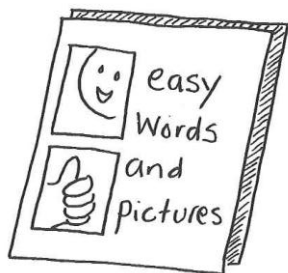


# Consultation about the way we buy care services for people aged between 18 and 64 years.

**Monday 22 December 2014 to  
Saturday 31 January 2015**



**Easy Read  
Consultation Questionnaire**

# Our ideas to improve the way the Council arranges and buys care services for younger adults.

Please refer to the easy read consultation document to help you answer the questions.



1. Do you think that organisations providing care should be registered on a Framework Agreement, so that all care organisations have the same contract that says what they have to do?

Yes  No  Don't Know



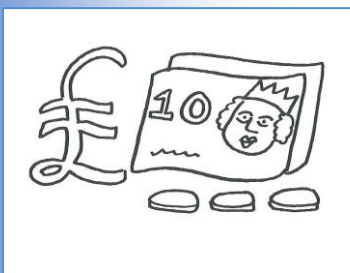
2. Do you think that Birmingham City Council is right to concentrate on the person's outcomes when buying care services for younger adults?

Yes  No  Don't Know



3. Do you think that Birmingham City Council should use a care organisation's quality score as part of the way it decides to buy care services for younger adults?

Yes  No  Don't Know



4. Do you think that Birmingham City Council should make sure that it gets value for money when buying care services for younger adults?

Yes  No  Don't Know



**5. Do you think that a new micro-procurement process would be an easier way to understand how the Council buys care services for younger adults?**

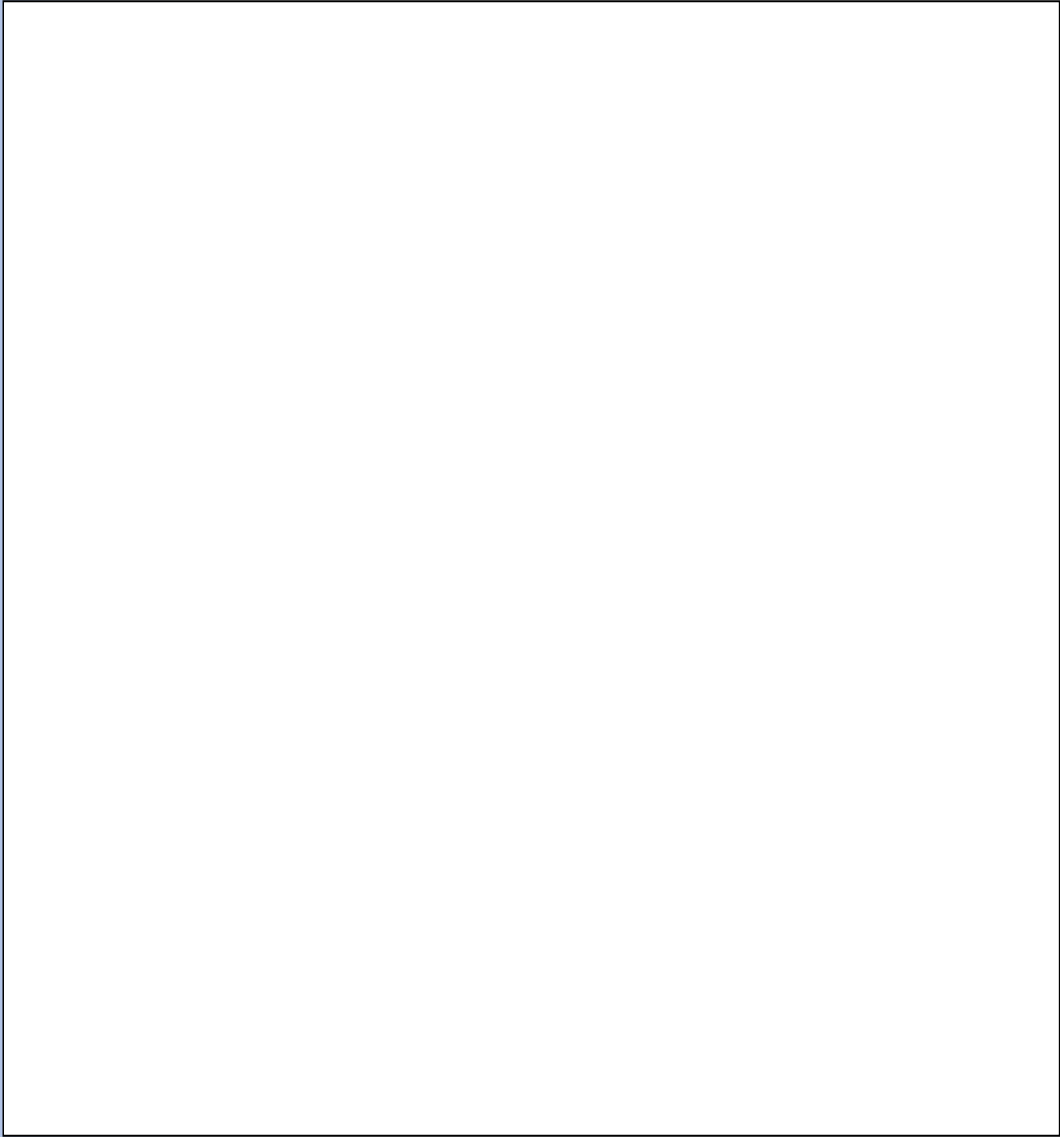
**Yes**

**No**

**Don't Know**

**6. How do you think our idea of a new Framework Agreement and micro-procurement process might affect you?**

**7. Do you have any other comments about our ideas?**

A large, empty rectangular box with a thin black border, intended for the user to provide their comments on the ideas presented.

## Part 2: About you

We would like you to tell us something about you.

You do not have to tell us if you do not want to, but if you do, it will help us to plan our services.

### Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law.

You can see more information about data protection on our website at:

[www.birmingham.gov.uk/privacy](http://www.birmingham.gov.uk/privacy)

### 1. What best describes your interest in this consultation?

Please tick  one of the boxes

- A paid carer who looks after a younger adult
- A family member or unpaid carer of a younger adult
- A younger adult
- A care provider for younger adults
- Other – please state

### 2. How old are you? My age group is: Please tick one of the boxes

- |                                      |                                  |                                  |
|--------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 17 or under | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 65 - 69 |
| <input type="checkbox"/> 18 - 19     | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 70 - 74 |
| <input type="checkbox"/> 20 - 24     | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 75 - 79 |
| <input type="checkbox"/> 25 - 29     | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 80 - 84 |
| <input type="checkbox"/> 30 - 34     | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 85+     |
| <input type="checkbox"/> 35 - 39     |                                  |                                  |

**3. What gender are you?** Please tick  one of the boxes

Male

Female

**4. Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?** Please tick  one of the boxes

Yes

No

Prefer not to say

**4a. If yes, do any of these conditions or illnesses affect you in any of the following areas?** Please tick  all that apply

Vision (e.g. blindness or partial sight)

Hearing (e.g. deafness or partial hearing)

Mobility (e.g. walking short distances or climbing stairs)

Dexterity (e.g. lifting and carrying objects, using a keyboard)

Learning or understanding or concentrating

Memory

Mental Health

Stamina or breathing or fatigue

Socially or behaviourally (e.g. associated with autism, attention deficit disorder or Asperger's syndrome)

Other – please state

**5. What is your ethnic group?** Please tick  one of the boxes

White: English/ Welsh/ Scottish/ Northern Irish/ British

Any other white background

Mixed/ multiple ethnic groups

Asian/ Asian British

Black African/ Caribbean/ Black British

Indian Sikh

Jewish

Other ethnic group

**6. What is your religion or belief?** Please tick  one of the boxes

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion

## How can you take part in this consultation?

We want to know what you think of our proposal.

Please return the questionnaire in the pre-paid envelope provided.

**Write to:** Younger Adults Care Services Consultation  
Joint Commissioning Team  
PO BOX 16467  
Birmingham  
B2 2DR

**Email:** [jointcommissioningteam@birmingham.gov.uk](mailto:jointcommissioningteam@birmingham.gov.uk)

**Website:** [www.birminghambeheard.org.uk](http://www.birminghambeheard.org.uk)

**Tel:** (0121) 303 3893

Thank you for taking part in this consultation.

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