



“All About the Families” Survey

What Direct Support Professionals (DSPs) Mean to You and Your Family

As a family member of an individual with intellectual and developmental disabilities (I/DD), your voice is critical in the Coalition for a DSP Living Wage’s efforts to secure a living wage for direct support professionals. Your responses will enable the Coalition to better communicate the impact the critical shortage of qualified DSPs is having on your family and loved one. Please be assured your responses will be kept confidential, and all survey submissions are due by **11/30/18**.

You can take survey one of three ways:

- Online at: <https://www.surveymonkey.com/r/AllAboutTheFamilies> -OR-
- Complete this survey document and mail to: ABS, 132 West State Street, Trenton NJ 08608 -OR-
- Fax to: 609-392-0244

1. What County do you live in? _____

2. How old is your family member with I/DD?

_____ Age

3. What is your relationship to this individual with I/DD?

_____ Parent

_____ Sibling

_____ Other/Explain: _____



4. Where does your family member require a DSP? (indicate all that apply):

_____ Day Habilitation

_____ Employment Services

_____ Medical facility

_____ Family home

_____ Group Residential Home

_____ Other _____

5. How many DSPs have you had since your child became an adult (21 yrs. of age)?

_____ 1-5 DSPs

_____ 6-10 DSPs

_____ 11-20 DSPs

_____ 21+ DSPs

6. Rank in importance (#1 being the most important) the attributes in a DSP that are most valuable to you in serving your family member:

_____ Knowledgeable in all areas of serving the I/DD community

_____ Compassionate about the care and wellbeing of individuals they are supporting

_____ Advocates and respects the rights of individuals they are supporting

_____ Reliable, responsible and accountable

_____ Well trained to meet physical and behavioral needs of individuals they are supporting

_____ Good organizational and communication skills

_____ Other _____



7. How would you describe the kind of care provided your loved one by DSPs, and indicate all that apply:

_____ Physical Care required

_____ Medical Care required

_____ Behavioral Supports required

_____ Other Supports required- list specifically _____

8. How has the work of DSPs enhanced the life of your loved one with I/DD?

9. To your knowledge, do any of the DSPs serving your family member have more than one job?

_____ Yes

_____ No

_____ Do not know

10. To your knowledge, has a DSP left their job due to lack of vacation/personal time off or lack of benefits?

_____ Yes

_____ No

_____ Do not know



11. There is a 44% turnover rate in the DSP community in NJ today. What do you think are some the contributing factors?

_____ Too many hours

_____ Working conditions

_____ Pay/compensation

_____ Lack of training

_____ Understaffed

_____ Benefits or lack of them

_____ Other (please explain) _____

12. Of the contributing factors selected above, which do you think is the most challenging for a DSP?

(Optional) _____ Yes! I'd like to receive updates from the Coalition for a DSP Living Wage.

Fill out the contact information below, or become a member by joining the coalition online:

<http://www.njdspcoalition.org/join-us/>

Name: _____

Email: _____

ABS – 132 West State Street – Trenton, NJ 08608 – T/609-392-3800 F/609-392-0244 – info@absnj.com
