



Older Adult Day Care - Carer Questionnaire

Overview

Birmingham City Council Older Adults Day Care Service will always try to provide you and the person who cares for you; with the best possible service, but we can never be perfect.

We want to know your views about the centre and the impact it has upon your wellbeing.

Please answer these questions so you can tell us where we can improve our service to you. This should not take you long to complete, and the results are anonymous.

Please help us to provide a good service by filling in this questionnaire. There are no right or wrong answers.

You can either complete the form manually or complete the form on line.

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: <http://www.birmingham.gov.uk/privacy> <<http://www.birmingham.gov.uk/privacy>>

If you would like to speak to us about this questionnaire, please contact: Sueb Jabbar 0121 464 6235

Please tick one box for each answer in a single box which is closest to the way you feel.

Your answers are anonymous so that you can feel free to tell us the truth

Thank you for your help.

Why we are consulting

This satisfaction questionnaire is focused upon service users and their care-givers, who use Birmingham City Council's Older Adult Day Care Centres. The most successful organisations deliver far beyond just great care and services – they deliver on their promise with a service user experience that is seamless, persuasive and delighting.

Building a better service user experience has to start with knowing you, our customers. Truly knowing you involves understanding what you value most and how you want to be served.

By using the information on the service delivered to you we can improve our customer service to you the citizen.

Service Information

1 Which centre does your cared for person attend

(Required)

Please select all that apply

- Boldmere
 Erdington Elders
 African Caribbean
 Kenrick Elders
 Shakti Day Centre
 Anne Marie Howes Elders
 Norman Power Elders

Carer Outcomes

Choice of questions for all Carers in receipt of a service, from Birmingham city council's older adults day care service; for the person they care for.

2 Outcome 1 - Improved health & well-being

(Required)	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
1A. I know how to get help in the event of my ill health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1B. The help I receive through Birmingham city council's older adults Day Care service has stopped my health getting worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1C. My physical health has improved as a result of the assistance or service I receive from Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1D. As a Carer, I now know how to remain fit and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 Outcome 2 - Improved quality of life

(Required)	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
2A. The advice I received from Birmingham city council's older adults day care service was useful and met my expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2B. The service or support I am currently receiving, by the person I care for attending Birmingham city council's older adults day care service; has improved the quality of my life (for example giving me independence and less reliance on others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2C. The service or support I am currently receiving is reliable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2D. The service I have received has addressed or met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Outcome 3 - Making a positive contribution

(Required)	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
3A. The services I receive help maintain or increase my confidence/ skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. The services I receive help maintain or improve my qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3C. I have been encouraged to participate in voluntary work or unpaid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3D. As a Carer, I feel that I can make a positive contribution to the person I care for from the support I receive from Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 Outcome 4 Increased choice and control

(Required)	Strongly agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
4A. As a Carer, I have the opportunity to enjoy family life and friendships as a result of the help, the person I care for, receives from Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4B. As a Carer, I am able to take up any type of work or voluntary work as a result of the support I receive from Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4C. I have the opportunity to participate in leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4D. The service I am receiving has helped me to do things that I wouldn't have been able to do or used to do before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Outcome 5 Freedom from discrimination and harassment

(Required)	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
5A. I know whom to contact, in Birmingham city council's older adults day care service, if I have any concerns or worries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5B. I feel able to discuss my worries or concerns regarding Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5C. I feel safer in my own home as a result of the service or support the person I care for receives from Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 Outcome 6 - Economic wellbeing

(Required)	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
6 A. I am aware of my rights to welfare benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 B. I have been informed of the benefits that I am entitled to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 C As a Carer, I am supported effectively to enable me to continue in my job or return to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 Outcome 7 - Maintaining personal dignity and respect

(Required)	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / Not applicable
7 A. My privacy and confidentiality are respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 B. My cultural and religious needs or wishes for the person I care for are taken into consideration (for example diet/meal preparation), by Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 C. I am shown consideration and understanding by staff in the Birmingham city council's older adults day care service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 D. My lifestyle needs are taken into consideration (for example gender / personal care/ care commitments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your experience of the service

9 Did staff treat you with dignity and respect? By this we mean that staff were polite and talked to you about your needs.

(Required)

Please select only one item

Yes – Always Most of the time Sometimes No - Never

10 Overall, how would you rate the standard of care provided by staff?

(Required)

Please select only one item

Excellent Good Average Poor Very poor Don't know

11 Did you feel staff were well-trained and knowledgeable?

(Required)

Please select only one item

Yes -- Always Most of the time Sometimes No - Never

12 Were staff available when you needed them?

(Required)

Please select only one item

Yes – Always Most of the time Sometimes No - Never

13 Did you feel the person you care for is safe in the Centre? By 'safe' we mean you were not afraid that he/she might be hurt in anyway.

(Required)

Please select only one item

Yes – Always Most of the time Sometimes No - Never

14 If you did not feel the person you cared for was safe, please tell us why

15 Do you feel the person you care for has been given a choice of activities?

(Required)

Please select only one item

Yes No

16 How, if at all, did the activities offered to the person you care for by the centre; help you? (please tick all that apply)

Please select all that apply

- Improved concentration Improved / maintained memory Increased confidence Improved social skills
- Experienced fewer falls Improved feeling of general wellbeing Raised awareness of how to manage their disability
- Improved their ability to carry out self-care activities Acquired new skills / abilities Improved mobility
- Gained / maintained social relationships Access and support to Aids and adaptations
- No effect/improvements as result of activities

Other effects of activities – please give details

17 Overall, how would you rate the range of activities offered by the Centre?

(Required)

Please select only one item

Excellent Good Average Poor Very Poor Don't know

18 Any comments on the activities

19 Does the person you care for receive personal care at the centre? (By personal care we mean help with eating, drinking, taking medication, toileting.)

(Required)

Please select only one item

Yes No

20 Were you happy with the way staff provided the personal care?

(Required)

Please select only one item

Yes – Always Most of the time Sometimes No - Never

21 If you were not happy, please tell us why

22 Does the centre provides transport from home to centre.

(Required)

Please select only one item

- Yes, centre minibus No, we use ring and ride No, we use our own transport

23 Overall, how would you rate the standard of transport provided by the centre

Please select only one item

- Excellent Good Average Poor Very poor Don't know / Not applicable

24 How likely are you to recommend the Centre to a friend or family member if they needed a similar service?

(Required)

Please select only one item

- Extremely likely likely Neither likely nor unlikely Unlikely Extremely unlikely Don't know

25 Any other comments about the service provided by the Centre?

26 Overall, please rate the service received from Birmingham city council's older adult day care service.

(Required)

Please select only one item

- Excellent Good Average Poor Very poor

About you

27 My interest in this consultation (Please tick one box that best describes your interest in the consultation)

(Required)

Please select only one item

- A spouse or life partner of an older adult with dementia A spouse or life partner of an older adult without dementia
- An adult offspring living at home with an older adult with dementia An adult offspring living at home with an older adult without dementia
- An adult offspring NOT living at home with an older adult with dementia
- An adult offspring NOT living at home with an older adult without dementia
- A carer (an unpaid carer) [Neighbour, friend, sibling] living at home with an older adult with dementia
- A carer (an unpaid carer) [Neighbour, friend, sibling] living at home with an older adult without dementia
- A carer (an unpaid carer) [Neighbour, friend, sibling] NOT living at home with an older adult with dementia
- A carer (an unpaid carer) [Neighbour, friend, sibling] NOT living at home with an older adult without dementia
- A carer under 18 years (an unpaid carer for an adult) A parent of a disabled older adult

other

28 How old are you?

Please select only one item

- 14 years or under 15-17 18-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54
- 55-59 60-64 65-69 70-74 75-79 80-84 85+ Prefer not to say

29 What sex are you?

Please select only one item

- Male Female

30 Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Please select only one item

- Yes No Prefer not to say

31 If yes, do any of these conditions or illnesses affect you in any of the following areas?

Please select all that apply

- Vision (e.g. blindness or partial sight) Hearing (e.g. deafness or partial hearing)
- Mobility (walking short distances or climbing stairs) Dexterity (lifting & carrying objects, using a keyboard)
- Learning or understanding or concentrating Memory Mental Health Stamina or breathing or fatigue

Please select all that apply

- Socially or behaviourally (e.g. associated with Autism, attention deficit disorder or Asperger's Syndrome)

Other

32 What is your ethnic group?

White

Please select only one item

- English/ Welsh/ Scottish/ Northern Irish/ British
- Irish
- Gypsy or Irish Traveller
- Polish
- Baltic States
- Jewish
- Other white European (including mixed European)

Any other White background (please write in)

Mixed/ multiple ethnic groups

Please select only one item

- White and Black Caribbean/African
- White and Asian

Any other Mixed background (please write in)

Asian/ Asian British

Please select only one item

- Afghani
- Bangladeshi
- British Asian
- Chinese
- Filipino
- Indian Sikh
- Indian Other
- Kashmiri
- Pakistani
- Sri Lankan
- Vietnamese

Any other Asian background (please write in)

Black African/ Caribbean/ Black British

Please select only one item

- African
- Black British
- Caribbean
- Somali

Any other Black/African/Caribbean background (please write in)

Other ethnic group

Please select only one item

- Arab
- Iranian
- Kurdish
- Yemeni

Any other ethnic group

33 What is your sexual orientation?

Please select only one item

- Bisexual
- Gay or Lesbian
- Heterosexual or Straight
- Other
- Prefer not to say

34 What is your religion or belief?

Please select only one item

- No religion

Please select only one item

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

Please select only one item

- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Any other religion (please write in)

About the person you care for

35 Age: Which age group applies to your cared for person?

Please select only one item

- 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79 80 - 84 85+

36 Sex/Gender: What is your cared for person's sex?

Please select only one item

- Male Female

37 Disability: Does the person you care for have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Please select only one item

- Yes No Prefer not to say

If yes, do any of these conditions or illnesses affect you in any of the following areas? (more than one answer is acceptable)

(Required)

Please select all that apply

- Dementia (e.g. Alzheimer's disease , vascular dementia) 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 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 specify)

If other, please specify

38 Ethnicity: What is your cared for person's ethnic group?

White:

Please select only one item

- English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveller Polish Baltic States Jewish
 Other White European (including Mixed European) Any other White background (please specify)

Mixed/multiple ethnic groups:

Please select only one item

- White and Black Caribbean/African White and Asian Any other mixed background (please specify)

Asian/Asian British:

Please select only one item

- Afghani Bangladeshi British Asian Chinese Filipino Indian Sikh Indian Other Kashmiri
 Pakistani Sri Lanken Vietnamese Any other Asian background (please specify)

Black African/Caribbean/Black British:

Please select only one item

- African Black British Caribbean Somali Any other Black/African/Caribbean background (please specify)

Other ethnic group:

Please select only one item

- Arab Iranian Kurdish Yemeni Any other ethnic group (please specify)