire is **anonymous**. Your name will not be placed anywhere on the questionnaire. Your responses are also completely **confidential**. Only the researcher will have access to this information.

When you have completed this questionnaire, please place it in the **confidential, pre-paid envelope** provided and return to the Research Department by _____. Alternatively, you can return the questionnaire (in the sealed envelope) to the manager at your local Praxis Care scheme (who will forward the unopened questionnaire to the Research Department).

If you have any questions, please contact:

Tara Hollway (Praxis Care Research Dept)

Tel: 028 90727 191

E-mail: tarahollway@praxiscare.org.uk

GENERAL

1. What is the nature of your relationship with the individual who uses Praxis Care Services?

(Please tick one only)

Family member/relative	<input type="checkbox"/>
Advocate	<input type="checkbox"/>
Friend/Neighbour	<input type="checkbox"/>
Other (please state):	

2. How long has the service user been using Praxis Care Services?

(Please tick one only)

Less than 1 yr	<input type="checkbox"/>
1 yr to less than 5 yrs	<input type="checkbox"/>
5 yrs to less than 10 yrs	<input type="checkbox"/>
10 yrs to less than 15 yrs	<input type="checkbox"/>
15 yrs to less than 20 yrs	<input type="checkbox"/>
20 yrs or more	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

3. What type of services does the service user receive from Praxis Care?

(Please tick all that apply)

Accommodation	<input type="checkbox"/>
Respite/Short break services	<input type="checkbox"/>
Workskills/Daycare	<input type="checkbox"/>
Floating Support	<input type="checkbox"/>
Home Support/ Response	<input type="checkbox"/>
Befriending	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Other (please state):	

RELATIONSHIP WITH PRAXIS CARE

4. How would you describe your relationship with Praxis Care?

(Please tick one only)

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

5. How would you describe your knowledge of the work Praxis Care carries out?

(Please tick one only)

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Limited	<input type="checkbox"/>
Very limited	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

6. How would you rate the Praxis Care staff you have contact with in the following areas:
(Please tick one box for each statement)

	Excellent	Good	Poor	Very Poor	Don't know/ not relevant
a. Helpfulness/supportiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Willingness to listen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Knowledge of service user needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Responsiveness to service user needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7a. Have you made any complaints to Praxis Care in the last 12 months?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

7b. If Yes, Do you feel that your complaint was dealt with adequately?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Still being processed	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

8. Have you given any positive feedback (verbal or written compliments) to Praxis Care in the last 12 months?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

COMMUNICATION

9. How helpful are Praxis Care staff when you request information?

(Please tick one only)

Very helpful	<input type="checkbox"/>
Quite helpful	<input type="checkbox"/>
Quite unhelpful	<input type="checkbox"/>
Very unhelpful	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

10. Do you feel that Praxis Care gives you adequate information on the services it provides? *(Please tick one only)*

Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Never	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

11. In which ways would you like to be **kept up-to-date** with information from **Praxis Care**?

(Please tick all that apply)

E-mail	<input type="checkbox"/>
Regular newsletter	<input type="checkbox"/>
Praxis Care Website	<input type="checkbox"/>
Annual Report	<input type="checkbox"/>
Local forums/meetings	<input type="checkbox"/>
Organisational AGM	<input type="checkbox"/>
Other (please state):	

SERVICE PROVISION & DEVELOPMENT

The Support the Service User Receives

12. How would you rate the **range of services** offered by Praxis Care to the service user? *(Please tick one only)*

Excellent	<input type="checkbox"/>
Above average	<input type="checkbox"/>
Average	<input type="checkbox"/>
Below average	<input type="checkbox"/>
Extremely poor	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

13. How would you rate the **quality** of the services provided by Praxis Care to the service user? *(Please tick one only)*

Excellent	<input type="checkbox"/>
Above average	<input type="checkbox"/>
Average	<input type="checkbox"/>
Below average	<input type="checkbox"/>
Extremely poor	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

14. Has Praxis Care made an impact on the **quality** of the service user's life? *(Please tick one only)*

It has made a positive impact	<input type="checkbox"/>
It has made a negative impact	<input type="checkbox"/>
No, it has made no impact	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

15a. Are there new areas of **support** that you would like to see Praxis Care provide to the service user?

(Please tick one only)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

15b. **If Yes**, What **new** types of support would you like to see being provided?

(Please state)

16. How would you rate the following: *(Please tick one box for each statement)*

	Excellent	Above average	Average	Below average	Extremely poor	Don't know/ not relevant
a. Communal areas (eg dining area, toilets, relaxation area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. External building (eg gardens, entrance, general upkeep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Service User's personal accommodation (e.g. room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Please rate how well you feel that Praxis Care meets the following needs of the service user: *(Please tick one box for each statement)*

	Needs fully met	Needs partly met	Needs not at all met	Don't Know/ not relevant
a. Personal/care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Social/recreational needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Emotional/behavioural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Support needs (daily living, work, education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Support You Receive as a Service User Representative

18. To what extent does Praxis Care meet your expectations in providing a service? *(Please tick one only)*

Fully met	<input type="checkbox"/>
Partly met	<input type="checkbox"/>
Not at all met	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

19. Has Praxis Care made an impact on the quality of your life? *(Please tick one only)*

It has made a positive impact	<input type="checkbox"/>
It has made a negative impact	<input type="checkbox"/>
It has made no impact	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

20. Do you feel Praxis Care appropriately involves you when decisions are made with/for the service user? *(Please tick one only)*

Fully involved	<input type="checkbox"/>
Partly involved	<input type="checkbox"/>
Not at all involved	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

21. Do you feel **supported** by Praxis Care in your role as a service user representative? (Please tick one only)

Fully supported	<input type="checkbox"/>
Partly supported	<input type="checkbox"/>
Not at all supported	<input type="checkbox"/>
Don't know/not relevant	<input type="checkbox"/>

22a. If the Government gave you or the service user money to purchase services, would you **choose** Praxis Care? (Please tick one only)

Yes

↓

22b. **If Yes**, Please give reasons:

No

↓

22c. **If No**, Please give reasons:

23. Would you **recommend** Praxis Care to others? (Please tick one only)

Yes, definitely	<input type="checkbox"/>
Not sure	<input type="checkbox"/>
Definitely not	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

GENERAL

24. Please rate how important each of the following are in order for Praxis Care to provide a quality service: (Please tick one box for each statement)

	Very important	Quite important	Not at all important	Don't Know
A. Regular reviews (a meeting between the service user, Praxis staff & other health professionals to talk about the support the service user receives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Key worker system (a staff member at the scheme who meets regularly with the service user)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Support planning (a document which outlines the goals/aspirations/support needs of a service user)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Service user involvement within Praxis Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Quality of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Complaints/positive feedback system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Information/education/advice provided to the service user representative in relation to the health & social care issues that affect the service user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. From the list above, which 3 do you consider to be most important for Praxis Care to have in place in order to deliver a quality service:

(Please indicate the relevant letter in the box)

- a) 1st most important
- b) 2nd most important
- c) 3rd most important

26. Taking everything into consideration, how would you rate Praxis Care as an organisation?

Excellent	<input type="checkbox"/>
Good	<input type="checkbox"/>
Poor	<input type="checkbox"/>
Very poor	<input type="checkbox"/>
Don't know/Not relevant	<input type="checkbox"/>

27. If you would like to make any additional comments, please do so here:

Thank you for completing this questionnaire.

**Please return the completed questionnaire
in the confidential envelope provided**

Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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