

City and County of Swansea
Dinas a Sir Abertawe



HAVE YOUR SAY...

A Service Model for Adult Social Care

Social Care.

As part of this consultation, we will also be providing a range of different opportunities for people who may be affected, to share their views about our proposals. We will advertise the dates and times of these events on our web page and at other suitable county wide locations.

Information gathered during the consultation process will be used to influence final decisions which are taken.

Anyone who currently receives a specific service provided by the City & County of Swansea will be informed in advance of any changes being made to a service they receive.

Confidentiality

Unless you are responding on behalf of an organisation, you do not have to give us your name and if you do decide to provide your name, you will not be personally identified in any future documentation.

About You

To help us to understand the feedback you give us, please tick the most appropriate box below. Please tick one box only.

- I am someone who receives a social care service from the City and County of Swansea

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- I am someone who receives a social care service from an external organisation in Swansea
- I am a relative, carer and/or friend of someone who receives a social care service from the City and County of Swansea
- I am a relative, carer and/or friend of someone who receives a social care service from an external organisation in Swansea
- My job involves working with older people or vulnerable adults in Swansea
- I do voluntary work with older people or vulnerable adults in Swansea
- I am interested in adult social care in Swansea for other reasons

Other reasons - please write in

If you are replying on behalf of an organisation, please provide:-

Name of the Organisation:	<div style="border: 1px solid black; height: 25px;"></div>
Contact Name:	<div style="border: 1px solid black; height: 25px;"></div>
Your position in the organisation:	<div style="border: 1px solid black; height: 25px;"></div>
Email Address:	<div style="border: 1px solid black; height: 25px;"></div>
Telephone Number:	<div style="border: 1px solid black; height: 25px;"></div>
Type of organisation*: e.g. Domiciliary care agency / advice / advocacy	<div style="border: 1px solid black; height: 25px;"></div>

***Please note that organisations completing questionnaires will be identified by type in the final analysis and not by name. This is so that we can identify which groups you represent which will help us to determine the different needs within the County.**

Unless you are replying on behalf of an organisation, please complete the equalities monitoring section at the end of this questionnaire. This will help us to prevent people being adversely affected by the decisions we make.

Our proposals

Please read the document entitled 'Have your say - A Service Model for Adult Social Care' for more detail about the proposals

Do you agree with the proposed new model for Adult Social Care in Swansea?
 Yes

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- No
- Don't know

How do you think the proposed new service model would affect you?

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Do you agree with the overall vision for the service?

- Yes
- No
- Don't know

Do you agree with the 6 key principles within our approach, namely:

- **Better prevention**
- **Better early help**
- **A new approach to assessment**
- **Improved cost effectiveness**
- **Working together better**
- **Keeping people safe**

- Yes
- No
- Don't know

Is there anything that you think we have missed from the 6 key principles?

Is there anything else that we should take into consideration regarding our proposed model for Adult Services?

You may use this space to provide any concerns or suggestions that you may have with the proposed service model.

Tell us a little about you: We will use this information to see if we have gathered a range of view across the city and to find out if any proposal impacts on one group of people more than another. These questions are optional.

Are you

- Male
- Female
- Prefer not to say

Is your gender identity the same as you were assigned at birth (i.e. born male and currently living as a man or born female and currently living as a woman)?

- Yes
- No
- Prefer not to say

How old are you ...

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 56 - 65 |
| <input type="checkbox"/> 16 - 25 | <input type="checkbox"/> 66 - 75 |
| <input type="checkbox"/> 26 - 35 | <input type="checkbox"/> 76 - 85 |
| <input type="checkbox"/> 36 - 45 | <input type="checkbox"/> Over 85 |
| <input type="checkbox"/> 46 - 55 | <input type="checkbox"/> Prefer not to say |

What is your sexual orientation?

- Bisexual
- Gay/Lesbian
- Heterosexual/Straight
- Other
- Prefer not to say

Would you describe yourself as... (Please cross all that apply or write in)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> British | <input type="checkbox"/> Other British (please write in) |
| <input type="checkbox"/> Welsh | <input type="checkbox"/> Non-British (please write in) |
| <input type="checkbox"/> English | <input type="checkbox"/> Refugee (please write in current/last nationality below) |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Asylum Seeker (please write in current/last nationality below) |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Prefer not to say |

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What is your ethnic group? (Please cross one box)

- White - British, any other White background
- Mixed - White & Black Caribbean, White and Black African, White & Asian, any other Mixed background
- Asian or Asian British - Indian, Pakistani, Bangladeshi, Chinese any other Asian background
- Black or Black British - Caribbean, African, any other Black
- Other ethnic group - Gypsy or traveller, Arab, any other
- Prefer not to say

What is your religion or (non) belief, even if you are not currently practising?

- No religion/belief
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Prefer not to say

Do you consider that you are actively practising your religion or belief?

- Yes
- No
- Prefer not to say

Can you understand, speak, read or write Welsh?

Please mark all that apply

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- Learning Welsh
- None of these
- Prefer not to say

Which languages do you use from day-to-day

- English
- Welsh
- British Sign Language
- Other (please write in)
- Prefer not to say

Do you have any long-standing illness, disability or infirmity?

By long-standing we mean anything that has affected you over a period of time or that is likely to affect you over time.

This could also be defined Under the Equality Act 2010 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

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- Yes
- No
- Prefer not to say

Does this illness or disability limit your normal day-to-day activities in any way?

- Yes
- No
- Prefer not to say

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.