

Carer's of people with Learning Disabilities - Have your Say

Nottingham City Council are reviewing the services we provide for citizens with learning disabilities and their carers. We would love to hear about your experiences so we can learn from you and identify where services may need to change.

The survey should take no more than 10 minutes to complete.

All completed forms with contact details will be entered into a FREE prize draw and you could win a £30 Victoria Centre Shopping voucher.

Consultation ends: **27th March 2015**. Thank you.

Q1 Does the person you care for?

- | | |
|---|---|
| <input type="checkbox"/> Live on their own with Personal Assistants | <input type="checkbox"/> Live in a Residential home |
| <input type="checkbox"/> Live with you | <input type="checkbox"/> Live with a Foster family - "Shared Lives" |
| <input type="checkbox"/> Live in Supported Living | <input type="checkbox"/> Other |

Other Please State

Q2 How old are you?

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Under 24 | <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> 65+ |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------|

Q3 How old is the person you care for?

- | | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Under 24 | <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> 65+ |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------|

Does the person that you care for attend any of the following? a) City Council Day Services b) Non City Council Day Opportunities c) Evening opportunities d) Leisure activities

Q4 a) **City Council Day Services?**

PLEASE TICK ALL THAT APPLY

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Evergreen (Mapperley) | <input type="checkbox"/> Springwood (Mapperley) | <input type="checkbox"/> Shared lives |
| <input type="checkbox"/> Martin Jackaman Centre (Aspley) | <input type="checkbox"/> Summerwood (Clifton) | <input type="checkbox"/> None |

Other, please state

Q5 b) Day Opportunities provided by someone other than the council?

PLEASE TICK ALL THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Nottingham Mencap | <input type="checkbox"/> West Area Project | <input type="checkbox"/> Open Wings |
| <input type="checkbox"/> Inspire | <input type="checkbox"/> Space Inclusive | <input type="checkbox"/> Scope Group Activities |
| <input type="checkbox"/> Life | <input type="checkbox"/> Hamilton Lodge | <input type="checkbox"/> Woodfield Industries |
| <input type="checkbox"/> Cambian | <input type="checkbox"/> One Stop Care | <input type="checkbox"/> Rumbletums |
| <input type="checkbox"/> The Work Place | <input type="checkbox"/> Stonebridge City Farm | <input type="checkbox"/> None |

Other, please State

Q6 c) Evening opportunities?

PLEASE TICK ALL THAT APPLY

- | | | | |
|--|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> Nottingham Mencap | <input type="checkbox"/> Scope Group Activities | <input type="checkbox"/> Cambian | <input type="checkbox"/> Inspire |
|--|---|----------------------------------|----------------------------------|

Other, please state

Q7 d) Leisure activities

PLEASE TICK ALL THAT APPLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Mini-golf | <input type="checkbox"/> Leisure centres |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Tennis/ Badminton | <input type="checkbox"/> Sensory room |
| <input type="checkbox"/> Theatre | <input type="checkbox"/> Football | <input type="checkbox"/> Places of worship |
| <input type="checkbox"/> Music events (gigs) | <input type="checkbox"/> Other sports | <input type="checkbox"/> Public House |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Gym/ fitness classes | <input type="checkbox"/> Libraries |

Other, please state

Q8 Q5: From the below list, please select the TOP 3 barriers to the person you care for accessing leisure activities:

- | | |
|--|--|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Negative experience of using leisure services |
| <input type="checkbox"/> Safety (e.g. bullying/harassment) | <input type="checkbox"/> Staff are unhelpful or lack knowledge |
| <input type="checkbox"/> Lack of LD specific activities | <input type="checkbox"/> Lack of support worker available to accompany to leisure activities |
| <input type="checkbox"/> Lack of knowledge of facilities | <input type="checkbox"/> Difficulty in using or accessing transport |

Other, please state

Q9 Are there any specific activities the person you care for would like to take part in which are not available? If so please tell us what ...

Q10 Have you been offered a Carers Assessment within the last 12 months? Yes No

Q11 Do you have a person centred support plan? Yes No

Q12 Have you had a Carer's Review within the last 12 months?

Yes No

If yes, were you asked about the support you need/ed in order to continue to live with the person you care for as part of a Carers Review?

Q13 Have you discussed your long term plans for the future with anyone, in relation to continuing your role as a carer?

Yes No

If yes, who have you discussed this with and what are your plans?

Q14 How much do you know about the following housing options available?
PLEASE SELECT ONE FOR EACH OPTION

	I know a lot	I know a little	I know nothing about this
Supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private landlords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 Which of the following Care and Support options available are you aware of (for the person you care for)? PLEASE TICK ALL THAT APPLY

- Care Support and Enablement Care at Home
 Independent Living Support Service for people with a learning disability Assistive Technology e.g. alarms
 Adaptations

Q16 Do you or the person you care for have:

	Yes	No	I don't know
Personal Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct Payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Have you had any problems accessing Direct Payments?

Yes No N/A

Q18 Health, Information & Support Services: Please tell us how strongly you agree or disagree with the following:

	Strongly Agree	Agree	Neither	Disagree	Strongly disagree
I have the information I need to stay well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the information i need to help the person i care for stay well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services help keep people with LD healthy and well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services are good at noticing early signs of health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support services value mental wellbeing as much as physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 Health professionals: Please tell us how strongly you agree or disagree with the following:

	Strongly agree	Agree	Neither	Disagree	Strongly Disagree
GP's & Community Health services help to keep people healthy & prevent health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health professionals at NHS hospitals treat people with learning disabilities and their carers wth respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health professionals at GP surgeries and community health clinics treat people with learning disabilities and their carers with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & social services work well together to meet the needs of people with learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 How would you find information about HOUSING and DAY opportunities?

	Housing	Day opportunities
Adult Social Care team	<input type="checkbox"/>	<input type="checkbox"/>
Nottingham City <u>Council</u> Web Pages	<input type="checkbox"/>	<input type="checkbox"/>
Choose My Support	<input type="checkbox"/>	<input type="checkbox"/>
Nottingham City <u>Homes</u> Web Pages	<input type="checkbox"/>	<input type="checkbox"/>
Nottingham City Homes information	<input type="checkbox"/>	<input type="checkbox"/>
Parent and Carer Support groups	<input type="checkbox"/>	<input type="checkbox"/>
Friends/Family	<input type="checkbox"/>	<input type="checkbox"/>

Other, please state

Q21 Please share your experience of accessing Housing and Support for the person you care for (including if you live together). Look at the following statements, how much do you agree or disagree?

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Information about housing options are accessible and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about support options are accessible and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care staff shared a wide range of <u>housing options</u> with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care staff shared a wide range of <u>support options</u> with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was involved with making a choice about housing and support options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Please tell us if the following Support services provide and achieve:
TICK ALL THAT APPLY

	Independence	Choice	Control	Health & well-being	Enablement	I don't know
Care, Support & Enablement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Support Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care at Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q23 Please tell us if the following Housing Services provide and achieve:
TICK ALL THAT APPLY

	Independence	Choice	Control	Health & well-being	Enablement	I Don't know
Supported living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared Lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living with carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24 Please share your experience of accessing day and evening opportunities

	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree
Information about accessing day and evening opportunities is accessible and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about support options for accessing day & evening opportunities is accessible and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care staff share with me the range of day and evening opportunities that are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am involved with making a choice about the day and evening opportunities the person I care for attends.

Q25 Please tell us if the following Day and Evening opportunities provide and achieve:
TICK ALL THAT APPLY

	Independence	Choice	Control	Health & well-being	Enablement	I don't know
City Council Day Opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day opportunities provided by someone other than the city council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 Is there an example where we met your expectations for:
i) Housing and support options?
ii) Day and evening opportunities?

Please state what happened and how you were supported.

Q27 Do you have any ideas for improving:
i) Housing and support options?
ii) Day and evening activities?

Q28 To be entered into the FREE prize draw to be in with a chance of winning a £30 Victoria Shopping Centre voucher. Please provide the following information.

Please note this information will only be used for the stated purposes.

Name

Postal address

Thank you for taking the time to complete this survey.