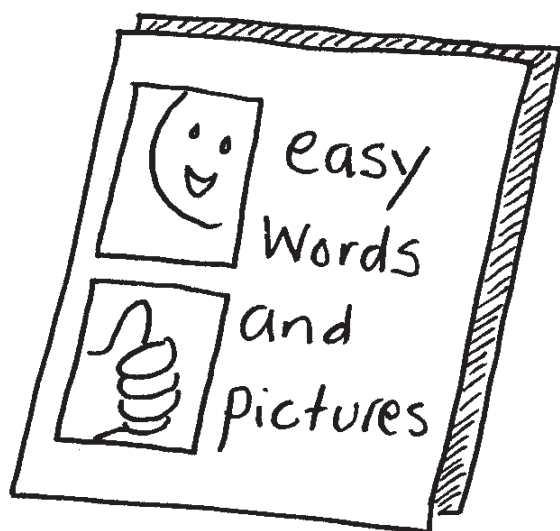


Directorate for People

SUPPORTING PEOPLE

DISABILITIES HOUSING SUPPORT SERVICES

This questionnaire is easy to read



5 June 2015 - 3 August 2015

Completing a questionnaire:

This questionnaire can be completed online at:

**[www.birminghambeheard.org.uk/people-1/
supporting-vulnerable-adults-supporting-people](http://www.birminghambeheard.org.uk/people-1/supporting-vulnerable-adults-supporting-people)**

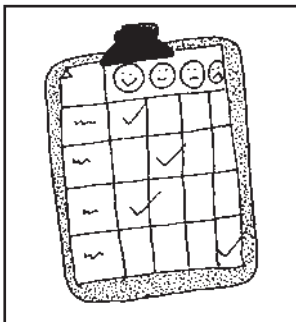
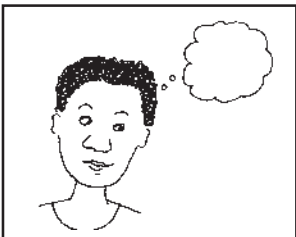
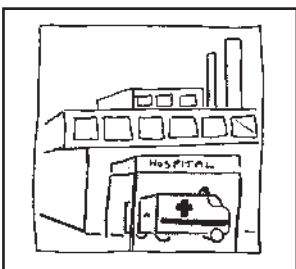
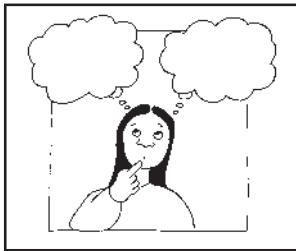
You can also download the document and post a copy to:

Supporting People Team

4th Floor, Zone 18

PO Box 16228

Birmingham B2 2WR



Universal Prevention Services

The City Council wants people to have more choice.. One way is by making sure Supporting People and Public Health services work together so the right services are available at the right time. This way people can get the best outcomes for them. People who can get this

help are someone with poor Mental Health

someone with a Learning/physical disability,

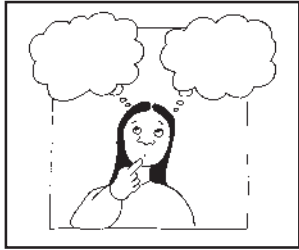
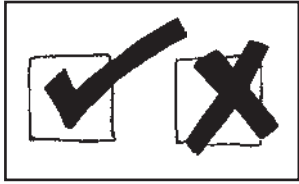
an older person who is alone or has dementia or an adult with Autism.

The Council asks organisations to help us by improving choices about care and their how they can stay in their own home for longer by

- Offering ways for people to do more for themselves
- help people to get the help they need so they may not need more expensive care
- supporting people to move from places like hospitals to live in the community

We would like to know what you think about the changes we want to make to services for people who have care needs that the Council can't support.

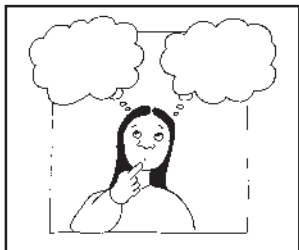
Please tell us what you think by filling in this questionnaire.



Q1. Do you agree with Supporting People and Public Health services joining up so people can get easy access to the services?

Yes ☐ No ☐ Not Sure ☐

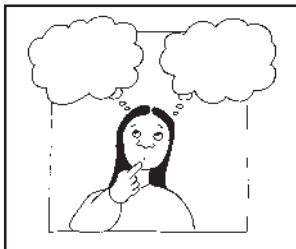
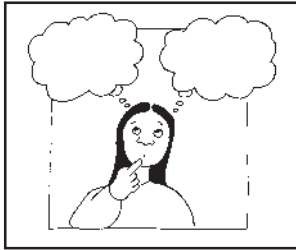
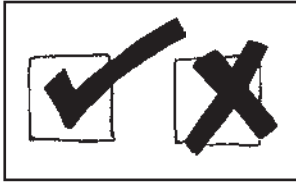
Tell us why you think this



Q2. Do you think that people using the services should be helped to find other services they need?

Yes ☐ No ☐ Not Sure ☐

Tell us why you think this



Q3. Do you think that we should fund 2 types of services, housing with support and also support into peoples homes wherever they they live in Birmingham?

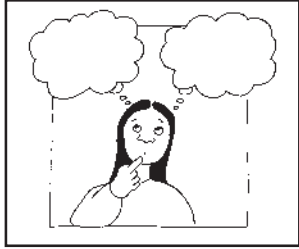
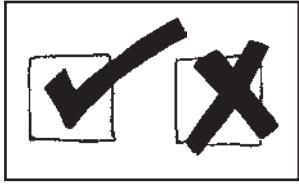
Yes ☐ No ☐ Not Sure ☐

Tell us why you think this

Q4. Do you think that services for people with a disability, should give information, advice and guidance and short term housing support?

Yes ☐ No ☐ Not Sure ☐

Tell us why you think this



Q5. Do you agree that the Council should give support to people with HIV or TB so that they can keep well?

Yes ☐ No ☐ Not Sure ☐

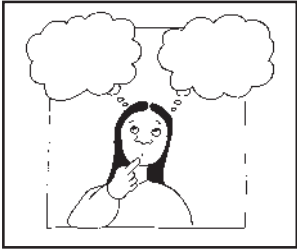
Tell us why you think this



Q6. Do you think that people with sickle cell that need housing support should in the future be helped to use part of the existing Supporting People services through the Gateway?

Yes ☐ No ☐ Not Sure ☐

Tell us why you think this



Do you have any other comments?

About You

We would like you to tell us something about you. You do not have to tell us but if you do it will help us to plan this service.

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

What best describes your interest in this consultation:

A member of the general public

☐

Someone who has accessed housing support services

☐

Health or Care Professional

☐

Provider of a housing support service

☐

A family member or carer of someone who gets help from housing support services

☐

Other please state

☐

Your full postcode:

How old are you? Please tick appropriate box

17 or under	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+		

What sex are you?

Female ☐ Male ☐

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

Please tick one box only.

Yes ☐ No ☐ Prefer Not to Say ☐

If yes to the above question, do any of these conditions or illnesses affect you in any of the following areas? You may tick more than one box.

Condition/illness

- | | |
|--|--------------------------|
| Vision (e.g. blindness or partial sight) | <input type="checkbox"/> |
| Hearing (e.g. deafness or partial hearing) | <input type="checkbox"/> |
| Mobility (e.g. walking short distances or climbing stairs) | <input type="checkbox"/> |
| Dexterity (e.g. lifting and carrying objects, using a keyboard) | <input type="checkbox"/> |
| Learning or understanding or concentrating | <input type="checkbox"/> |
| Memory | <input type="checkbox"/> |
| Mental health | <input type="checkbox"/> |
| Stamina or breathing or fatigue | <input type="checkbox"/> |
| Socially or behaviourally (e.g. associated with Autism, attention deficit disorder or Asperger's Syndrome) | <input type="checkbox"/> |
| Other – please write in | <input type="checkbox"/> |

What is your ethnic group? Please tick one box only

Ethnicity

White:

- | | |
|---|--------------------------|
| English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> |
| Gypsy or Irish Traveller | <input type="checkbox"/> |
| Polish | <input type="checkbox"/> |
| Baltic States | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> |
| Other White European (including mixed European) | <input type="checkbox"/> |
| Any other White background (please write in) | <input type="checkbox"/> |

Mixed/multiple ethnic groups:

White and Black Caribbean/African

☐

White and Asian

☐

Any other Mixed background (please write in)

☐

Asian/Asian British:

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:

African

☐

Black British

☐

Caribbean

☐

Somali

☐

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

What is your sexual orientation? Please tick one box only

Sexual orientation

- | | |
|--------------------------|--------------------------|
| Bisexual | <input type="checkbox"/> |
| Gay or Lesbian | <input type="checkbox"/> |
| Heterosexual or Straight | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Prefer not to say | <input type="checkbox"/> |
-

What is your religion or belief? Please tick one box only

Religious belief

- | | |
|--|--------------------------|
| No religion | <input type="checkbox"/> |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations). | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> |
| Hindu | <input type="checkbox"/> |
| Jewish | <input type="checkbox"/> |
| Muslim | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> |
| Other religion (please write in) | <input type="checkbox"/> |

**Thank you for taking part
in this questionnaire**