Australian Government
Department of Health

Living in the Community Questionnaire (LCQ)

A measure of social participation

Guide to the technical specifications of the LCQ for organisations seeking to use the instrument

Endorsed by

Australian Health Ministers Advisory Council
Mental Health Information Strategy Standing Committee

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1.0	18 March 2016	Endorsed by Mental Health Information Strategy Standing Committee
1.1	7 February 2017	Minor clarification for the purpose of scoring policy index

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About the survey name

During the development of the tool, the initial title was the *Life in the Community Questionnaire*. This name was used during early proof of concept trials. Those trials resulted in some substantial changes to the content and structure of the tool, more clearly identifying the key constructs that should be measured. These were regarded as the social inclusion aspects of the concept of recovery and encompassed a consumer's participation in social activities, employment and education, information about their living situation and their use of health professionals, and their confidence in having a say in their community. It was therefore decided to change the name of the tool to the *Living in the Community Questionnaire (LCQ)* as this was a more suitable reflection of those key aspects captured by the tool. It was believed that the title conveys a more active, positive and recovery focused outlook.

Contents

1 FOREWORD

This document has been prepared to provide guidance to mental health service organisations planning to introduce the *Living in the Community Questionnaire* (LCQ). The document:

- provides background information on the survey, covering why and how it was developed, its content and structure and the current status of development work;
- outlines the arrangements in place for organisations to obtain approval to use the survey, along with conditions attached to the approval;
- discusses the main design issues that need to be addressed by organisations considering implementing the survey;
- describes the recommended protocol for using the survey with individual mental health consumers; and
- outlines the recommended approach to scoring and interpreting survey results, based on the survey's current status.

2 BACKGROUND TO THE LIVING IN THE COMMUNITY (LCQ) QUESTIONNAIRE

2.1 Origin

The *Fourth National Mental Health Plan*[1] (the Fourth Plan) set an agenda for collaborative government action in mental health across a framework of five key priority areas, the first of which was 'social inclusion and recovery'.

A range of actions was identified to achieve change in the social inclusion and recovery area, as well as in the other priority areas. Progress would be measured against a set of indicators, with several indicators aiming to specifically monitor social inclusion of consumers in the following five areas:

- participation in employment by people with mental illness of working age;
- participation in education and employment by people aged 16-30 who have a mental illness;
- community participation more broadly;
- stability of housing; and
- access to a GP.

The Mental Health Information Strategy Standing Committee (MHISSC) (formerly the Mental Health Information Strategy Sub-committee) considered that the collection of this information would greatly assist clinicians and services in the provision of recovery oriented practice. The information captured in the LCQ, particularly when considered alongside the information gathered from the measures of the National Outcomes and Casemix Collection (NOCC), provides a holistic view of a person's life situation and supports personal recovery. This offers the opportunity for more integrated care across the broader mental health sector, particularly supporting collaboration with psychosocial and other recovery support services.

The MHISSC recommended that a project be undertaken to develop a measure that addresses the social inclusion outcomes for consumers identified in the relevant Fourth Plan indicators. The underlying constructs of such a measure were more specific than but closely linked to the concept of recovery. It was recognised that people with mental illness often face problems associated with social and economic marginalisation, therefore monitoring the extent to which a consumer has positive social inclusion outcomes would add essential information about his/her overall recovery and would complement the clinical outcome data that are currently collected through the NOCC.

2.2 The Living in the Community Questionnaire project 2011-2014

The Australian Mental Health Outcomes and Classification Network (AMHOCN) was given the task of undertaking this project. The initial focus of this project was on developing an instrument that could be used to monitor the extent to which consumers engage in meaningful vocational and community activity, have stable and affordable housing, and have a GP to look after their general medical needs. However, it was anticipated that other aspects of social inclusion that are important elements of a person's recovery might also be identified during the project. The project was designed to identify these and make recommendations

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[1] Australian Health Ministers, Fourth National Mental Health Plan 2009-14. Canberra: Commonwealth of Australia, 2009

about the desirability and feasibility of incorporating these additional social inclusion outcome areas into a new consumer self-report measure.

Several principles underpinned the project. Firstly, any measure must be meaningful to consumers who will ultimately have to complete it. Secondly, there was recognition that social inclusion measures should have immediate relevance for services, and should encourage them to consider their current clinical practices and develop pathways that support community participation and minimise the risk of social exclusion. Thirdly, although the current project was not about implementation, there was an acknowledgement that the development of the new measure would need to recognise the role and contribution made by existing consumer-level NOCC measures, and would need to augment rather than duplicate these.

A review of the literature was not able to identify a suitable individual-level measure of social inclusion which had comprehensively established psychometric properties. Each measure had its relative strengths and weaknesses and no single measure emerged as being immediately appropriate for use with mental health service users. However, an existing measure developed in Australia, the Activity and Participation Questionnaire 6 (APQ 6), was identified as fulfilling some of the requirements needed and therefore became the starting point for the development of a new measure. The APQ-6 was developed by New South Wales Health and assesses consumers' involvement in a range of social and vocational activities. It has been included as a discretionary component of their local Mental Health Outcomes and Assessment Tool (MH-OAT) collection.

2.3   Current status of the LCQ

The national work, led by AMHOCN and guided by MHISSC, built a survey that has met the basic criteria and performed well in the psychometric testing. The LCQ met the minimum requirements for reliability - there were high levels of correlation between the test and retest scores, with moderate levels of intra-rater agreement. The stability of the results (that is, the consistency of the direction of rating between test and retest) was found to be high. The research was able to validate the underlying model of social inclusion. Causal modelling demonstrated that a sense of being part of a group or community worked well as a dependent variable, being predicted by subjective social inclusion questions and strongly correlating with outcome and recovery questions.

The MHISSC requested that the LCQ data also be investigated to identify the possibilities for developing an index of social inclusion for an individual. Two approaches to developing an index, one for clinical use and one for organisational use, are described in section 3.6.

While the LCQ is a short questionnaire, to increase its application it was considered advantageous to identify any further reduction in the questionnaire that could produce a short form without impacting on the ability to develop an index from the data. Eight questions were identified as potentially removable from the LCQ to create a short form questionnaire. The intent is that the SF-LCQ provides an opportunity to review an individual's social inclusion between (say annual) administrations of the LCQ. The focus of the SF-LCQ should be on providing clinicians and consumers with ongoing information on an individual's experience of social inclusion as part of routine clinical review of progress.

Given the work undertaken to date, including field testing and development of a social inclusion index and a short form version of the tool, MHISSC considered that the LCQ is ready for wider use. This would meet the interest across the mental health sector in the use of tools that capture information about a person's life in

the community.

A controlled release strategy helps to maintain the reliability of the tool and provide a strong base to monitor uptake of the LCQ across the sector. The survey is therefore being released for use by organisations that enter a licensing agreement specifying conditions aimed at promoting consistency of use and reducing the risk of multiple variants of the tool emerging.

It is anticipated that, with ongoing experience in use of the LCQ, further changes might be made in the years ahead with the implication that the content of this document including recommendations about how to use the survey will be subject to change based on the collective experience of user organisations.

The specific processes to bring together data collected by licensed organisations and their experiences in use of the survey are still to be developed, but the intent to do this is reflected in the licence agreement, discussed in section 4.3 below.

3 TECHNICAL SPECIFICATIONS OF THE LCQ

The survey released for licensed organisations incorporates a number of changes that were identified as desirable from both the trials of the tool and the psychometric analysis, and included amendments to the wording to make the intent clearer, simplify questions requiring numeric data, separate caring and voluntary employment and include an independent variable.

This section describes the release version of the survey. A copy of the release version is provided at Appendix A.

3.1 Naming of the survey

During the development of the tool, the initial title was the *Life in the Community Questionnaire*. This name was used during early proof of concept trials. Those trials resulted in some substantial changes to the content and structure of the tool, more clearly identifying the key constructs that should be measured. These were regarded as the social inclusion aspects of the concept of recovery and encompassed a consumer's participation in social activities, employment and education, information about their living situation and their use of health professionals, and their confidence in having a say in their community. It was therefore decided to change the name of the tool to the *Living in the Community Questionnaire (LCQ)* as this was a more suitable reflection of those key aspects captured by the tool. It was believed that the title conveys a more active, positive and recovery focused outlook.

 Assigning a national name to identify the tool by organisations is considered essential to promote consistent use. A condition of the license arrangements includes the requirement that the title be used in all local versions of the tool.

3.2 Introductory wording to be added to LCQ forms

Alongside the requirement for the survey to be named consistently, a set of standard words should be used on all forms to orient the consumer to the survey aims and conditions. These are shown below.

> *This survey is designed to explore aspects of your life in the community including your social activities, participation in employment or study, your living situation and your physical health care.*
>
> *The survey is to be completed by people aged 16 years and older.*
>
> *Completion of the survey is voluntary. Your personal information, including answers to this survey, is covered by the privacy laws in your state or territory.*

3.3 Number and sequencing of items

The structure of the 33 item survey is predicated on social activities, education activities, voluntary work, time spent caring for others, employment and living situation and reported physical health being antecedents of consumers' sense of being part of a community or a group. The items are grouped to facilitate a person's reflection on the categories of activities in which they have been involved during certain time periods and thus assist ease of completion of the survey. As the order of questions and how they are grouped or banked has an impact on the ratings provided, it is essential that that the sequence is maintained in all uses of the survey.

The survey allows for additional questions that cover areas of interest not covered by the existing items. These additional questions would be inserted at the end of the survey. Insertion of the additional questions at this point means that there is no order effect on the core question group.

3.3.1 Survey Items

The LCQ is structured so that objective questions about the level of social participation are followed by subjective questions about the consumer's feelings regarding their social participation and desire for change. These 14 questions include social activities, education, voluntary or unpaid work, caring for others and employment. The time period covered by these questions is the 'the last week'. The subjective questions are rated on a volume scale, asking the consumer to indicate whether the time spent doing those activities was 'Far too little', 'Too little', 'About right', Too much', or 'Far too much'.

The next 13 questions seeks to capture information on independent variables that also describe aspects of a person's social inclusion, i.e. whether a person might be looking for work, their living situation and its suitability and issues related to health and self-advocacy. The time periods covered range across 'last four weeks', 'the last 12 months' and 'now' and, where relevant, ratings use a performance scale – 'Poor', 'Fair', 'Good', 'Very Good', 'Excellent'.

The remaining 6 questions are outcome and recovery items and also cover the time period of 'now'. They aim to capture a person's perspective of areas such as hopefulness, happiness and a sense of belonging.

Table 1: LCQ items

Item sequence	Technical reference #[2]	Question	Domain	Objective/subjective /outcome item
1	L -1	In the last week, did you do any of these social activities? (List)	Social activities	Objective
2	L-2	In the last week, about how much time did you spend doing all of these social activities?	Social activities	Objective
3	L-3	In your opinion, was the amount of time you spent doing social activities last week…?	Social activities	Subjective
4	L-4	Are you currently enrolled in any of the following courses of study? (List)	Education	Objective
5	L-5	In the last week, in total how many hours did you spend in class or studying for these courses?	Education	Objective
6	L-6	In your opinion, was the amount of time you spent in education in the last week...?	Education	Subjective
7	L-7	In the last week, how much time did you spend doing voluntary or unpaid work through an organisation or group?	Voluntary or Unpaid Work	Objective
8	L-8	In your opinion, was the amount of time you spent in voluntary or unpaid work in the last week...?	Voluntary or Unpaid Work	Subjective
9	L-9	In the last week, were you providing unpaid care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer Payment.	Caring for Others	Objective

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[2] For technical reference purposes, these items are referred to as L-1 to L-33. These questions should be positioned as the first 33 items with any service specific items following. Technical reference numbers assigned to each item of the survey are intended for 'behind the scenes' use and not for display on printed or on-screen versions of the survey. It is possible that new questions may be included in future versions of the survey to update the content, capture local issues or new policy directions. To assist in managing this process, the technical reference numbers are designed to allow cross-mapping of items between versions.

Item sequence	Technical reference #[2]	Question	Domain	Objective/subjective /outcome item
10	L-10	In the last week, how many hours in total did you spend providing this care?	Caring for Others	Objective
11	L-11	In your opinion, was the amount of time you spent caring for others in the last week...?	Caring for Others	Subjective
12	L-12	Of the following employment categories, which best describes your current employment? (List)	Employment	Objective
13	L-13	Last week, how many hours did you work in total in these jobs?	Employment	Objective
14	L-14	In your opinion, was the amount of time you spent employed last week..?	Employment	Subjective
15	L-15	In the last four weeks, were you actively looking for paid work at any time? This includes looking to change jobs or retired people looking for additional income. (For example, being registered with Centrelink as a job seeker; checking or registering with an employment agency; writing, telephoning or applying in person for paid employment; or advertising for employment).	Employment	Objective
16	L-16	In the last four weeks, in what type of accommodation were you living?	Living Situation	Objective
17	L-17	Who were you living with in the last four weeks? (List)	Living Situation	Objective
18	L-18	How would you rate your current living situation overall (thinking about cost, location, security and space?)	Living Situation	Subjective
19	L-19	In the last 12 months, how many times did you see a general practitioner?	Health	Objective
20	L-20	In the last 12 months, did you see any of the following health professionals? (list)	Health	Objective
21	L-21	In general, how is your physical health?	Health	Subjective

Stem: How would you rate your confidence to do the following?

22	L-22	Control your life in general	Advocacy	Subjective
23	L-23	Have your say within the community on issues that are important to you	Advocacy	Subjective

Item sequence	Technical reference #[2]	Question	Domain	Objective/subjective /outcome item
24	L-24	Have your say with the person or agency involved in your care	Advocacy	Subjective
25	L-25	Have your say among family and friends about issues that are important to you	Advocacy	Subjective
26	L-26	Have your opinions respected when having your say	Advocacy	Subjective
27	L-27	Would you like some help from this service with any of the things asked about in this questionnaire? This includes with social activities, education, volunteering, work, housing and physical health?	Advocacy	Subjective

Stem: Please rate how you feel in each of the following areas

Item sequence	Technical reference #[2]	Question	Domain	Objective/subjective /outcome item
28	L-28	Your hopefulness for the future	Outcomes and Recovery	Outcome
29	L-29	Your happiness with your life	Outcomes and Recovery	Outcome
30	L-30	Your ability to achieve the things that are important to you	Outcomes and Recovery	Outcome
31	L-31	Your sense of being part of a group or community	Outcomes and Recovery	Outcome
32	L-32	Your ability to get support from family or friends when you need it	Outcomes and Recovery	Outcome
33	L-33	Your overall well-being	Outcomes and Recovery	Outcome

3.3.2 Service-specific items

Additional questions can be included to the LCQ at the discretion of the local service organisation. There is no set format for these items but it is recommended that the approach used adopt one of the two existing measurement scales (Volume or Performance) rather than introduce another set of response options. If a new set of response options is used, the preamble to the items should be designed to highlight the change.

It is recommended that the number of service-specific items be kept to a minimum to reduce overall response burden. Significantly increasing the number of questions can impact upon the response rate i.e. fewer consumers will start and complete the questionnaire.

Any local service-specific questions added to the survey should be positioned following the first 33 'standard' items that require ratings on the Volume or Performance scales. This placement is designed to ensure that any new questions added do not affect responses to the first 33 items. For reference purposes, service-specific items are referred to as S-1 to S-n, where n equals the number of items added.

3.3.3 Demographic items

In the version of the LCQ used in trials, a group of five demographic items was included. When using the LCQ in clinical practice, the information captured by these items would duplicate information already available for each consumer. Therefore, the demographic items are not included in the formal release version of the survey.

However, should any services decide to initially use the LCQ as a snapshot census view of all their consumers or of a sample of consumers, then the demographic items would be included at the very end of the LCQ. A table of the demographic items appears in Appendix B.

3.4   Rating scales used for recording consumers' responses to the LCQ

The LCQ uses two five point Likert-style rating scales for consumers to record their response to the individual items.

A volume scale (Far Too Little, Too Little, About Right, Too Much, Far Too Much) is linked to questions that identify the activities in which the consumer participates, the hours spent on those activities and whether the consumer feels that the amount of time spent on those activities was suitable for them. This scale is used for the first 14 items (items E-1 to E-14). To assist in orienting the consumer to the task, these items should be preceded by the statement "This section asks about activities you did in the last week".

A performance scale (Poor, Fair, Good, Very Good, Excellent) provides information about an individual's perception of some key issues linked to a person participating and being included in the community e.g. physical health, living situation, general outcomes (e.g. happiness with life and wellbeing) as well as feelings and opinions potentially more directly ancillary to being part of a community or group.

The volume scale is centrally weighted with the desired state being the midpoint (About Right). The rating assumes a non-linear relationship (e.g. subjective social inclusion does not necessarily increase at the same rate or in the same direction as the measurement of objective participation). The performance scale is positively weighted and consists of five points (three positive points, two negative points). Positively weighting the scales provides for greater discrimination of the consumer responses and produces data that is

normally distributed, allowing for more robust statistical analysis of the data. The trial of the LCQ demonstrated that this positive weighting approach was successful in 'normalising' the data.

The scales are presented in the survey in a semantic rather than numeric form – that is, the response options offered to the consumer use only words as anchor points rather than assign numbers to any rating category. This was designed to ensure that consumers are asked to respond to well understood concepts, rather than just 'ticking a number'. However, as is discussed later (see section 7.2), the scales were found to have strong numeric properties, meaning that they can be used to generate a score that allows the survey data to be analysed quantitatively.

3.5   Domains covered by the LCQ questions

The questions were developed to broadly encompass these policy-relevant domains from the Fourth National Mental Health Plan (Table 2), but more importantly to ensure that they were meaningful to consumers and that they provided information that would support consumer - clinician engagement in the provision of recovery focused service delivery.

The domains covered by the LCQ can be mapped to the policy initiatives a shown in the accompanying table.

Table 2: Mapping of the LCQ domains to national policy initiatives

LCQ domains	National Statement of Rights and Responsibilities	National Standards for Mental Health Services	Fourth National Mental Health Plan	National Framework for Recovery Oriented Service Delivery
Social activities	✔	✔	✖	✔
Education	✔	✔	✖	✔
Voluntary work	✔	✔	✖	✔
Caring for others	✔	✔	✖	✔
Employment	✔	✔	✔	✔
Living situation	✔	✔	✔	✔
Health	✔	✖	✔	✔
Advocacy	✔	✔	✔	✔
Outcomes and recovery	✔	✔	✔	✔

Key: ✔ Domain is noted in policy document, ✔ Some elements of the domain are noted in policy document, ✖ Domain is not noted in policy document

The LCQ provides information not comprehensively captured in other consumer self report measures. The

following table describes the domains of the LCQ compared to other self rated measures.

Table 3: LCQ domains – coverage in other consumer self report measures

LCQ domains	K-10	BASIS 32	MHI 38	APQ 6
Social activities	✖	✔	✔	✔
Education	✖	✔	✖	✔
Voluntary work	✖	✔	✖	✔
Caring for others	✖	✔	✖	✔
Employment	✖	✔	✖	✔
Living situation	✖	✖	✖	✖
Health	✖	✖	✖	✖
Advocacy	✖	✖	✖	✖
Outcomes and recovery	✔	✔	✔	✖

The domains covered by the LCQ are central elements that underpin the concept of social inclusion and thus provide a useful structure for organizing and grouping items.

3.6 Development of a social inclusion index

One of the requirements of the LCQ was the potential to use the data to construct a meaningful index of social inclusion. An index can provide a simple way to measure change in an individual's social inclusion over time. To do this, the index needs to be sensitive to changes in the individual's experience of social inclusion.

Two approaches are available for services to use to develop an index of social inclusion.

- Firstly, the key dependent variable, *Q31 Sense of belonging to a group or community*, can be used as a simple index. As this variable has five categories organised into an ordinal scale, there are only five potential points to the index.
- Secondly, a policy index can be developed that uses those questions in the LCQ that measure indicators of the Fourth Plan.

These options were explored using descriptive analysis and tested for the ability of index scores to discriminate between results for the outcome and recovery variables included in the LCQ. While both of these indexes performed well, they had different strengths and weaknesses. Each index is fit for purpose and has a number of features to recommend it. The simple index maybe more immediately available, and therefore more practical, for clinical purposes, while the policy index may assist services in organisational performance measurement and reporting.

i. Simple index

Using the dependent variable, *Q31 Sense of belonging to a group or community,* as a discrete index provides

five possible positions on the index (poor, fair, good, very good, excellent). As the data is discrete, only jumps from one category to the next are measureable. This reduces the variance in the index.

ii. Policy index

The Fourth Plan identifies indicators to be monitored in relation to social inclusion objectives. These indicators were mapped against the LCQ to identify questions to be included in the policy index. Key policy areas identified and their associated questions were:

- Participation in education and employment: Q6, Q8, Q14 (rating of whether the amount of time spent in education, voluntary or unpaid work, and employment was appropriate). Potential score for each question: 5. Potential total score for this area: 15.
- Community participation more broadly: Q3 (rating of whether the amount of time spent in social activities was appropriate) and mean of Q23 – 26 (rating of confidence in having a say). Potential score for each question: 5. Potential total score for this area: 10.
- Stability of housing: Q18 (rating of living situation). Potential score for question: 5. Potential total score for this area: 5.
- Access to a GP (number of times accessed GP) (this was re-scaled to ensure it had equal weight to above questions). No visits to GP = 0; 1 or more visits to GP = 5. Potential score for question: 5. Potential total score for this area: 5.

The policy index was constructed as an average of values where the maximum score possible was 35. The results reveal the index has good variance.

3.7 Short form version of the LCQ (SF-LCQ)

While the full LCQ is a short questionnaire, to ensure the greatest application of the LCQ it was considered advantageous to identify any further reduction in the questionnaire that could produce a short form without impacting on the ability to develop an index from the data. The intent is that the SF-LCQ provides an opportunity to review an individual's social inclusion between (say annual) administrations of the LCQ.

To develop the SF-LCQ, the extent to which each question in the LCQ contributed to the following areas was considered:

- Index – to ensure that the SF-LCQ could be used to generate an index in the same way as the LCQ, those questions potentially used to develop the index must be included.
- Model of social inclusion – to ensure that the SF-LCQ was still measuring the same social construct as the LCQ, those questions that were found to be driving the model of social inclusion need to be retained.
- Policy measurement – the SF-LCQ must retain those questions that were developed to measure the achievements of the Fourth Mental Health Plan in areas of social inclusion.

Using this approach to identify questions that are of least importance, the following six LCQ questions were identified as potentially removable to create the SF-LCQ. The removal of these items reduced the administration time of the LCQ from approximately seven minutes to five minutes. A copy of the SF-LCQ is provided in Appendix C.

Services will need to consider their options for administering the LCQ and the SF-LCQ. For example, the SF-LCQ could be used between administrations of the LCQ. The focus of the SF-LCQ should be on providing clinicians and consumers with ongoing information on an individual's experience of social inclusion as part of routine clinical review of progress.

3.8 Issues for organisations to consider before implementing the LCQ

This section of the document covers the range of design issues organisations will need to address when considering a planned implementation of the LCQ within services under their management control. There are multiple aspects to designing a surveying approach, including what services should be in scope, the approach to sampling, the period over which survey data collection occurs, the mode of survey administration, the frequency of data collection and whether any additional content will be added to the 'standard' LCQ questions. Each of these is considered below.

The issues canvassed are not intended to be comprehensive, nor are the approaches outlined intended to be prescriptive. Organisations will need to develop solutions to each of the issues that suit their circumstances and meet the objectives they are pursuing through use of the survey.

3.8.1 Scope of services to be covered

Organisations need to consider which services under their management control are in scope for implementing the LCQ. In determining scope and eligibility, organisations need to be mindful that the release version of the survey is based on a national project that aimed to develop a tool for monitoring consumers' social inclusion across clinical mental health services in the adult mental health sector. It was not designed to cater for the breadth of mental health populations, such as young people, older people, forensic or child and adolescent consumers. Nor was it designed to meet the specific needs of culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities. Organisations considering implementing the LCQ will need to assess the suitability of the survey within their own environments and decide whether it is fit for the purposes intended.

In making these decisions, it is important to note that:

- the public release version of the survey was developed for use across public mental health services. A single version is released, with all items having been tested as suitable for use in all settings.
- the licence agreement conditions are permissive, allowing licensed organisations to add items that are of interest to the organisation under an identifiable 'additional questions heading'.

3.8.2 Approach to sampling consumers

The LCQ was developed to be a clinical tool administered on a routine basis to consumers with results aggregated (say) quarterly or annually to provide data to the organisation. However, organisations intending to introduce the LCQ will need to decide their approach to sampling and aggregating consumer responses. The main decisions to be made concern how the data will be used (for example, for clinical or organisational needs or both) and whether administration will be routine or annual.

A range of approaches is available, each with different administrative implications.

- Primarily, the LCQ was designed to be implement on an ongoing basis where all consumers are routinely offered the survey at pre-determined points in the service provision cycle (for example, all consumers are requested to complete the survey after receiving 3 months of care, or at regular reviews, or at discharge);
- Alternatively, the LCQ could be implemented on a comprehensive annual census basis, where all consumers seen over a given period are offered the survey (for example, all consumers seen on a given day, or over a one week period). Annual administration allows sufficient time to identify improvements, implement changes and for those changes to be experienced by consumers; or
- Implement the survey on a selected sample basis, where only a defined proportion of all consumers seen over a given census period are offered the survey (for example, one in every 10 consumers seen are offered the survey). A cautionary note to add here is that, typically, many consumers are keen to share their experiences of surveys. Sampling or screening based on consumer characteristics or a random selection process may appear as exclusionary to those consumers who are not invited to participate; or

The sampling options are numerous. The key considerations for organisations are to select an approach that:

- ensures clinicians have access to data to support their work with consumers (including reviewing progress and referring to partner agencies.
- ensures that the consumers completing the survey are representative of the total population of consumers assisted by the organisation if data is to be aggregated;
- is sustainable over the longer term (to enable changes over time to be monitored); and
- provides minimal response burden on the consumer.

3.8.3   When should the survey be offered?

The collection points at which the survey is offered to consumers depend on the sampling approach taken by the organisation and the service setting in which the survey is administered. Where the survey is being implemented as part of routine practice (that is, offered to all consumers seen by the organisation), development of a local protocol should be undertaken that specifies the points in the person's care pathway at which the survey should be offered. For example, in community settings, the local protocol could specify that the survey should be offered at admission or every three months, at formal reviews. The important requirement is that a local protocol should be developed that ensures consistency across the organisation.

Where the survey is being implemented periodically rather than as part of routine service delivery, equivalent decisions need to be made about when the survey is offered to consumers. For example, in community settings, the local protocol could specify the survey to be offered to all individuals seen over a given period (e.g., one month). Again, it is essential that local organisations resolve the best approach to meet their requirements and document the collection protocol clearly for all staff.

3.8.4   Mode of administration

The LCQ was designed as an instrument to be visually presented to consumers and has not been tested in other presentation modes (for example, auditory presentation via telephone or other interviewing techniques). Visual modes present the response scales to the consumer in a way that allows them to see the options and record their responses. This can be achieved by paper-based forms or via electronic means

through surveying on a computer tablet, or on-screen formats. The early developmental work and Proof of Concept trial used electronic (via a kiosk) and paper based format, both were to be acceptable to consumers.

Organisations implementing the survey will need to resolve the presentation mode to be used, noting that the only recommended mode is visual until additional modes are tested.

3.8.5 Adding content to the survey

The LCQ allows for organisations to add questions to the survey content from time to time that are designed to address local issues of interest. As noted earlier (section 3.3.2), these questions should be positioned at the end of the rating questions so that responses to these questions are not affected by the presentation of the new questions. Ideally, any additional questions should use the same response scales that are used in the 'standard' questions and be kept to a minimum (recommended maximum of five additional questions).

3.8.6 Consent issues

As a research project, the national Proof of Concept study was required to obtain clearance by a National Health and Medical Research Council (NHMRC)-approved ethics committee. This is not required where health service organisations use the LCQ for local clinical purposes or quality improvement initiatives. However, organisations should review the purposes that are being pursued to ensure compliance with any relevant National Health and Medical Research Council (NHMRC) guidelines and their own local policies.

3.8.7 Maximising response rates

Response rate is the term used to describe the relative number of completed surveys received as a proportion of those that were expected to have been offered. Understanding response rates for any consumer survey is critical to interpreting how representative are the results achieved by an organisation when it reviews its data and compares its performance to similar organisations.

Careful consideration needs to be given by organisations to developing an implementation approach that maximises participation and response rates. The protocol used for inviting individual consumers to complete the survey is most critical and is covered in section 6. There are also system-wide elements of implementation that need to be considered by the organisation. These include, for example:

- ensuring clinicians are aware of the LCQ and how to use it in a clinical setting (for example, to set and review consumers' goals with them);
- ensuring clinicians have access to the data over time to review consumer's individual progress with them;
- establishing suitable governance arrangements that provide a central point for coordination and monitoring the progress of the survey;
- monitoring the use of the LCQ by different teams and giving them feedback;
- inclusion of consumers and peer workers (where available) in all aspects of the survey planning and implementation to promote ownership and ensure that the approach taken is responsive to local consumer views;
- establishing organisation-wide processes to promote the survey through staff briefings and educational material;
- preparation of brochure and promotional material to raise awareness of the survey and its aims; and

- routinely making available the aggregated survey results to all stakeholder groups at regular periods.

There is no expected response rate for the LCQ, although if organisations are going to use the aggregated results for quality improvement a 50% response rate (of those offered the survey) is generally considered acceptable. However, it is also important to ensure the sample is representative by comparing the characteristics of the sample to the population of consumers at the organisation.

3.8.8 Managing risk

At times consumers may add responses to surveys that raise significant issues that have legal or safety implications. For example, a consumer may report a staff member engaged in illegal activity, or make a serious complaint. Organisations should establish appropriate governance arrangements to manage such occurrences. The information sheet prepared for consumers should also emphasise that the survey is not for lodging complaints or raising allegations, and alert consumers to the existing complaint mechanisms in place.

3.9 Recommended protocol for using the LCQ with individual consumers

How the survey is administered to individual consumers is crucial to achieving participation. Additionally, for comparisons between and within organisations to be accurate and fair, it is essential that surveys are carried out using comparable procedures. This section outlines the recommended protocol for organisations embarking on use of the LCQ.

How should consumers be invited to complete the survey?

The key to achieving a high response rate will be the manner in which the surveys are offered to consumers, particularly the extent to which they feel that the organisation values their feedback. Survey approaches that adopt a mail-out approach, or simply leave survey forms on front desk counters, are typically perceived to be impersonal and yield low response rates. The approach adopted in the Proof of Concept study relied on a face-face offering by clinicians.

Face to face offering is strongly recommended for use of the LCQ. Ideally, this should be by a clinician familiar with the consumer as any discussion in completing the survey may provide clinical insights into the consumer's wellbeing.

The processes used when offering and collecting the survey needs to achieve three objectives:

- Emphasise the voluntary nature of the survey.
- Reinforce how the survey can be used to help the consumer to reflect on their progress, set and review life goals, and change their circumstance.
- Explain how the survey can be used to improve the organisation such as identifying a need for partnerships with providers of employment, accommodation, education, allied health, etc.

Should a fact sheet be prepared for consumers?

Good practice dictates that a summary statement of the aims the survey be prepared for all consumers invited to participate which also addresses the basic issues of confidentiality, the voluntary nature of participation, and where to seek any additional information.

A draft consumer information sheet is provided at Appendix D that can be used by organisations as a basis for their local fact sheets.

What should be said to the consumer?

Organisations should also prepare a standard set of words that can be used by staff when introducing the survey to consumers. The words used will depend on the implementation approach adopted by the organisation. The script below provides an example of what might be drafted by organisations. The language is somewhat formal in expression. As staff become familiar with what needs to be said, it is expected that they will be able to convey the essential points convincingly in their own way.

Begin by stating that:

"I'd like to invite you to complete a survey that asks important questions about your life in the community. It's called the Living in the Community Questionnaire or LCQ for short. It's a new survey that is probably not very different from the things we usually talk about. But its more structured so we can get a clearer understanding overtime of the things you are doing in the community, and how you feel about that, so we can focus on the areas that are a priority for you from now. It can also help us improve the organisation for you and other people, for example, by making sure we are providing the services you want or have the partner agencies you need in your recovery.

It only takes a few minutes. It's voluntary and completely confidential."

It is likely that some consumers will ask more detailed questions about the survey and what is done with it once they have completed it. It is important that the person offering the survey be familiar with the aims, and in a position to answer any questions asked.

Can assistance be provided?

Assistance can be provided to consumers to complete the survey. Assistance should be limited to reading out the questions, explaining words unfamiliar to consumers and/or writing consumer's responses. In many cases, it will be found that simply hearing the question read out loud can help the consumer form a clear understanding of what is meant with no further comment being needed. Under no circumstances should the surveyor provide or influence answers on behalf of the consumer or rephrase the question. Where the consumer requires assistance, if at all possible the staff member who assists should be someone who has not been involved in the direct care of the patient.

A specific item is included in the survey to indicate whether assistance was provided to the consumer.

Should some consumers be excluded?

As noted earlier, the LCQ was specifically built for use in public adult mental health services. As such, the survey was not designed to cater for the breadth of mental health populations, such as young people, older people, forensic or child and adolescent consumers. Nor was it designed to meet the specific needs of culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander communities. However, there are no prima facie reasons that consumers in any of these groups should be excluded from the survey offering process. In fact, use of the survey with these groups will provide valuable evidence about

how to improve the survey to better capture the views of these consumers.

Organisations should aim to offer the survey to as many consumers as possible, recognising that care should always be exercised to not cause distress. A small number of circumstances have been identified in previous work where offering the survey may be contraindicated. These are:

- Consumers who are too distressed or unwell at the time the survey would be offered.
- Consumers who are too cognitively impaired to be able to complete the survey.

Judgement will need to be exercised by those offering the survey to consumers to determine whether either of these circumstances applies.

Is formal consent required?

By completing the survey the consumer is implicitly giving their consent for the information they are providing to be used by the organisation. In most instances, it is expected that implementation of the LCQ will be for clinical and service improvement purposes rather than research. As such, the formal consent requirements stipulated in the National Health and Medical Research Council guidelines for human research are not required.

3.10 Using and interpreting survey results

This section of the document provides general guidance on how organisations can use the information collected from the survey to explore patterns, compare performance to similar organisations or identify trends in local agency performance over time.

3.10.1 Individual item analysis

The most basic use of the survey data is to undertake analysis at the individual item level. This involves examining aggregate responses to each item, usually based on simple frequencies and percentages. For questions measured on the volume or performance scale, this can involve summing top-two and bottom-two responses as shown on Table 4.

Table 4: Example of how the LCQ can be used for individual item analysis

Item	Question	Percent consumers responding 'excellent' or 'very good'	Percent consumers responding 'poor' or 'fair'
L-32	Your ability to get support from family or friends when you need it	55%	35%
L-33	Your overall well-being	65%	20%

Analysis of individual items can assist organisations in focusing on specific areas of service delivery that are perceived as problematic by consumers.

Assigning numeric values to consumer responses to individual survey items will facilitate item- level analysis. The item values for the Frequency and Performance scales were demonstrated in the Proof of Concept study to have sufficient numeric properties to allow scores to be assigned to consumer responses. Table 5 shows the scores assigned to the scale values in the two item groups.

Table 5: Assigning numeric values to the Frequency and Performance scales

Scale	Item Group	Numeric value to be assigned				
		1	**2**	**3**	**4**	**5**
Volume scale	Subjective social inclusion	Far too little	Too little	About right	Too much	Far too much
Performance scale	Outcome and recovery	Poor	Fair	Good	Very Good	Excellent

3.11 Additional consideration of the scope of the LCQ

3.11.1 Using the survey with Aboriginal and Torres Strait Islander consumers

As noted, the LCQ has not previously been tested specifically for these communities. However, Aboriginal and Torres Strait Islander consumers should not be excluded and any feedback received will inform further targeted investigation into the appropriateness of the survey tool.

3.11.2 Using the survey with people from a CALD background

Similarly, the LCQ has not been tested specifically for these populations. However, Culturally and Linguistically Diverse consumers should not be excluded and any feedback received will inform further targeted investigation into the appropriateness of the survey tool.

3.11.3 Using the survey across the lifespan

The LCQ was developed and tested with adult mental health consumers in the 16-64 year age range and has not been tested outside this range. Organisations considering implementing the LCQ with younger or older consumers will need to assess the suitability of the survey within their own environments and decide whether it is fit for the purposes intended. Some sections may be deleted, such as the employment questions for retired people.

3.11.4 Non government managed community support services

The survey was designed specifically for consumers of public sector clinical mental health services. While not specifically tested for the NGO sector, the content may be relevant for other settings. Furthermore, as the licence conditions allows the removal of items considered not relevant to the service setting in which the survey is used, as well as allowing service-specific questions to be added, there is considerable scope for the survey to be used in many community support services managed by the NGO sector.

4 FURTHER INFORMATION

More information on the use of the LCQ is available in the Clinical and Service Development Guidance available for downloading at: http://www.amhocn.org/special-projects/living-community-questionnaire-lcq

APPENDIX A: LIVING IN THE COMMUNITY QUESTIONNAIRE

Living in the Community Questionnaire (LCQ)

This questionnaire is designed to explore aspects of your life in the community including your social activities, participation in employment or study, your living situation and your physical health care.

The questionnaire is to be completed by people aged 16 years and older.

Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

LAST WEEK
This section asks about some of the activities you did in the last week.

Social activities

1. In the **last week**, did you do any of these social activities?
   (*Please tick all that apply*)

Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)	☐
Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)	☐
Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)	☐
Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious service or an organised event or activity)	☐
Other social activities	☐
None of the above	☐

2. In the **last week**, about how much time did you spend doing all of these social activities?

   Please provide your best estimate of the total number of hours you spent on these activities _____ hours in total

   Please tick if no hours spent in social activities ☐

3. In your opinion, was the amount of time you spent doing social activities **last week**...?
   (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Education

4. Are you currently enrolled in any of the following courses of study? *(Please tick all that apply)*

Secondary school	☐
University / Other higher education	☐
TAFE / Technical / Vocational / Registered training organisation	☐
Other courses (job preparation, adult education, hobby courses)	☐
None of the above	☐

5. In the **last week**, in total, how many hours did you spend in class or studying for these courses?

   Please write the approximate number of hours spent in class or studying last week _____ hours in total

   Please tick if no hours spent studying for these courses ☐

6. In your opinion, was the amount of time you spent in education in the **last week...**?
   (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Voluntary or unpaid work

7. In the **last week**, how much time did you spend doing voluntary or unpaid work through an organisation or group?

   Please write the approximate number of hours spent doing voluntary or unpaid work _____ hours in total

   Please tick if you did not do any voluntary work ☐

8. In your opinion, was the amount of time you spent in voluntary or unpaid work in the **last week...**?
   (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Caring for others

9. In the **last week**, were you providing unpaid care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer Payment. (*Please tick all the boxes that apply*)

A family or friend because of disability, long term illness or old age	☐
A child under 15 years of age	☐
Other caring. Please describe the care provided _____	☐
None of the above	☐

10. In the **last week**, how many hours in total did you spend providing this care?

Please write the approximate number of hours spent providing care last week	_____ hours in total
Please tick if no hours spent providing care	☐

11. In your opinion, was the amount of time you spent caring for others in the **last week...**? (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Employment

12. Of the following employment categories, which best describes your current employment? (*Please tick one box*)

Full-Time employee	☐
Part-Time employee	☐
Self-employed - not employing others	☐
Self-employed - employing others	☐
Employed - unpaid worker in a family business	☐
Unemployed - seeking full-time work **(Please go to question 14)**	☐
Unemployed - seeking part-time work **(Please go to question 14)**	☐
Not employed - not seeking employment **(Please go to question 14)**	☐

13. **Last week**, how many hours did you work in total in these jobs?

Please write in actual hours worked, subtract any time off, add any overtime or extra time worked   _____ hours

14. In your opinion, was the amount of time you spent employed **last week..**?
(*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

LAST 4 WEEKS

This section asks about some of the activities you did in the last four weeks.

Looking for work

15. In the **last four weeks**, were you actively looking for paid work at any time? This includes looking to change jobs or retired people looking for additional income. (For example, being registered with Centrelink as a job seeker; checking or registering with an employment agency; writing, telephoning or applying in person for paid employment; or advertising for employment).
(*Please tick all the boxes that apply*)

No, I did not look for work ☐

Yes, I looked for full-time work ☐

Yes, I looked for part-time work ☐

Living situation

16. In the **last four weeks**, in what type of accommodation were you living?
(*Please tick all the boxes that apply*)

Public rented house or unit ☐

Privately rented house or unit ☐

Own home or unit (with or without mortgage) ☐

Family home or unit (with or without board) ☐

Group home / Supported accommodation ☐

Boarding house / Rooming house / Hostel ☐

Caravan ☐

Hospital / Rehabilitation / Other health services ☐

Residential aged care facility / Nursing home ☐

Crisis accommodation / Shelter / Refuge ☐

Homeless ☐

Other (*Please specify*)_____ ☐

17. Who were you living with in the **last four weeks**?
    (*Please tick all the boxes that apply*)

    By yourself ☐

    Family (including wife, husband, son, daughter, brother or sister) ☐

    Friends ☐

    Share house ☐

    Other (*please specify*)_____ ☐

18. How would you rate your current living situation overall (thinking about cost, location, security and space?)
    (*Please tick one box only*)

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

LAST 12 MONTHS

This section asks about some things about services you have used in the last 12 months.

Seeing a GP

19. In the **last 12 months**, how many times did you see a general practitioner?
    (*Please write your best estimate*)

Number of times you saw a general practitioner   _____

Other health professionals

20. In the **last 12 months**, did you see any of the following health professionals?
    (*Please tick all that apply*)

    Psychiatrist (public or private) ☐

    Psychologist (public / private) ☐

    Mental health nurse ☐

    Social worker or occupational therapist ☐

    Complementary or alternative therapist ☐

    Case worker / Support worker ☐

    Other (*please specify*) _____ ☐

    No, none ☐

Now

This section asks about some things that you are feeling or experiencing now.

Physical health

21. In general, how is your physical health?
    (*Please tick one box only*)

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

Having your say

How would you rate your confidence to do the following?
(*Please tick one box for each statement*)

	Poor	Fair	Good	Very good	Excellent
22. Control your life in general	☐	☐	☐	☐	☐
23. Have your say within the community on issues that are important to you	☐	☐	☐	☐	☐
24. Have your say with the person or agency involved in your care	☐	☐	☐	☐	☐
25. Have your say among family and friends about issues that are important to you	☐	☐	☐	☐	☐
26. Have your opinions respected when having your say	☐	☐	☐	☐	☐

27. Would you like some help from this service with any of the things asked about in this questionnaire?
    This includes with social activities, education, volunteering, work, housing and physical health?
    ☐ No
    ☐ Yes *(Please specify)*_____

Overall

Please rate how you feel in each of the following areas.
(*Please tick one box for each statement*)

	Poor	Fair	Good	Very good	Excellent
28. Your hopefulness for the future	☐	☐	☐	☐	☐
29. Your happiness with your life	☐	☐	☐	☐	☐
30. Your ability to achieve the things that are important to you	☐	☐	☐	☐	☐
31. Your sense of being part of a group or community	☐	☐	☐	☐	☐
32. Your ability to get support from family or friends when you need it	☐	☐	☐	☐	☐
33. Your overall well-being	☐	☐	☐	☐	☐

Thank you for taking the time to complete this questionnaire.

APPENDIX B: DEMOGRAPHIC ITEMS

Table 6: The 5 demographic items of the LCQ

Item sequence	Technical reference #	Question
34+n	D-1	What is your gender?
35+n	D-2	What is the main language you speak at home?
36+n	D-3	Are you of Aboriginal and/or Torres Strait Island origin?
37+n	D-4	What is your age?
38+n	D-5	Where do you live?

APPENDIX C: LIVING IN THE COMMUNITY QUESTIONNAIRE (SHORT FORM VERSION)

Living in the Community Questionnaire (LCQ) (Short Form Version)

This questionnaire is designed to explore aspects of your life in the community including your social activities, participation in employment or study, your living situation and your physical health care.

The questionnaire is to be completed by people aged 16 years and older.

Completion of the questionnaire is voluntary. Your personal information, including answers to this questionnaire, is covered by the privacy laws in your state or territory.

LAST WEEK — This section asks about some of the activities you did in the last week.

Social Activities

1. In the **last week**, did you do any of these social activities?
    (*Please tick all that apply*)

    Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game) ☐

    Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating) ☐

    Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity) ☐

    Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious service or an organised event or activity) ☐

    Other social activities ☐

    None of the above ☐

2. In the **last week**, about how much time did you spend doing all of these social activities?

    Please provide your best estimate of the total number of hours you spent on these activities _____ hours in total

    Please tick if no hours spent in social activities ☐

3. In your opinion, was the amount of time you spent doing social activities **last week**...?
    (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Education

4. Are you currently enrolled in any of the following courses of study? *(Please tick all that apply)*

Secondary school	☐
University / Other higher education	☐
TAFE / Technical / Vocational / Registered training organisation	☐
Other courses (job preparation, adult education, hobby courses)	☐
None of the above	☐

5. In your opinion, was the amount of time you spent in education in the **last week...**?
   (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Voluntary or Unpaid Work

6. In the **last week**, how much time did you spend doing voluntary or unpaid work through an organisation or group?

   Please write the approximate number of hours spent doing voluntary or unpaid work _____ hours in total

   Please tick if you did not do any voluntary work ☐

7. In your opinion, was the amount of time you spent in voluntary or unpaid work in the **last week...**?
   (*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Caring for others

8. In the **last week**, were you providing unpaid care (such as personal care, support or assistance) to a family member or friend? This includes work for which you may have received a Carer Allowance or Carer Payment.
   (*Please tick all the boxes that apply*)

A family or friend because of disability, long term illness or old age	☐
A child under 15 years of age	☐
Other caring. Please describe the care provided _____	☐
None of the above	☐

9. In your opinion, was the amount of time you spent caring for others in the **last week...**?
(*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

Employment

10. Of the following employment categories, which best describes your current employment?
(*Please tick one box*)

Full-Time employee ☐

Part-Time employee ☐

Self-employed - not employing others ☐

Self-employed - employing others ☐

Employed - unpaid worker in a family business ☐

Unemployed - seeking full-time work **(Please go to question 14)** ☐

Unemployed - seeking part-time work **(Please go to question 14)** ☐

Not employed - not seeking employment **(Please go to question 14)** ☐

11. **Last week**, how many hours did you work in total in these jobs?

Please write in actual hours worked, subtract any time off, add any overtime or extra time worked   _____ hours

12. In your opinion, was the amount of time you spent employed **last week..**?
(*Please tick one box only*)

Far too little	Too little	About right	Too much	Far too much
☐	☐	☐	☐	☐

LAST 4 WEEKS

This section asks about some of the activities you did in the last four weeks.

Looking for work

13. In the **last four weeks**, were you actively looking for paid work at any time? This includes looking to change jobs or retired people looking for additional income. (For example, being registered with Centrelink as a job seeker; checking or registering with an employment agency; writing, telephoning or applying in person for paid employment; or advertising for employment).
    (*Please tick all the boxes that apply*)

    No, I did not look for work ☐

    Yes, I looked for full-time work ☐

    Yes, I looked for part-time work ☐

Living situation

14. In the **last four weeks**, in what type of accommodation were you living?
    (*Please tick all the boxes that apply*)

    Public rented house or unit ☐

    Privately rented house or unit ☐

    Own home or unit (with or without mortgage) ☐

    Family home or unit (with or without board) ☐

    Group home / Supported accommodation ☐

    Boarding house / Rooming house / Hostel ☐

    Caravan ☐

    Hospital / Rehabilitation / Other health services ☐

    Residential aged care facility / Nursing home ☐

    Crisis accommodation / Shelter / Refuge ☐

    Homeless ☐

    Other (*Please specify*)_____ ☐

15. Who were you living with in the **last four weeks**?
    (*Please tick all the boxes that apply*)

    By yourself ☐

    Family (including wife, husband, son, daughter, brother or sister) ☐

    Friends ☐

    Share house ☐

    Other (*please specify*)_____ ☐

16. How would you rate your current living situation overall (thinking about cost, location, security and space?)
(*Please tick one box only*)

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

LAST 12 MONTHS

This section asks about some things about services you have used in the last 12 months.

Seeing a GP

17. In the **last 12 months**, how many times did you see a general practitioner?
(*Please write your best estimate*)

Number of times you saw a general practitioner _____

Other health professionals

18. In the last 12 months, did you see any of the following health professionals?
(*Please tick all that apply*)

Psychiatrist (public or private) ☐

Psychologist (public / private) ☐

Mental health nurse ☐

Social worker or occupational therapist ☐

Complementary or alternative therapist ☐

Case worker / Support worker ☐

Other (*please specify*) _____ ☐

No, none ☐

Now

This section asks about some things that you are feeling or experiencing now.

Physical health

19. In general, how is your physical health?
(*Please tick one box only*)

Poor	Fair	Good	Very good	Excellent
☐	☐	☐	☐	☐

Having your say

How would you rate your confidence to do the following? (*Please tick one box for each statement*)	Poor	Fair	Good	Very good	Excellent
20. Control your life in general	☐	☐	☐	☐	☐
21. Have your say within the community on issues that are important to you	☐	☐	☐	☐	☐
22. Have your say with the person or agency involved in your care	☐	☐	☐	☐	☐
23. Have your say among family and friends about issues that are important to you	☐	☐	☐	☐	☐
24. Have your opinions respected when having your say	☐	☐	☐	☐	☐

25. Would you like some help from this service with any of the things asked about in this questionnaire? This includes with social activities, education, volunteering, work, housing and physical health?

☐ No

☐ Yes *(Please specify)*_____

Overall

Please rate how you feel in each of the following areas. (*Please tick one box for each statement*)	Poor	Fair	Good	Very good	Excellent
26. Your sense of being part of a group or community	☐	☐	☐	☐	☐
27. Your ability to get support from family or friends when you need it	☐	☐	☐	☐	☐

Thank you for taking the time to complete this questionnaire.

APPENDIX D: SUGGESTED WORDING FOR CONSUMER INFORMATION SHEETS

Living in the Community Questionnaire (LCQ)

1.   What is the Living in the Community Questionnaire?

The *Fourth National Mental Health Plan* set an agenda for collaborative government action in mental health across several priority areas, the first of which was 'social inclusion and recovery'. A range of actions was identified to achieve change in the social inclusion and recovery area, resulting in the development of a survey known as the Living in the Community Questionnaire (LCQ). This survey aims to gather information about the social inclusion of those with a lived experience of mental illness.

The LCQ is designed to gather information that provides a more holistic view of a person's life situation. Information about a person's participation in social activities, education, employment, the suitability of their housing, their health status and their sense of being part of a community will support a recovery-focused dialogue between consumers and their service providers.

The LCQ can also assist in the provision of more integrated care across the broader mental health sector, particularly supporting mental health service collaboration with psychosocial and other recovery support services.

More information about the development of the LCQ can be found at http://www.amhocn.org/special-projects/living-community-questionnaire-lcq .

2.   Are my answers confidential?

The information you provide may be used by services to plan the delivery of care and support and will therefore be part of your record. Some services may choose to collect the LCQ to help them plan service delivery. In those instances, the LCQ may not be part of your record and you might be asked to only provide some basic information about e.g. age, gender.

3.   Where can I get help to complete the questionnaire?

Feel free to ask a friend, family member, carer or staff including a Consumer Worker to help you complete the LCQ.

4.   What choice do I have about completing the LCQ

The decision to complete the LCQ is entirely yours. If you are concerned about and you need not feel obliged in any way to do so.

The questionnaire and feedback sheet are not marked in any way to identify you and the information you provide is anonymous.

5.   What do I do with my LCQ when I have finished?

The service that has given you a copy of the LCQ to complete will provide you with details about returning it to them. *(Service specific wording to be included)*

6.   What will happen to my completed LCQ?

Services across Australia will use the LCQ to provide more collaborative care and support to you. The LCQ will help to identify and then support conversations about aspects of your daily life in the community where you might require some assistance. *(Service specific wording to be included)*

(Insert relevant details for your organisation or state and territory)

APPENDIX E: LICENSING ARRANGEMENTS

A licensing process has been set up to enable mental health service organisations to use the LCQ for specified purposes. These arrangements were developed in recognition that there is considerable interest across the Australian mental health sector in using the survey. The arrangements are designed to promote consistency of use and discourage unnecessary modification to the tool. The latter is necessary to minimise the risk that multiple and varied versions with no comparability are produced following public release. The licence also aims to prevent use of the survey for profit.

To download the LCQ users just to need to provide some basic information and agree to the Terms and Conditions for Use. Access to the LCQ is available at: http://www.amhocn.org/special-projects/living-community-questionnaire-lcq . There is no charge for use of the LCQ.