



Client Needs Assessment

The purpose of this needs assessment survey is to gather important information about the needs of people with spinal cord injuries and other mobility-related conditions in New Brunswick. This survey has been designed to identify the major service gaps and barriers throughout the province in order to help improve programs, services and social policies for persons with mobility-related conditions.

Information will be collected via telephone interviews. All instructions and necessary information will be shared prior to the commencement of the questions.

All demographic information and survey answers will be kept strictly confidential and the survey results will not include a name or contact information. Questions, comments, or concerns can be directed to the CPA (NB) Inc. office at 462-9555.

Instructions for telephone survey: Hello, my name is _____, and I am calling on behalf of the Canadian Paraplegic Association (N.B.) Inc. I am looking to discuss your opinions and collect feedback about the services that you receive. The purpose of this survey is to create a better understanding of how the needs of our clients are being met and where efforts need to be made in order to improve programs, services and social policies. We are interested in your honest opinion, whether positive or negative, and all information will be kept completely confidential. The survey will take about 25 minutes, depending on how much information you are willing to share. Are you interested in participating in this survey?

Section 1 – Demographic Information

The aim of this section is to gather your personal demographic information. Please remember that all information will be kept strictly confidential and will not be used for any other purpose than that of this needs assessment.

Personal

1. Gender: Male _____ Female _____
2. Age: ≤16 _____ 17-24 _____ 25-39 _____ 40-54 _____ 55-69 _____ ≥70 _____
3. Preferred Language: English: _____ French: _____ Other: _____
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Location/Housing

4. Which region do you live in?
- R1 (Westmorland, Albert & Kent Counties) _____
- R2 (Sussex, St. Stephen, Saint John, Fundy Isles) _____
- R3 (Fredericton/Woodstock/Minto) _____
- R4 (Edmundston/Grand Falls) _____
- R5 (Campbellton) _____
- R6 (Bathurst & Acadian Peninsula) _____
- R7 (Miramichi) _____
- Other (please specify): _____
5. How would you describe the area where you live?
- Urban area (city) _____
- Rural area (town, village, isolated area) _____
6. What is your current living arrangement?
- | | |
|-----------------------------------|------------------------------------|
| Own a home _____ | Rent an apartment/house _____ |
| Subsidized housing _____ | Living with family/friends _____ |
| Hospital/Medical facility _____ | Transitional living facility _____ |
| Long term care/Nursing home _____ | Group Home _____ |
| Other (please specify): _____ | |
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Education

7. What is the highest level of schooling that you have completed?
- | | |
|--|--|
| Grade 1-6 _____ | Some College/University/Technical School _____ |
| Grade 7-9 _____ | College/University/Technical School _____ |
| Grade 10-11 _____ | Graduate School _____ |
| High School/GED _____ | No Schooling _____ |
| Other training/education (please specify): _____ | |

Employment/Income

8. What is your current source of income? (Check all that apply)

Disability Insurance _____	Employment Insurance (EI) _____
Employed Full-time _____	Employed Part-time _____
Canada Pension Plan _____	Provincial Income Assistance _____
Family Members _____	Student Loan _____
Band (Aboriginals) _____	Other (please specify): _____

Disability

9. What type of condition/disability are you living with?

SCI – Paraplegia _____	SCI – Quadriplegia _____
Multiple Sclerosis _____	Muscular Dystrophy _____
Cerebral Palsy _____	Traumatic Brain Injury _____
Spina Bifida _____	Fibromyalgia _____
ALS _____	Other (please specify): _____

Section 2 – Services Checklist

The aim of this section is to identify the services you use, the services you need and your satisfaction with those that are available to you in New Brunswick. Also, please indicate if a service is not meeting your needs or if it is not applicable to you.

	Service is used: Excellent/Good/Poor	Service Needed, Not Accessible	Service is not needed
1. Education/Training <i>For employment or upgrading skills</i>			
2. Employment <i>Job preparation & placement</i>			
3. Equipment <i>Wheelchairs, lifts, computers, other aids & devices</i>			
4. Family Support Services <i>Counseling to support family members</i>			
5. Financial Support <i>Government programs/ benefits including funds for equipment & medication</i>			
6. Health Services - Overall <i>Access to family doctor, health clinics, emergency services, hospitals</i>			
7. Health Services – Mental Health <i>Mental Health Centres, support groups, other programs</i>			
8. Home Support <i>Assistance with bathing, meals, house keeping, errands, etc.</i>			
9. Housing <i>Safe, affordable, accessible without barriers</i>			
10. Independent Living Centres <i>Angus MacDonald, Miramichi Independent Living Centre, etc</i>			
11. Peer Support <i>Peer mentors, local support groups</i>			
12. Physical Rehabilitation <i>Stan Cassidy Centre, Rehabilitation Centre in Moncton/Saint John</i>			
13. Recreation/Leisure <i>Access to programs & Services</i>			
14. Transportation <i>Public - parallel transit (Dial-a-bus, Handi-bus) Private - own retro-fit vehicle, taxi, etc.</i>			

Section 3 – CPA (N.B.) Inc. Evaluation of Services

The aim of this section is to get your opinions and feedback about the service CPA (N.B.) Inc. provides in order to gain a better understanding of how they are meeting the needs of their clients and where they need to make efforts to improve.

1. Are you currently receiving services from the CPA (N.B.) Inc.?

Yes _____

No _____ (If No, please go to Section 4)

2. How do you access our services? (Check all that apply)

Phone _____

Email _____

Mail _____

Scheduled visits to Home _____

Drop-in visits _____

Other: _____

Please rate on a scale of 0 to 5 your level of satisfaction with the following question, where 0 is Not Applicable, 1 is Poor, 2 is Fair, 3 is Neutral, 4 is Good, 5 is Excellent:

3. Overall, how would you rate the quality of service you have received at the CPA (N.B.) Inc? 0 1 2 3 4 5

Please rate on a scale of 0 to 5 your level of agreement with the following statements where 0 is Not Applicable, 1 is Strongly Disagree, 2 is Disagree, 3 is Neutral, 4 is Agree, 5 is Strongly Agree:

4. My counselor is dependable 0 1 2 3 4 5

5. My counselor gives me accurate information 0 1 2 3 4 5

6. My counselor gives me prompt service 0 1 2 3 4 5

7. My counselor has a helpful attitude 0 1 2 3 4 5

8. My counselor understands my needs 0 1 2 3 4 5

9. CPA (N.B.) Inc. is there when I need it 0 1 2 3 4 5

Please respond to the following questions based on your experience with the CPA (N.B.) Inc.:

10. In what ways have CPA (N.B.) Inc. services helped you?

11. What suggestions would you have for CPA (N.B.) Inc. to improve its services?

12. What other services would you like to see provided through the CPA (N.B.) Inc.?

Section 4 – Recreation & Leisure

The aim of this section is to identify the major barriers that may prevent people with mobility-related conditions from participating in recreation and leisure activities, as well as solutions and suggestions to enhance or develop programs.

1. What types of recreation or leisure activities do you participate in?

(Probing questions: What types of activities did you participate in before your injury/condition? Are you still able to enjoy any of those same activities? What are some new things that you've started since your injury/condition?)

2. What types of activities do you do when you are at home?

(Probing questions: What types of things do you do alone? Who participates in activities with you? Are there things you'd like to try at home but haven't?)

3. What types of activities do you do outside of the home?

(Probing questions: Are there programs available in your community? What types of activities did you do before your injury/condition? Are you still able to do any of the same activities? Who attends or participates with you?)

4. What types of programs/services would you like to see available?

(Probing questions: What are some activities that don't exist in your community that you would like to see available? What would be necessary for you to be able to participate in those programs?)

5. What does recreation/leisure mean to you?

(Probing Questions: What role does rec/leisure play in your life? How does it help you cope with your condition/disability? How does it make you feel when you participate? How does it make you feel when you cannot participate?)

6. What are the major barriers preventing you from participating?

(Probing questions: What are the reasons you may or may not participate? Are there programs available but you are unable or choose not to participate? What are 2-3 major barriers that you face in regards to doing leisure activities in your home or in your community.)

Section 5 – Major Barriers

The aim of this final section is to explore the most significant barriers that are causing unmet needs for persons with mobility-related conditions and allows for the opportunity to include any other information that was not covered throughout the survey.

1. Overall, what are the greatest barriers (e.g., challenges, things) affecting your quality of life and independence? *(Please identify 2-3 major barriers)*

2. What do you believe needs to happen to address these challenges?

3. Is there any other information, questions, comments or concerns that you would like to add to this survey?

At this time I would like to thank you for participating in the CPA (N.B.) Inc. client needs assessment. The results of this survey will help to determine where there are gaps in services for people with mobility-related conditions and help improve programs, services and social policies for persons with mobility-related conditions. Please be reminded that all the information you provided will be kept strictly confidential and your name will not appear on this form. A summary of the results will be provided to all participants at their request.