

City and County of Swansea  
Dinas a Sir Abertawe



## HAVE YOUR SAY...

### Review of Domiciliary Care Services for Older People

We are inviting you to have your say on our proposals for domiciliary care services for older people.

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.

#### 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
- 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

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

Other reasons - please write in

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

Name of the Organisation:

Contact Name:

Your position in the organisation:

Email Address:

Telephone Number:

Type of organisation\*: e.g. Domiciliary care agency / advice / advocacy

**\*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 - Review of Domiciliary Care Services for Older People' for more detail about the proposals**

#### **Category 1: Short Term Reablement Services**

Preferred Option B - Redesign the Short Term Reablement Service so it is as effective as possible and allows people to become as independent as possible

**Do you agree that the City & County of Swansea should redesign its Short Term Reablement Service?**

- Yes
- No
- Don't know

**If we did redesign the Short Term Reablement Service, how would this impact you?**

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

**Is there anything else that we should take into consideration regarding a decision to redesign our Short Term Reablement Services in Swansea?**

**You may use this space to provide any concerns or suggestions that you may have in relation to the Short Term Reablement Service in Swansea.**

## **Category 2: Long Term Domiciliary Care Services**

### Preferred Option B - Redesign the Long Term Domiciliary Care service

**Do you agree that the City & County of Swansea should redesign its Long Term Domiciliary Care Services?**

- Yes
- No
- Don't know

**If we did redesign our Long Term Domiciliary Care Services how would this impact you?**

**Is there anything else that we should take into consideration regarding our decision to redesign our Long Term Domiciliary Care Services in Swansea?**

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

**You may use this space to provide any concerns or suggestions that you may have in relation to our existing Long Term Services or the proposed Rapid Response and/or Specialist Dementia Services in Swansea.**

**Category 3: Who should deliver domiciliary care services on behalf of the City & County of Swansea?**

Preferred Option A - Mixed provider model with certain organisations delivering specific services

**Do you agree that the City & County of Swansea should continue to have a mixed provider base with certain organisations delivering specific services?**

- Yes
- No
- Don't know

**If we did proceed with this option, how would it impact you?**

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

**Is there anything else that we should take into consideration regarding our decision on who should deliver our domiciliary care services in Swansea?**

**You may use this space to provide any concerns or suggestions that you may have in relation to who delivers our domiciliary care services in Swansea.**

**Category 4: How domiciliary care services in Swansea should be organised**

Preferred Option C - Contract geographically for Respite At Home/Sitting and Long Term Maintenance Services and county-wide for Short Term Reablement and Complex Care Services

**Do you agree that the City & County of Swansea should have contracts for Respite at Home/Sitting and Long Term Maintenance domiciliary care services for specific areas of the County, whilst contracting for Short Term Reablement and Long Term Complex Care Services county-wide?**

- Yes
- No
- Don't know

**If we did proceed with contracting with providers in this way, how would this impact you?**

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

**Is there anything else that we should take into consideration regarding our decision on how we organise the delivery of our domiciliary care services in Swansea?**

**You may use this space to provide any concerns or suggestions that you may have in relation to how we organise the delivery of our domiciliary care services in Swansea.**

**Do you have any other comments about any of the proposed options?**

**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

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

Prefer not to say



**Appendix 6: Domiciliary Care Consultation Questionnaire:**

**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  |

**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?**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> No religion/belief  | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh   |

**Appendix 6: Domiciliary Care Consultation Questionnaire:**

Hindu

Prefer not to say

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

Yes

Prefer not to say

No

**Can you understand, speak, read or write Welsh?**

Please mark all that apply

Understand spoken Welsh

Learning Welsh

Speak Welsh

None of these

Read Welsh

Prefer not to say

Write Welsh

**Which languages do you use from day-to-day**

English

Other (please write in)

Welsh

Prefer not to say

British Sign Language

**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."

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.**