Short term supported accommodation consultation 2016



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

As part of the savings, the county council is proposing to stop funding for the support within short term supported accommodation services from 31 March 2017, with the exception of funding for some services for young people who the county council have a legal duty to help.

Although we don't know what this will mean for each service, there is a possibility for any or some of the following to take place:

- the service closes;
- the service continues with major changes (eg reduction in number of staff); or
- the **service continues with little change** as your provider has managed to obtain other funding (eg from charities not Supporting People)

People usually stay in short-term supported accommodation for about six to nine months. Consequently this proposal would be unlikely to directly affect you. However, it could impact on other people who may use this service after March 2017.

This questionnaire will help us understand: more about the service you currently receive; how important the service is to you; and your thoughts about how the proposals could affect people who need services in the future.

Your views and comments will be fed back to the county council's cabinet

You can answer all the questions or just the ones that you are concerned about. If you feel that you need some support to help you understand or respond to this questionnaire, please contact your provider who can support you directly or can help you find an advocacy service in your area.

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.
- Return your completed questionnaire in the pre-paid envelope by 17 July 2016. You don't need to put a stamp on the envelope.

Your support needs

	Do you receive or have you received support with the following? PLEASE TICK AS MANY AS APPLY					
	Support to 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 keep you safe and to avoid harm caused by others					
	Support to get a job					
	Support to access training and education					

2	How important are the following aspects of the service to you? PLEASE TICK ONE OPTION ONLY FOR EACH ASPECT OF THE SERVICE						
	-	Very important	Fairly important	Not very important	Not at all important	Don't know/ unsure	Don't receive
	Accommodation						
	Dedicated support team within the accommodation/project						
	Support to 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 family and friends relationships						
	Support to access community facilities (eg leisure, cultural)						
	Support to keep you safe and to avoid harm caused by others						
-	Support to get a job Support to access training and education						

3	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 the District Council (Housing)					
	Seek help about care from Lancashire County Council (Social Services)					
	Seek help from CAB (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					
	Other (please write in below)					

 Please provide any further feedback or comments about how the proposal will affect you in the box below.

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.

5	What is the name of your service? PLEASE WRITE IN THE BOX BELOW		
6	What is the name of your provider? PLEASE WRITE IN THE BOX BELOW		
7	What type of service do you currently live in or dic PLEASE TICK ONE OPTION ONLY	l you live in?	
	Refuge		
	Supported accommodation for young people		
	Supported accommodation for single people who are homeless		
	Supported accommodation for homeless families		
	Supported accommodation for people with a history of offending		
	Supported accommodation for teenage parents		
	Supported accommodation for people with substance misuse issues		
	Supported accommodation for people who are homeless (families, single people and young people)		
8	Are you?		

8	Are you? PLEASE TICK ONE OPTION ONLY		
		Male	
		Female	

9	Have you ever identified as transgender? Transgender is someone who lives, or wants to live, fulltime in the gender opposite to that they were assigned at birth. PLEASE TICK ONE OPTION ONLY					
	Yes No					
	Prefer not to say					
40	What was your age on your last birthday?					
10	PLEASE TICK ONE OPTION ONLY					
	16-17 18-21 22-25 26-34 35-49 50-64 65-74 75+					
11	Are you a deaf person or do you have a disability? The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. PLEASE TICK ONE OPTION ONLY Yes No					
12	Are there any children or young people in your household aged under 20?PLEASE TICK AS MANY AS APPLYNo children aged Yes, aged Yes, aged Yes, aged Yes, aged 12-16No, but expectingYes, aged Yes, aged 9-11Image: Second S					
13 Are there any young people with a disability in your household aged 20-25? PLEASE TICK ONE OPTION ONLY Yes No No						

14 Which best describes your et PLEASE TICK ONE OPTION ONLY White English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Any other white background Black or Black British Caribbean African Other Any other ethnic group (write in below	ackground? Asian or Asian British Indian Pakistani Bangladeshi Chinese Mixed White and Black Caribbean White and Black African White and Asian	
15 What is your religion? PLEASE TICK ONE OPTION ONLY		
No religion	Hindu	
Christian (including CofE, Catholic, Protestant and all other denominations)	Jewish Muslim	
Buddhist	Sikh Any other religion	

Marriage
Civil partnership
Prefer not to say
None of these

17	7 How would you describe your sexual orientation? PLEASE TICK ONE OPTION ONLY				
	Straight (heterosexual)		Lesbian/gay woman		
	Bisexual		Other		
	Gay man		Prefer not to say		

18 In which district do you live in Lancashire? PLEASE TICK ONE OPTION ONLY	
Burnley	
Chorley	
Fylde	
Hyndburn	
Lancaster	
Pendle	
Preston	
Ribble Valley	
Rossendale	
South Ribble	
West Lancashire	
Wyre	
Don't know	
10 What is your postcode?	

PLEASE WRITE IN

Thank you for taking part. Please return your completed questionnaire in the pre-paid envelope provided by 17 July 2016.