

Part 1 - About you

1. Personal details

Date of Birth :

Gender : (Please tick one box)

Male Female

Name of your local council

2. What is your ethnic group? (Please tick one box)

White

British Irish Any other White background

Black or Black British

Caribbean African Any other Black background

Asian or Asian British

Indian Bangladeshi
Pakistani Any other Asian background

Mixed

White and Black Caribbean White and Asian
White and Black African Any other mixed background

Chinese and other ethnic group

Chinese Other

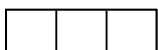
3. What are the major needs that you need help with? Please write '1' in the box next to your most important need. If you have another need you want to mention, please write '2' in another box.

Physical impairment Sensory impairment

Learning disability Visual impairment

Older person Mental health condition

Other need please state your "other need"



4. If you receive any help to deal with these needs, how do you get it? Please tick all that apply to you.

- a) The local council pays for support services
- b) The NHS pays for support services
- c) The local council gives me a direct payment to pay for support
- d) The local council gives me a personal budget/individual budget
- e) The local council pays for support services, but I am charged for some things
- f) I pay for support myself
- g) My family or friends pay for support
- h) People support me, but they are not paid to do this
- i) Someone else pays for the support I use
- j) I don't know who pays for the support I use

5. Your local council might have given you a "needs assessment" or a "Community care assessment". If they did, what level of eligibility did your local council say you have? (Please tick one box)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Critical | Substantial | Moderate | Low | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. What is important for you to achieve in your life? Please tick the three that are most important to you.

- a) Health and well-being
- b) Making a positive contribution to your local community
- c) Freedom from discrimination and harassment
- d) Economic well being
- e) Quality of life
- f) Choice and control over what you do in your life
- g) Personal dignity and respect
- h) Anything else. Please write in

**7. How happy are you with each of these aspect of your life at the moment?
(Please tick one box per questions a-h)**

	Very happy	Happy	Neither happy nor unhappy	Unhappy	Very unhappy
a) Health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Making a positive contribution to your local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Freedom from discrimination and harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Economic well being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Choice and control over what you do in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Personal dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anything else please write in

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**8. Please look at this list of areas in your life. Can you tick each area of your
life that you really want to change in the next year?**

- | | |
|---|---|
| <input type="checkbox"/> a) The home I live in | <input type="checkbox"/> k) Holidays |
| <input type="checkbox"/> b) The neighbourhood I live in | <input type="checkbox"/> l) Relationships with my family |
| <input type="checkbox"/> c) Who I live with | <input type="checkbox"/> m) Close relationships |
| <input type="checkbox"/> d) The money I get | <input type="checkbox"/> n) Relationships with friends |
| <input type="checkbox"/> e) What I do during the weekdays | <input type="checkbox"/> o) My physical health |
| <input type="checkbox"/> f) Paid work | <input type="checkbox"/> p) My mental health |
| <input type="checkbox"/> g) Volunteering | <input type="checkbox"/> q) The control I have over my life |
| <input type="checkbox"/> h) Helping my local community | <input type="checkbox"/> r) Who supports me to do things |
| <input type="checkbox"/> i) What I do in the evenings | <input type="checkbox"/> s) Something else important |
| <input type="checkbox"/> j) What I do at weekends | Please write in |

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9. What specific things would allow you to make these changes? Please tick as many as you would like.

- a) I would like more control over what assistance I get
- b) Less bureaucracy
- c) Improved transport
- d) More help from the council to let me do things with other people
- e) More face to face help and advice
- f) More information about things I can do
- g) Knowing who I can speak to if I need something urgently
- h) Help with planning my support from other people that have the same difficulties as me
- i) Other. Please write in

What you use

In the next section, we will ask some questions about what services you use at the moment and how that might change in the future.

If you pay for your own care or support or have help paid for by someone else please answer **part 2**.

If you receive some services paid for by the local council but not a personal budget or direct payment please answer **part 3**.

If you have a personal budget or a direct payment from your local council please answer **part 4**.

Part 2 - You arrange your own support

10. What services and assistance do you use at the moment? Please tick as many as you would like

- | | |
|--|---|
| <input type="checkbox"/> a) Short term breaks in a registered home | <input type="checkbox"/> h) Education or training |
| <input type="checkbox"/> b) Leisure activities | <input type="checkbox"/> i) Holidays |
| <input type="checkbox"/> c) Public transport or taxis | <input type="checkbox"/> j) Adaptations in your home |
| <input type="checkbox"/> d) Day care | <input type="checkbox"/> k) I live in a residential/care home |
| <input type="checkbox"/> e) Someone to help in your house | <input type="checkbox"/> l) Personal assistants/home carer |
| <input type="checkbox"/> f) Family members to help | <input type="checkbox"/> m) Friends to help |
| <input type="checkbox"/> g) Things provided by the NHS | |

Please write in anything else

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11. If you had greater choice and more options over what services and assistance you use, would you change what you get? (Please tick one box)

- | | |
|---------------------------------|--------------------------|
| No, I would not change anything | <input type="checkbox"/> |
| Yes, I would change a little | <input type="checkbox"/> |
| Yes, I would change a lot | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Now please go to part 5

Part 3- You get some help paid for by the local council but not a personal budget or direct payment

12. What services (if any) do you use now? Please tick all that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> a) Short term breaks in a registered home | <input type="checkbox"/> g) Education or training |
| <input type="checkbox"/> b) Leisure activities | <input type="checkbox"/> h) Holidays |
| <input type="checkbox"/> c) Public transport or taxis | <input type="checkbox"/> i) A car |
| <input type="checkbox"/> d) I use day care | <input type="checkbox"/> j) I live in a residential/care home |
| <input type="checkbox"/> e) Someone to help in your house | <input type="checkbox"/> k) Personal assistants/home carer |
| <input type="checkbox"/> f) Family members to help | <input type="checkbox"/> l) Friends to help |

Other. Please list

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By 2011, your local council will offer everyone a personal budget to those who want it. A personal budget is a single budget you can use to buy your services of your choice that will improve your life.

13. How much do you feel you know about personal budgets? (Please tick one box)

- | | |
|--|--------------------------|
| Nothing at all | <input type="checkbox"/> |
| I know very little about personal budgets | <input type="checkbox"/> |
| I know something about personal | <input type="checkbox"/> |
| I am confident I know about personal budgets | <input type="checkbox"/> |

14. If you had a personal budget, and you could spend the money on anything that would help you in life, do you think you would change the support you have? (Please tick one box)

- | | |
|--------------------------------------|--------------------------|
| I would not change my support at all | <input type="checkbox"/> |
| I would change my support a little | <input type="checkbox"/> |
| I would change my support a lot | <input type="checkbox"/> |
| I would completely change my support | <input type="checkbox"/> |

15. If you were given a personal budget, what would you want to spend it on? Please tick all that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> a) Short term breaks in a registered home | <input type="checkbox"/> g) Education or training |
| <input type="checkbox"/> b) Leisure activities | <input type="checkbox"/> h) Holidays |
| <input type="checkbox"/> c) Public transport or taxis | <input type="checkbox"/> i) A car |
| <input type="checkbox"/> d) Day care | <input type="checkbox"/> j) Care home (residential, nursing home) |
| <input type="checkbox"/> e) Someone to help in your house | <input type="checkbox"/> k) Personal assistants/home carer |
| <input type="checkbox"/> f) Family members to help | <input type="checkbox"/> l) Friends to help |

Please write in anything else that you might spend your money on

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16. What help might you need if you were given a personal budget and asked to organise your own care? Please tick all that apply to you.

- a) I would not need any help
- b) I would need help managing the money
- c) I would need help knowing what sort of things I could spend my money on
- d) I would need help knowing how much things cost
- e) I would need help to spend the money

Other (please say)

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Now please go to part 5

Part 4 - If you use a personal budget, or a direct payment, please answer these questions.

17. If you have a personal budget, how do you manage it? (Please tick one box)

- A direct payment (money from the council paid into your account)
- An indirect payment (money from the council held for you by another person like a friend, relative or service broker)
- An individual service fund (money held on your behalf by a support provider)
- A council-held budget (money the council spends in ways you tell them to)

18. How long have you been using your personal budget or direct payment? (Please tick one box)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Less than 1 month | 1 month to 6 months | 6 months to 1 year | 1 year to 3 years | More than 3 years |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19. Has your local council made it easier for you to: (Please tick one box per question)

- | | Yes | Not sure | No |
|---------------------------------------|--------------------------|--------------------------|--------------------------|
| 19a. Find out about personal budgets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19b. Do the self-assessment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19c. Get control over the money? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19d. Plan the support you want? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19e. Get the support you want? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. What do you spend your money on? Please tick all that apply to you.

- | | |
|--|--|
| <input type="checkbox"/> a) Short term breaks in a registered home | <input type="checkbox"/> g) Education or training |
| <input type="checkbox"/> b) Leisure activities | <input type="checkbox"/> h) Holidays |
| <input type="checkbox"/> c) Public transport or taxis | <input type="checkbox"/> i) A car |
| <input type="checkbox"/> d) Day care | <input type="checkbox"/> j) Residential/Care home) |
| <input type="checkbox"/> e) Someone to help in your house | <input type="checkbox"/> k) Personal assistants/home carer |
| <input type="checkbox"/> f) Family members to help | <input type="checkbox"/> l) Friends to help |

Please write what activities these people help you with

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Please write in anything else that your personal budget is spent on

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21. Since your personal budget or direct payment started, have you changed the things you use? (Please tick one box)

- No, I have not changed my support at all
- Yes, I have changed my support a little
- Yes, I have changed my support a lot
- Yes, I have completely changed my support

22. What support did you use before your personal budget or direct payment? Please tick all that apply to you.

- a) Short term breaks in a registered home
- b) Leisure activities
- c) Public transport or taxis
- d) Day care
- e) Someone to help in your house
- f) Family members to help
- g) Education or training
- h) Holidays
- i) A car
- j) Residential/Care home)
- k) Personal assistants/home carer
- l) Friends to help

Please write what activities these people help you with

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Please write in anything else

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23. Are there other things that you would like to spend your money on but haven't been able to? Please write in

1.

2.

3.

Why is this?

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24. In organising your personal budget, what has gone well and what needs to be done better (Please write in)

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Part 5 - These final questions are for everyone

25. How did you answer the questions? (Please tick one box)

- I answered the questions myself
- I answered the questions with help from someone else
- Someone else mainly answered the questions

26. Is there anything else you want to tell us?

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27. Additional questions (Please tick one box per question)

- | | Yes | No |
|---|--------------------------|--------------------------|
| 27a. Have you heard of Help direct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27b. Have you heard of Telecare? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27c. Have you been the victim of a disability hate crime? | <input type="checkbox"/> | <input type="checkbox"/> |

28. If there are any aspects of your service, or anything else, that you are really unhappy with and would like to talk to someone about it, please write in your name and contact details below and someone will get in touch with you.

Name:

Address:.....

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Telephone number:

What are you unhappy about with your support?

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You have finished! Thank you for taking the time to answer our survey.

