

Appendix 6: Questionnaire for professional providers of services for children and young people with AS



Questionnaire for Providers of Services to Young People (10-18 years) with Asperger Syndrome Living in Northern Ireland

Introduction

The Northern Ireland Commissioner for Children and Young People (NICCY) has commissioned a Review of needs and services for 10-18 year olds who have been, or are currently in the process of being, diagnosed with Asperger Syndrome.

The Review is being undertaken by a team from the University of Birmingham.

We would like to hear YOUR VIEWS on the help and support you provide for this group. In particular, we would like to know what you feel works well, what might be improved and what the gaps in provision are.

How to Get Involved

Please answer the questions below, if they are relevant to you.

When you have completed the questionnaire, you can return it **either by post or email to:**

Dr Glenys Jones, School of Education, University of Birmingham, Edgbaston, Birmingham, B15 2TT

Email: Asperger@contacts.bham.ac.uk

Findings of the research

We will use what you, and others tell us, to write a report. Please note, we will not use any names of children or others in the report nor any other information that might identify people and places.

All those who complete and return a questionnaire will be sent a summary copy of the report (giving its main findings and recommendations) plus a list of references and resources on Asperger syndrome.

Statement of consent

I am happy to give my views to the Birmingham Team and for them to put these in their report to NICCY and to use when they are teaching other people about Asperger syndrome, provided no names of places or people are mentioned and the source of the information is not given.

Signed: _____ Date: _____

**SECTION A:
DETAILS OF THE PERSON(S) FILLING IN THIS QUESTIONNAIRE**

1 Your name: _____

2 Role in the centre/organisation
(e.g. Principal /Manager/ Deputy)

3 Address of centre and organisation:

4 Telephone contact: _____

5 Area in which the Centre/Organisation/Agency is based in Northern Ireland (please tick):

| Region | Please tick |
|----------------|--------------------|
| Belfast region | |
| North Eastern | |
| South Eastern | |
| Western | |
| Southern | |

5 Who funds and administers the Centre/Organisation/Agency?

5 Approximately, how long have you worked in this Centre/Organisation?
_____years

6 Approximately how many children and young people with Asperger syndrome aged between 10 and 18 years and/or their families does the Centre/Organisation provide for at the present time? (please circle)

None 1-5 6-10 11-20 21-40 41-70 80+

If NONE, have you provided a service for children and young people with Asperger syndrome in this age range and/or their families in the last THREE years?

YES NO

If **YES**, continue with the question 7 and others below.
If **NO**, you do not need to answer any further questions, but please return the questionnaire to the Review Team at Birmingham.

7 Which age group of children and young people with AS do you provide for?

Ages range from ____years to ____years.

8 About how many paid full-time staff are employed to work with this group? _____

9 About how many volunteers work in the Centre/Organisation?

None 1-5 6-10 11-20 more than 21

10 Do you receive extra funding for working with individuals with Asperger syndrome? YES NO

SECTION B: SERVICES PROVIDED

1 Please describe the type of service the Centre/Organisation provides for children and young people with Asperger syndrome aged 10 to 18 years by ticking the relevant boxes in the table below.

| Type of service | Main focus | Involved in this to some extent | Not involved in this |
|------------------------------------|------------|---------------------------------|----------------------|
| Diagnosis | | | |
| Assessment | | | |
| Therapy | | | |
| Counselling | | | |
| Training for parents | | | |
| Training for professionals | | | |
| Support groups for children and YP | | | |
| Support groups for parents | | | |
| Befriending service | | | |
| Overnight stay | | | |
| Library of resources | | | |
| Telephone help-line | | | |
| Other, please specify | | | |
| Other, please specify | | | |
| Other, please specify | | | |
| Other, please specify | | | |

NOTE: If possible, it would be helpful if you could send a document or brochure to the Review Team at Birmingham which outlines your aims and services when you return this questionnaire.

2 To what extent do you feel the children's/young people's views are taken into account when decisions are made?

Good consultation Some consultation Not very much Not consulted at all

SECTION C: MEETING THE NEEDS OF THE CHILDREN AND YOUNG PEOPLE WITH ASPERGER SYNDROME

1 In your view, to what extent are the needs of children and young people with Asperger syndrome aged 10 to 18 years met by the services provided at your Centre/Organisation?

Very well Quite well Not very well

2 In your view, to what extent are the needs of their families met by the services provided at your Centre/Organisation?

Very well Quite well Not very well

3 What might enhance the services provided by the Centre/Organisation to this group?

4 Do you work collaboratively with any other groups or organisations?

YES NO

5 Are there good examples of practice in relation to this group which it might be useful to discuss further and share with others because it is innovative or very successful?

YES definitely Yes, possibly NO

If YES, please give brief details of this:

6 If you had three wishes, in relation to services and support for families and children and young people with Asperger syndrome aged 10 to 18 years in the region, what would they be?

i

ii _____

iii _____

7 Looking back over the last 3 years what improvements have you seen, if any, in the services provided for children and young people aged 10 to 18 years with Asperger syndrome and their families?

With many thanks for your views and time, from staff at NICCY and the Birmingham Team.

If you would be happy for the Team to contact you to discuss any of the issues you have mentioned in this Questionnaire, please give your email and/or telephone number below:

My email address is: _____

My telephone number is: _____



Please return this questionnaire:

by post to:

Dr Glenys Jones, School of Education, University of Birmingham, Edgbaston,
Birmingham, B15 2TT

OR

by email to:

Asperger@contacts.bham.ac.uk