

Daytime Activities, Shared Lives and Short Breaks services survey - *For carers*

Overview

This survey asks people who use services and their carers to tell us what they think. The services that we want to hear about in this survey are:

- Daytime Activities
- Shared Lives
- Short Breaks (residential replacement care)

We have set up groups to look at:

- how services are working now
- what people need now and in the future
- where support is missing

These services are for adults who may need support. This includes people with learning disabilities, autistic people, and others who may benefit from these services, even if they do not have a diagnosis.

When this work is finished, it will help us decide how to plan and improve services in the future.

We want to make services better. Your answers will help us improve daytime activities, Shared Lives, and short breaks.

You can ask someone to help you fill this in.

Summary of services

What are Daytime Activities?

Daytime activities are things people do during the day. These can include:

- Going to groups
- Learning new skills
- Work experience
- Activities in the community

Shared Lives

Shared Lives is a type of care that puts the person first.

Adults with disabilities or support needs:

- Live with a trained carer, or
- Get support from a carer

This happens in the carer's family home. It is similar to adult fostering.

What support is offered?

Shared Lives can help people:

- With daily tasks
- Learn new skills
- Be part of their community

Why choose Shared Lives?

It offers a family-style home and support

Residential Replacement Care (Short breaks)

This service gives carers a short break.

The person being cared for:

- Stays in a residential setting (like a care home)
- Gets support in a safe place

This is for a short time.

Why is it used?

- So the usual carer can rest
- So the carer can take time off

The person:

- Continues to be looked after
- Gets the support they need

About this survey

- This survey is anonymous.
 - We will not ask for your name.
 - We will not collect information that shows who you are.
- We will keep your information private.
 - We will look after your answers carefully.
- Your answers will help us
 - Improve services.
- Taking part is your choice.
 - You do not have to answer every question.
 - You can skip any question you do not want to answer

Data protection

This questionnaire and the information we collect will be used for the purposes of evidence-based decision making on daytime activities and shared lives services. We are committed to the principles of the Data Protection Act 2018 and UK General Data Protection Regulations.

By continuing to complete this questionnaire and submitting your responses, you are consenting to us processing this data.

This will be used to make decisions in a public forum, and the results will be published online, and anonymous data may be accessed by third parties to validate the results of the survey.

We will only retain the data collected for as long as is necessary and, after the period determined by our Data Protection Officer, this data will be destroyed in accordance with our IT and Information Security Procedures.

Please refer to our [data privacy notice](https://www.slough.gov.uk/data-protection-foi/privacy-notice) for further details on how we protect your privacy.
<https://www.slough.gov.uk/data-protection-foi/privacy-notice>

If you have any concerns or questions about how we look after your personal information, please email DataProtectionOfficer@slough.gov.uk

About the person you care for

Your answers will help us improve services.

Taking part is your choice.

- You do not have to answer every question.
- You can skip any question you do not want to answer

23 What is their primary support need - *Please select all that apply*

- Learning disability or difficulty
- Autism
- Physical disability
- Mental health need
- Other

If other, please specify (e.g. Dementia, Long standing illness, sight or hearing loss, alcohol or drug dependency)

24 What communication needs does the person you care for have?

Please select all that apply

- None
- Easy Read
- Makaton/BSL
- Interpreter
- Communication aid
- Other

If you selected other, please specify

25 Level of support needs - the number of hours of unpaid and paid care provided during a typical week - *Please select only one item*

- Low (0-19 hours per week)
- Moderate (20-49 hours per week)
- High (50+ hours per week)
- Unsure

26 Living situation of the person you care for - *Please select only one item*

- Lives with family
- Lives independently
- Supported living
- Residential care
- Shared lives
- Other

If you selected "other", please specify:

27 What age is the person you care for? *Please select only one item*

- 0-17
- 18-24
- 25-39
- 40-49
- 50-59
- 60-69
- 70 and over
- Prefer not to say

28 What the ethnicity of the person you care for? *Please select only one item*

- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Sikh
- Asian or Asian British: Sri Lankan
- Asian or Asian British: Any other Asian background (please specify)

- Black or Black British: African
- Black or Black British: Caribbean
- Black or Black British: Somali
- Black or Black British: Any other Black background (please specify)
- Mixed or Multiple: White and Asian
- Mixed or Multiple: White and Black African
- Mixed or Multiple: White and Black Caribbean
- Mixed or Multiple: Any other Mixed or Multiple background (please specify)
- Other ethnic group: Arab
- Other ethnic group (please specify)
- White: British
- White: Irish
- White: Polish
- White: Romanian
- White: Any other White background (please specify)
- Prefer not to say

If you selected “other”, please specify:

29 What is the religion, faith, or belief of the person you care for?

Please select only one item

- Buddhist
- Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify)
- None
- Prefer not to say

If you selected “other”, please specify:

About you (carers)

30 What is your relationship to the person you care for

Please select only one item

- Parent
- Sibling
- Partner
- Other family member
- Friend
- Other

If you selected other, please specify

31 How long have you been looking after or helping the person you care for?

Please select only one item

- Less than 6 months
- Over 6 months but less than a year
- Over 1 year but less than 3 years
- Over 3 years but less than 5 years
- Over 5 years but less than 10 years
- Over 10 years but less than 15 years
- Over 15 years but less than 20 years
- 20 years or more

32 Have you had a Carer's Assessment from Adult Social Care?

Please select only one item

- Yes
- No
- Not sure

33 Have you received any support from Adult Social Care as a Carer?

Please select only one item

- Yes
- No
- Not sure

34 What is your age - *Please select only one item*

- 0 – 17
- 18 – 24
- 25 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70 and over
- Prefer not to say

35 What is your ethnicity - *Please select only one item*

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- White: Polish
- White: Romanian
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If you selected other please specify

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- Buddhist
- Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other (please specify)
- None
- Prefer not to say

If you selected other, please specify

The services the person you care for uses

37 What services do you use? - *Please select all that apply*

- Daytime Activities
- Shared Lives
- Residential Replacement Care (short breaks)
- Other

If you selected other, please specify

38 How long have you been using these services? *Please select only one item*

- Less than 6 months
- 6–12 months
- 1–3 years
- Over 3 years

Overall experience

39 How well do services support the person you care for?

Please select only one item

- To a great extent
- To some extent
- To a limited extent
- Not at all
- Don't know

40 Is there anything services that provide support could do better?

41 How well do services help the person you care for to live the life they want, including meeting their needs and achieving their goals?

For example: increasing independence, social inclusion, health and wellbeing

Do services support the person to live the life they want?

42 What works well?

43 What improvements are needed for you as a carer, to enable the person you care for to access these services?

For example: What services are not available that you would like to access? What other support or services would you like to have access to?

Access and flexibility

44 Are there any barriers that prevent people that you care for accessing services?

Please select all that apply

- Travel or transport
- Cost
- Levels of need not being met
- Waiting lists
- Eligibility

- Facilities available at the service
- Other

If you selected other or want to add more to your answer please describe

45 What would improve access to services for you?

Please select all that apply

- Time of services
- Location of services
- Reasonable adjustments to enable participation
- Other

If you selected other or would like to add more to your answer please specify:

Return completed surveys to Observatory House – J Wadham, Commissioning Team, Adult Social Care or email to BeInvolved@slough.gov.uk