

Better Care Stronger Communities 2023 - 2028 Consultation Survey

For service users and members of the public

Answering the following questions should take no more than 10 minutes and will help us improve our commissioning process for providers and service users in the future.

Please complete and return this survey by 2nd October 2022

Are you answering this survey as...?

- | | |
|---|--|
| <input type="checkbox"/> A service user | <input type="checkbox"/> On behalf of an organisation |
| <input type="checkbox"/> Family or friend of a service user | <input type="checkbox"/> An individual in a professional or voluntary capacity |
| <input type="checkbox"/> An internal or external partner | <input type="checkbox"/> Member of the public |
| <input type="checkbox"/> Current or potential provider | <input type="checkbox"/> Other |

If other, or an organisation please specify:

Please tell us which of the following services you use (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Carers' Group | <input type="checkbox"/> HIV Support |
| <input type="checkbox"/> Carers' Activities | <input type="checkbox"/> Dysphasia Support |
| <input type="checkbox"/> Mental Health Befriending | <input type="checkbox"/> Dementia Support |
| <input type="checkbox"/> Other Befriending Support | <input type="checkbox"/> Post Natal Depression Support |
| <input type="checkbox"/> Stroke Support | <input type="checkbox"/> Other (please specify below) |

If other, or an organisation please specify:

How helpful is the service you use at supporting your health and wellbeing in the following ways?

	Very helpful	Quite helpful	Not sure	Not very helpful	Not helpful at all
Reduces loneliness and isolation	<input type="checkbox"/>				
Helps me manage my physical health	<input type="checkbox"/>				
Helps me maintain good mental wellbeing	<input type="checkbox"/>				
Improves my self-confidence	<input type="checkbox"/>				
Provides peer support	<input type="checkbox"/>				

If there are other ways that the service you uses supports your wellbeing please let us know:

We have worked with existing partners to look at ways of changing how we evaluate the services and activities we commission. We are proposing we commission services to the following outcomes:

- Living well and enjoying life– supporting people to enjoy life and feel in control of making their own choices.

- Preventing ill health and promoting self-care - preventing ill health conditions from developing (mental and physical), managing risk factors or preventing existing health conditions deteriorating further. Supporting people to feel confident managing their own health conditions and self-caring.

Healthy Ageing and Independence - helping people stay active and healthy as they age and providing support to ensure they remain independent for as long as they want to.

To ensure the activities/ services you are using are supporting you to remain in control of your life, to make the best choices for you and to remain independent for as long as possible, the organisations that support you are likely to change the information and feedback they collect from you .

This may include asking you for feedback and questions on how the service is benefitting you and making a difference to your life more frequently.

How comfortable would you be with the following tasks?

	Very comfortable	Quite comfortable	Neutral	A little uncomfortable	Very uncomfortable
Completing regular surveys and updates	<input type="checkbox"/>				
Providing additional information about your circumstances	<input type="checkbox"/>				
Telling us what impact the activities or services have on your life	<input type="checkbox"/>				

If you have any other comments about the changes to the proposed commissioning service please let us know:

About You

This section is really important. It's vital that we understand the experiences of a wide range of respondents in order to ensure that everyone is treated equally. By understanding more about what people from diverse backgrounds tell us, we can ensure we act appropriately to meet needs. All questions are optional and any responses to these questions will remain confidential. Individuals will not be identified and personal details will not be published.

Please tell us your postcode.

This is used for analysis purposes only.

What is your age?

- | | | |
|-----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 35 to 44 | <input type="checkbox"/> 65 to 75 |
| <input type="checkbox"/> 18 to 24 | <input type="checkbox"/> 45 to 54 | <input type="checkbox"/> Over 75 |
| <input type="checkbox"/> 25 to 34 | <input type="checkbox"/> 55 to 64 | <input type="checkbox"/> Prefer not to say |

Are you?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Other |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to say |

Which of the following best describes your usual employment status?

- | | | |
|--|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Long-term sick |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Self-employed full-time | <input type="checkbox"/> Looking after the family or home | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Self-employed part-time | <input type="checkbox"/> Temporary sick | |

Do you have any children living in your household in the following age groups?

- | | | | |
|----------------------------------|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> 0 to 4 | <input type="checkbox"/> 11 to 16 | <input type="checkbox"/> 19 - 25 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 5 to 10 | <input type="checkbox"/> 17 to 18 | <input type="checkbox"/> No | |

Excluding anything you do for your paid employment, are you a carer? (i.e. do you look after or give help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age)

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Do you consider yourself to be disabled? **(Please tick all that apply)**

- No
- Prefer not to say
- Yes - Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches
- Yes - Sensory impairment, such as being blind/having a serious visual impairment or being deaf/have a hearing impairment
- Yes - Mental health condition, such as depression, anxiety or schizophrenia
- Yes - Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autism spectrum condition)
- Yes - Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Yes - Other (please state)

If yes, please, please tell us how this affects the way that you access or use council services.

Please tell us your ethnic origin

- | | |
|--|--|
| <input type="checkbox"/> Arab/Arab British | <input type="checkbox"/> Mixed/multiple ethnic group - Other |
| <input type="checkbox"/> Asian/Asian British - Bangladeshi | <input type="checkbox"/> Mixed/multiple ethnic group - White & Asian |
| <input type="checkbox"/> Asian/Asian British - Chinese | <input type="checkbox"/> Mixed/multiple ethnic group - White & Black African |
| <input type="checkbox"/> Asian/Asian British - Indian | <input type="checkbox"/> Mixed/multiple ethnic group - White & Black Caribbean |
| <input type="checkbox"/> Asian/Asian British - Other | <input type="checkbox"/> White - English / Welsh / Scottish / Northern Irish / British |
| <input type="checkbox"/> Asian/Asian British - Pakistani | <input type="checkbox"/> White - Other (please state) |
| <input type="checkbox"/> Black/African/Caribbean/Black British - African | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Black/African/Caribbean/Black British - Caribbean | <input type="checkbox"/> White - Roma |
| <input type="checkbox"/> Black/African/Caribbean/Black British - Other | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Gypsy or Irish Traveller | <input type="checkbox"/> Prefer not to say |

If other, please state:

Religion/belief

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Any other religion (please state) |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Sikh | <input type="checkbox"/> Prefer not to say |

If other, please state:

Please tell us your sexual orientation?

- | | | |
|--|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay / Lesbian | <input type="checkbox"/> Other | |

Do you identify as a transgender person?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Are you currently, or have you previously, served in the UK Armed Forces?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - previously served in Reserve Armed Forces |
| <input type="checkbox"/> Yes - currently serving | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes - previously served in Regular Armed Forces | |

Please return your completed questionnaire to Freepost SGC, South Gloucestershire Council, Insight and Engagement Team, Council Offices, Badminton Road, Yate BS37 5AF

Any personal information that you have supplied will be held by South Gloucestershire Council in accordance with the Data Protection Act 2018 and UK General Data Protection Regulations (UKGDPR) 2021. This information will only be used as part of this exercise and personal information will not be published or passed onto any other organisation. Your personal information collected as part of this survey will be kept for two years to help us improve services before being securely destroyed. Our privacy notice, which explains how we will process your personal information, how long we will retain it and your rights as a data subject, is available at www.southglos.gov.uk/privacy