

## Metropolitan Caregiver Network Involvement Survey

Adapted from the Family Caregiver Collaborations Involvement in the Ashland/Bayfield Counties Caregiver Support Network Evaluation

In an effort to learn more about how the Metropolitan Caregiver Network (MC Network) functions and how it benefits the individuals who participate and the overall caregiver service network, members are being asked to complete the following evaluation. Results from the evaluation will be shared at the May 9, 2007 meeting.

If you have questions about the evaluation, please contact:  
Leanna Smith at 651-917-4653 or leanna@tcaging.org

Thank You!

### I. MEMBER INVOLVEMENT

1. Which of the following *best* describes the MC Network (check ONE):
  - a) Members interact primarily for the purpose of exchanging information and communication.
  - b) Members provide helpful resources to support each others interests and goals; there is some joint planning and activity, but resources are separate.
  - c) Members work together on goals that are complementary; there is coordination and some sharing of resources.
  - d) Members share (or are working toward) a common vision that links diverse interests; actions are jointly created, and resources, authority, and decision-making are controlled by the group.
  
2. How long have you participated in the Network? \_\_\_\_YEARS \_\_\_\_MONTHS
  
3. What kind of roles have you played in the past 12 months *and* before then? (check YES or NO in each column for each item.)

	<b>Past 12 Months</b>		<b>Before Then</b>	
a) Attend meetings regularly	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) Talk at meetings (make comments, express ideas, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Serve as a member of a committee or special project/activity	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Work for the MC Network outside of meetings	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) Help organize activities (other than meetings) for the Network	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Chair/lead a committee or sub/group	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Share caregiver resources/information found that may be of use to other members.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
h) Share caregiver information from the MCN with other networks/providers with whom I work.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## II. IMPACT OF GROUP ON MEMBERS

4. Your participation in the Metro Caregiver Network may have influenced your personal knowledge, beliefs, or skills. Please indicate the network's IMPACT ON YOU by rating each item below on a scale from 1 (low impact) to 5 (high impact). Check the number which best describes your position. If you are uncertain about any of these effects, or it is too early to assess the group's particular impact on you, please check U. If you feel the item does not apply to the network, and probably never will, check N/A in the last column.

To what extent has participation in the MCN had an IMPACT ON YOU in terms of...

	IMPACT					Uncertain	N/A
	LOW				HIGH		
a) My understanding of caregiver needs and assets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
b) My knowledge of family caregiving resources available in the metro area.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
c) My sense that together we can make a difference	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
d) My knowledge of ways to respond to caregiver needs and issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
e) My ability to help solve caregiver problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
f) My knowledge of public policy issues that impact caregivers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
g) My skills to influence local policies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
h) My knowledge of service trends and best practices.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
i) My knowledge of current caregiver research.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
j) My trust level when making referrals to other network members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>
j) My responsiveness to referrals received from network members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>	N/A <input type="checkbox"/>

5. What is the greatest impact that participating in the Metro Caregiver Network has had on **YOU** as an individual? \_\_\_\_\_

## III. GROUP FUNCTIONING

6. What a group accomplished is often dependent upon how the group functions. Think about the way the MCN works and how effective you think the group is in the following ways. Please rate each item from 1 [low] to 5 [high] by checking the number which best describes your position. Check U if you are uncertain or can't answer.

### Effectiveness of group in

	Low		Moderate		High	Uncertain
a) Bringing together parties with an interest in family caregiving	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
b) Listening to minority views	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
c) Creating mutual respect, understanding and trust within the group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
d) Building a clear mission (members know where the group is headed)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
e) Developing group operating procedure (setting up subcommittees, rules, structures)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>

- f) Communicating the interests and views of all parties
- g) Doing effective planning (assess needs/assets, set goals, develop plan).
- h) Providing effective leadership
- i) Making inter-organizational linkages
- j) Securing adequate resources so group can do its work
- k) Carrying out planned actions
- l) Making decisions accepted by all parties
- m) Communicating with external constituencies
- n) Gaining support from other organizations
- o) Adding new members
- p) Orienting new members
- q) Celebrating progress
- r) Identifying and using members' resources
- s) Providing for training of members as appropriate
- t) Reviewing, reflecting, and evaluating to assure progress and results
- u) Communicating progress and achievement
- v) Developing capacity to sustain efforts

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	U <input type="checkbox"/>

7. Please indicate your perceptions about the MCN as follows, using a 3-point scale from “Infrequently” (1) to “All the Time”(3). Check the number which *best* describes your position.

	Infrequently	Sometimes	All the time
a) My viewpoint is heard	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) I am viewed as a valued member	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) I feel comfortable in the group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) I am satisfied with the group’s progress	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

8. Listed below are various results that the MCN hoped to achieve. For each item, check 1 if you feel the item is happening, Check 2 if it is starting to happen, and 3 if it needs to happen or check N/A if it doesn’t apply.

As a result of the work of MCN members:	Happening	Starting to happen	Needs to happen	N/A
<b>Network Development</b>				
1. Agencies and organizations are working together on providing quality family caregiver services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Organizations are working together more effectively to address family caregiver needs and issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
3. Individual organizations are better equipped to work collectively on outreach/marketing of caregiver services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Individuals are optimistic there is the feeling that together we can make a difference	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
5. New/improved networks and relationships have been built among groups, agencies, and businesses	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
6. Different, new faces, are involved in family caregiving programming metro-wide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
7. Family caregiving resources are shared among network member.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
8. Network members are more aware of the variety of services available to meet the needs of caregivers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>

<b>Caregiver Awareness</b>				
9. Caregivers are more aware of the support services available to them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
10. A more seamless system has been developed through which family caregivers can access services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
11. Family caregivers can access an array of services through multiple entry points.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Public Awareness</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
12. Metro-wide public awareness of family caregiving has increased.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
13. There is greater public support for caregiver issues & needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
14. There is greater awareness of the services available to support caregivers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Other Community Service Providers</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
15. Family caregiving resources are shared by MCN members with other interested community providers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
16. Service providers who intersect with, but do not serve caregivers directly (e.g. county case managers, nursing home social workers), are more aware of the array of caregiver support services available in the Metro Area.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>
17. Service providers who intersect with, but do not serve caregivers directly, make referrals to caregiver support services.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	N/A <input type="checkbox"/>

9. What do you think is the greatest impact that the MCN has had to date? \_\_\_\_\_

10. Please indicate the extent to which you think the MCN has benefited the Metro Area. (check ONE):

- a) No benefit yet
- b) Little benefit
- c) Moderate benefit
- d) Much benefit

11. In your opinion what areas should MCN be working to have greater impact? \_\_\_\_\_

12. In your opinion, what could be done to improve the MCN's effectiveness? \_\_\_\_\_

13. To maximize effectiveness of the network, how often should the MCN meet?

- Monthly   
Every other month   
Quarterly   
Other  \_\_\_\_\_

14. Of the current MCN workgroups/projects which do you think should continued or eliminated?

	Continue	Eliminate
a) Resource Lists	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) Caregiver Awareness (NFCA month activities and other)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) Caregiver Public Policy	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) MCN Public Relations (network outreach)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) Caregiver Coalition development	1 <input type="checkbox"/>	2 <input type="checkbox"/>

15. What other workgroups should be developed? \_\_\_\_\_