## Floating support consultation 2016



Lancashire County Council is required to make savings of £262m by 2020/21. This extremely difficult financial position is the result of continued cuts in Government funding, rising costs and rising demand for our key services.

Lancashire County Council currently provides all of the funding which is used to deliver the county wide floating support service. As part of the savings, the county council is proposing to stop funding the floating support service by March 2017.

Floating support is a free service which provides short-term visiting support to people with problems that are linked to housing.

Although we are not yet clear what this will mean for the floating support service run by Calico, there is a possibility for any or some of the following to take place:

- The service ends
- The service continues with major changes (eg reduction in number of staff, new types of support services)
- The **service continues with little change** as the provider has managed to obtain other funding (eg from charities not Supporting People)

Calico are aware of the proposal to end funding for the floating support service. They are currently looking into how they can continue to deliver valuable services if the funding from Lancashire County Council is withdrawn and they will be consulting with users of the service during 2016 once the funding situation is finalised.

As the floating support service only delivers short-term support this proposal might not affect you directly. However, it could affect other people who may need to use this service after March 2017.

We need to understand what might happen if the funding for the floating support service ends. Therefore we would be grateful if you could complete this short survey to share your views and concerns.

You can answer all the questions or just the ones that you are concerned about.

Please complete this questionnaire only if you are currently receiving the floating support service provided by Calico or if you received the floating support service in the past when it may have been provided by Calico or Disc.



This consultation can be completed online at **www.lancashire.gov.uk/haveyoursay**. However, if you would prefer to complete a paper copy then:

- 1. Please read the instructions carefully and use blue or black pen to fill in the questionnaire.
- 2. Please check you have answered all the questions you want to.
- 3. Return your completed questionnaire in the pre-paid envelope by 10 July 2016.

## Your use of floating support

|   | Do you receive or have you received support with the following? PLEASE TICK AS MANY AS APPLY |  |  |  |  |
|---|--|--|--|--|--|
|   | Support to find, set up and maintain your home   |  |  |  |  |
|   | Support to develop domestic/social and life skills   |  |  |  |  |
|   | Support to learn to budget properly and pay bills  |  |  |  |  |
|   | Support to claim the right benefits  |  |  |  |  |
| - | Support to improve physical health (eg accessing GP, dentist, healthy eating, exercise)      |  |  |  |  |
| _ | Support to improve mental health   |  |  |  |  |
|   | Support to address substance misuse issues   |  |  |  |  |
|   | Support to build and maintain relationships with family and friends                          |  |  |  |  |
|   | Support to access community facilities (eg leisure, cultural)                                |  |  |  |  |
|   | Support to get a job   |  |  |  |  |
| - | Support to access training and education   |  |  |  |  |
|   | Support with managing a short-term personal crisis   |  |  |  |  |
|   | Support to keep you safe and to avoid harm caused by others                                  |  |  |  |  |
|   |  |  |  |  |  |

## How important are the following aspects of the service to you? PLEASE TICK ONE OPTION ONLY FOR EACH ASPECT OF THE SERVICE

|   | Very<br>important | Fairly<br>important | Not very important | Not at all important | Don't<br>know/<br>unsure | Don't receive |
|---|-------------------|---------------------|--------------------|----------------------|--------------------------|---------------|
| Support to find, set up and maintain your   |                   |                     |                    |                      |                          |               |
| Support to develop domestic/social and life skills                                      |                   |                     |                    |                      |                          |               |
| Support to learn to budget properly and pay   |                   |                     |                    |                      |                          |               |
| Support to claim the right benefits   |                   |                     |                    |                      |                          |               |
| Support to improve physical health (eg accessing GP, dentist, healthy eating, exercise) |                   |                     |                    |                      |                          |               |
| Support to improve mental health  |                   |                     |                    |                      |                          |               |
| Support to address substance misuse issues  |                   |                     |                    |                      |                          |               |
| Support to build and maintain relationships with family and friends                     |                   |                     |                    |                      |                          |               |
| Support to access community facilities (eg leisure, cultural)                           |                   |                     |                    |                      |                          |               |
| Support to get a job  |                   |                     |                    |                      |                          |               |
| Support to access training and education  |                   |                     |                    |                      |                          |               |
| Support with managing a short-term personal crisis                                      |                   |                     |                    |                      |                          |               |
| Support to keep you safe and to avoid harm caused by others                             |                   |                     |                    |                      |                          |               |

| If this service ended, what do you think that people who need this type of service would do in the future? PLEASE TICK AS MANY AS APPLY |  |  |  |  |  |
|---|--|--|--|--|--|
| Seek help about housing from their local district council   |  |  |  |  |  |
| Seek help about housing from their landlord   |  |  |  |  |  |
| Seek help about care from Lancashire<br>County Council (Social Services)  |  |  |  |  |  |
| Seek help from Citizen Advice Bureau or another advice agency   |  |  |  |  |  |
| Seek help from the police   |  |  |  |  |  |
| Seek help from family/friends   |  |  |  |  |  |
| Stay in unsafe/inappropriate accommodation  |  |  |  |  |  |
| Sleep on the streets/homeless   |  |  |  |  |  |
| Unsure/don't know   |  |  |  |  |  |
| Other (please write in below)   |  |  |  |  |  |
|   |  |  |  |  |  |
| Please provide any further feedback or comments about how the proposal will affect you in the box below.                                |  |  |  |  |  |
|   |  |  |  |  |  |
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|  | What is the name of your floating support prove PLEASE WRITE IN THE BOX BELOW                     | rider? |  |  |
|--|---|--------|--|--|
| About you  To ensure that we meet the needs of all residents, it is important that we ask you a few questions about yourself. As with all the questions your answers will be completely confidential. However, if you do not wish to answer a question, please leave it blank and go on to the next one. |   |        |  |  |
| 6  | Are you? PLEASE TICK ONE OPTION ONLY  Male  Female  |        |  |  |
| 7  | Have you ever identified as transgender? Trans who lives, or wants to live, fulltime in the gende |        |  |  |
|  | they were assigned at birth. PLEASE TICK ONE OPTION ONLY  Yes  No  Prefer not to say              |        |  |  |
| 8  | PLEASE TICK ONE OPTION ONLY  Yes  No  |        |  |  |

| The Equality Act 2010 defines a disabled per a physical or mental impairment which has a |                   |  |  |  |  |
|--|-------------------|--|--|--|--|
| Ye   | s 🗍               |  |  |  |  |
| N  | 。                 |  |  |  |  |
|  |                   |  |  |  |  |
|  |                   |  |  |  |  |
| Are there any children or young people in younder 20? PLEASE TICK AS MANY AS APPLY       | ur household aged |  |  |  |  |
| No, but expectin   | g                 |  |  |  |  |
| Yes, aged under  | 5                 |  |  |  |  |
| Yes, aged 5-   | 8 🗌               |  |  |  |  |
| Yes, aged 9-1  | 1 🗌               |  |  |  |  |
| Yes, aged 12-1   | 6                 |  |  |  |  |
| Yes, aged 17-1   | 9 🗌               |  |  |  |  |
| No children aged under 2   | 0 🗌               |  |  |  |  |
|  |                   |  |  |  |  |
| Are there any young people with a disability aged 20-25? PLEASE TICK ONE OPTION ONLY     | in your household |  |  |  |  |
| Ye   | s 🔲               |  |  |  |  |
| N  | o 🗌               |  |  |  |  |
|  |                   |  |  |  |  |

| Which best describes your ethnic background? PLEASE TICK ONE OPTION ONLY   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| White  | Asian or Asian British                   |  |  |  |  |  |
| English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other white background Black or Black British | Indian Pakistani Bangladeshi             |  |  |  |  |  |
| Caribbean African Other  | White and Black African  White and Asian |  |  |  |  |  |
| Arab   |  |  |  |  |  |  |
| Any other ethnic group (write in below   | w)                                       |  |  |  |  |  |
| What is your religion? PLEASE TICK ONE OPTION ONLY   |  |  |  |  |  |  |
| No religion Christian (including CofE, Catholic, Protestant and all other denominations)                                       | Hindu  Jewish  Muslim                    |  |  |  |  |  |
| Buddhist   | Sikh Any other religion                  |  |  |  |  |  |
| Are you in a marriage or civil partnership? PLEASE TICK ONE OPTION ONLY  |  |  |  |  |  |  |
|  | Marriage Civil partnership               |  |  |  |  |  |

| How would you describe your PLEASE TICK ONE OPTION ONLY         | sexu | al orientation?   |                   |  |
|---|------|-------------------|-------------------|--|
| Straight (heterosexual)   |      | Lesb              |                   |  |
| Bisexual  |      | Other             |                   |  |
| Gay man   |      | Prefer not to say |                   |  |
| Cuy mun   |      | '                 | refer flot to say |  |
|   |      |                   |                   |  |
| 16 In which district do you live in PLEASE TICK ONE OPTION ONLY | Lanc | ashire?           |                   |  |
|   |      | Burnley           |                   |  |
|   |      | Chorley           |                   |  |
|   |      | Fylde             |                   |  |
|   |      | Hyndburn          |                   |  |
|   |      | Lancaster         |                   |  |
|   |      | Pendle            |                   |  |
|   |      | Preston           |                   |  |
|   |      | Ribble Valley     |                   |  |
|   |      | Rossendale        |                   |  |
|   |      | South Ribble      |                   |  |
|   | ١    | West Lancashire   |                   |  |
|   |      | Wyre              |                   |  |
|   | Do   | on't know/unsure  |                   |  |
|   |      |                   |                   |  |
|   |      |                   |                   |  |
| What is your postcode? PLEASE WRITE IN                          |      |                   |                   |  |
|   |      |                   |                   |  |