

Enquiries to:
Telephone:
Facsimile:

Dear _____

Re: Changes to Queensland Health’s Model of Care for children with developmental difficulties and their families/carers.

The Child Development Service located at _____ is currently evaluating the impact of the implementation of a new Developmental Model of Care on stakeholders who have referred to this service.

Our records indicate that you forwarded a referral to this service during the period _____. It would be greatly appreciated if you could take the time to feedback your comments on the new Developmental Model of Care by completing the Satisfaction Survey available at the following link:

[Add Survey Monkey link here](#)

Please note that all responses will be kept confidential.

This Survey should only take 5 minutes and will be accessible until COB _____.

Yours sincerely

Team Leader

/ /

Office
Queensland Health
Child Development Service

Postal

Phone

Fax

Post-Implementation Stakeholder Satisfaction Survey - Child Development

1. Introduction

The Survey is seeking feedback about changes to service delivery for children with developmental difficulties and their families who access your local Queensland Health Child Development Service/s.

Please note that all responses will be kept confidential!

2. Demographics

Please answer ALL questions unless otherwise stated.

1. Please complete the following details?

Occupation

Organisation

Email address (optional)

Phone contact (optional)

2. To which of the following local Qld Health Child Development Services have you referred clients? You may select more than one response.

- Child Development Service - A Child Development Service - C
- Child Development Service - B Child Development Service - D

3. Model of Care

1. Are you aware that a new Model of Care for the management of children with developmental difficulties and their families has recently been implemented by your local Qld Health Child Development Service/s?

- Yes
- No

2. If you answered Yes to the preceding question, please indicate how you FIRST found out about the new Model of Care?

- Presentation from local Child Development Service Intranet
- Information Flyer Comments from client/family
- Service Letter or Brochure Advice from Central Intake Unit/Clinical Intake Officer at time of referral

Other (please specify)

Post-Implementation Stakeholder Satisfaction Survey - Child Development

3. With regard to the Implementation of the new Model of Care in your local Child Development Service/s, please rate your level of satisfaction with the following statements:

	Agree	Neither agree nor disagree	Disagree	N/A
I am satisfied that stakeholders were involved in consultation PRIOR to the commencement of the Implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that stakeholders have been involved in consultation DURING the Implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that stakeholders are involved in providing feedback FOLLOWING the Implementation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for identifying the specific needs of clients and families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for managing referrals of clients <4 years of age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with the new process for managing referrals of clients >4 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Has the new Model of Care impacted on how YOU make a referral to your local Child Development Service/s?

Yes

No

In what way? (Please elaborate)

5. If you answered Yes to the preceding question, please describe how you now manage those clients (deemed ineligible under the new Model of Care to receive services from the local Child Development Service/s)?

6. Has the new Model of Care impacted on your service/practice in any other way?

Yes

No

In what way? (Please elaborate)

Post-Implementation Stakeholder Satisfaction Survey - Child Development

7. Does your service/practice currently have a formal process in place for referring clients to your local Child Development Service/s - e.g. electronic referral template?

Yes

No

Please elaborate

8. Prior to this Satisfaction Survey, have you been provided with an opportunity to formally feedback your concerns about the new Model of Care for Qld Health Child Development Services?

Yes

No

Please elaborate

*** 9. Please outline what you perceive as the benefits/advantages of the new Model of Care?**

*** 10. Please outline what you perceive as the issues/disadvantages of the new Model of Care?**

*** 11. In relation to the new Model of Care for Child Development Services, is there anything you feel needs to be modified/adapted to allow better service delivery/outcomes for children with developmental difficulties and their families?**