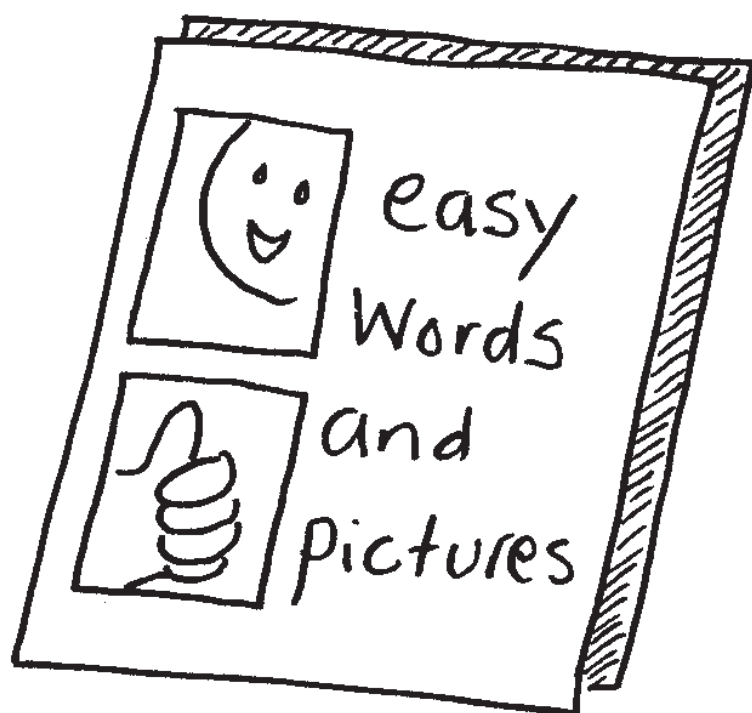


Directorate for People

Universal Prevention 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-universal-services](http://www.birminghambeheard.org.uk/people-1/supporting-vulnerable-adults-universal-services)**

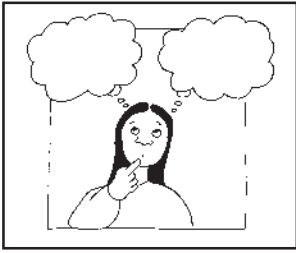
You can also download the document and post a copy to:

Joint Commissioning Team

1st Floor Zone 6

PO Box 16467

Birmingham B2 2DR

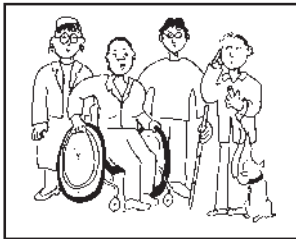
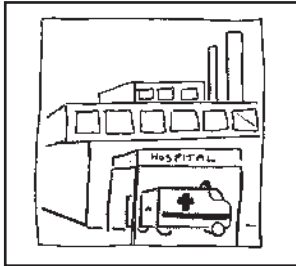


The City Council wants to give citizens more choice about how they receive a service where they live. We want to do this by creating links with Supported accommodation/care services and healthy lifestyle services. We want to create these links that will help you to get the right services at the right time.

The Council asks local community groups to help us to deliver services that improve choices and help citizens to stay in their own home for longer, such as opportunities to make new friends or to learn new skills.

We are asking organisations to provide opportunities and activities to:

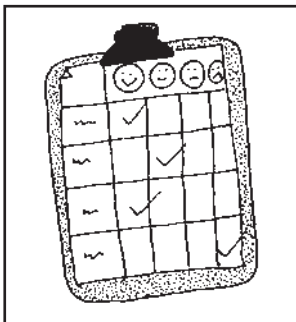
- give adults chances to do more for themselves instead of having to depend on someone else.
- Help to stop citizen's care needs from getting worse;
- Help citizen's when they are leaving hospital to return to their own home.



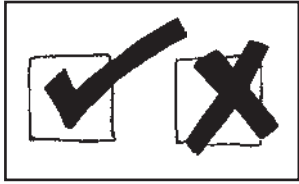
We want to provide new services that will help us to help: older citizens who live alone or are lonely; adults with a learning disability; adults who have a mental health condition; and adults who have autism to be more independent for longer. This means we need to change some of what we do at the moment and how we do it.



We would like to know what you think about the changes we want to make.



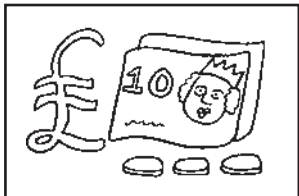
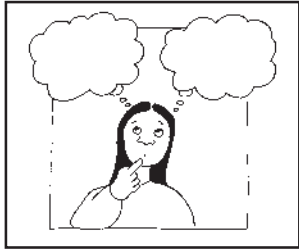
Please help us to understand your views by answering the following questions.



Q1. Do you agree with Prevention services joining up so people can get easy access to the services?

Yes ☐ No ☐ Not Sure ☐

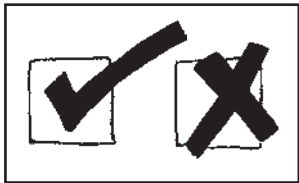
Tell us why you think this

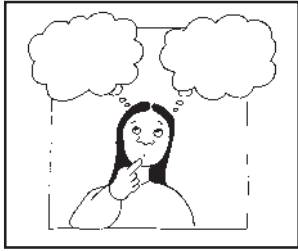
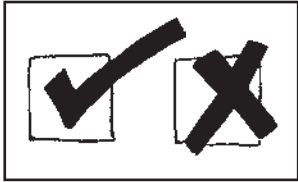


Q2. Do you think that providers should only be paid if they and you can show the difference the service has made for you?

Yes ☐ No ☐ Not Sure ☐

Tell us why you think this



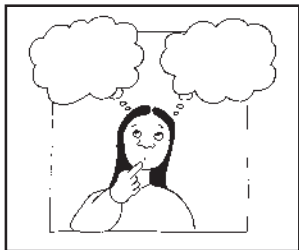
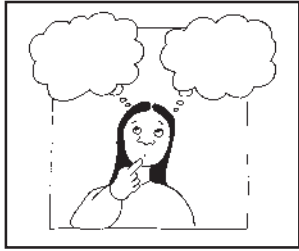
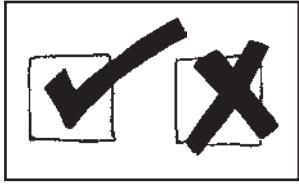


Q3. Do you agree that small community and voluntary groups should be given some help with setting up new activities?

Yes ☐ No ☐ Not Sure ☐

Tell us why you think this

What things would you like to see on offer?



Q4. Do you agree that services should be delivered in different ways to meet the needs and choice of service users and that they should be helped to do more for themselves?

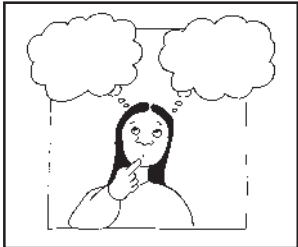
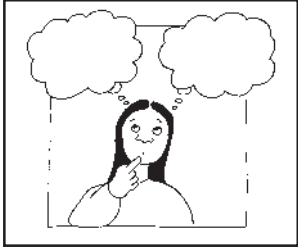
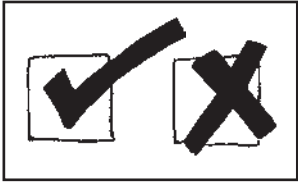
Yes ☐ No ☐ Not Sure ☐

Tell us why you think this

Q5. Do you agree that providers should be helped to make their services more user-friendly for citizens with Autism?

Yes ☐ No ☐ Not Sure ☐

Tell us why you think this



Q6. Do you agree that service users should get support to help you be more healthy?

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**