

Supporting People Questionnaire For Older Persons Services

Please take a few minutes to complete this form, as the information will assist us to develop new accommodation and support services for older people living in Blaenau Gwent

If you would like help completing this form, please contact you Landlord or the Supporting People Team on 01495 354682

INITIAL INFORMATION

Q1 Date you are completing the form

Q2 Is this the FIRST time you have completed this form?

Yes.....

No.....

Q3 If you replied 'No' to question 1, have your accommodation and/or support needs changed since then?

Yes.....

No.....

Q4 If someone is helping you complete this form please tell us their name:

Q5 Their organisation:

Q6 Their contact number

Q7 Please enter the first 3 letters of your surname

Q8 What is your date of birth e.g. 01/01/1920

Q9 Are you?

Male.....

Female.....

Q10 In which area of Blaenau Gwent do you live e.g. Tredegar, Ebbw Vale, Abertillery

Q11 If you would prefer to live in another area please say where.

Q12 Is your current accommodation: (please tick one box)

A house.....

A bungalow.....

A flat/maisonette.....

Sheltered housing with no warden.....

Sheltered housing with warden.....

Extracare housing or very sheltered scheme.....

Hospital.....

Other (please specify)

Your Details: Please note, the information you give in this section is completely confidential and will not be used to identify individuals

Q13 Landlord type: (please tick one box)

- Local Authority/Council accommodation.....
- Housing Association.....
- Voluntary/charitable organisation.....
- Home owner.....
- Private rented.....
- Living with family/friends.....
- Nursing or residential home.....
- Other (please specify)

Q14 Does your current accommodation meet your needs?

- Yes.....
- No.....

Q15 Please state if you currently receive or need any support

- Receive.....
- Need.....

Q16 Are you happy with any support you receive in this accommodation?

- Yes.....
- No.....

Q17 If you are not happy, what type of accommodation or help do you think you need now? (please tick any that apply)

- A bungalow.....
- Sheltered scheme with warden.....
- Accommodation for older people only with alarm and no warden.....
- Extracare sheltered scheme for elderly people with care and support needs.....
- Residential care home/nursing home.....
- Emergency alarm only in your own home.....
- Accommodation which allows pets.....
- Floating support i.e. a way to get support services in your own home.....
- Help in acquiring aids and adaptations to your home e.g. rails, ramps.....
- Help with cooking/cleaning/shopping to enable you to live in your own home.....
- Personal care i.e. help with bathing, dressing and eating in your own home.....
- Help with repairs to enable you to stay living in your own home.....
- Housing for people from Minority Ethnic groups...

Q18 Would you consider living in or using any of the following in the future? (please tick any that apply)

- A bungalow.....
- Sheltered scheme with warden.....
- Accommodation for older people only with alarm and no warden.....
- Extracare sheltered scheme for elderly people with care and support needs.....
- Residential care home/nursing home.....
- Emergency alarm only in your own home.....
- Telecare in your own home - i.e. types of monitoring and safety equipment linked to the emergency alarm service.....
- Properties which are/can be adapted for people with a disability/frailty.....
- Visits from a floating support worker to help you live in your own home.....
- Personal care services.....
- Meals on wheels service.....
- Handyman service.....

OPTIONS FOR SHELTERED ACCOMMODATION

Q19 In some sheltered accommodation schemes, long-term vacancies exist. Do you agree that this accommodation should be made available:

	Yes	No
For people of any age?	<input type="checkbox"/>	<input type="checkbox"/>
For people with physical disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
For people with other support needs e.g. mental illness/learning difficulty?	<input type="checkbox"/>	<input type="checkbox"/>
As short-term accommodation for people leaving hospital?	<input type="checkbox"/>	<input type="checkbox"/>

Q20 Do you think older people who live outside the scheme should be able to use the services and facilities e.g. lounge, laundry, social events

- Yes.....
- No.....

Q21 Do you think sheltered schemes with bed sits continue to be suitable accommodation for older people?

Yes.....

No

Q22 Do you think landlords should provide more two bedroomed flats for sheltered schemes?

Yes.....

No

PERSONAL CARE

Q23 Do you currently receive: (please tick)

Personal care services provided by Blaenau Gwent Home Care services.....

Personal care services provided by another care organisation

Informal care provided by family or friends.....

Help from a social worker

A meals on wheels service

Q24 Are you happy with the care you receive?

Yes.....

No

ADDITIONAL PROBLEMS

Q25 Do you have any problems in the following areas? Please rate them on a scale of low to high by ticking the relevant boxes:

	<i>Low</i>	<i>Medium</i>	<i>High</i>
Issues around your domestic abuse/violent relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues around your learning difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems around your prescribed/non-prescribed drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues around seeking refugee status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your physical disabilities, frailty or mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues with your offending/criminal behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues with your homelessness/potentially homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues with your chronic or long-term illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problems with your hearing and/ or sight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Issues around your HIV and AIDS illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q26 From the previous list please state which ONE is the most important to you.

Q27 How long do you think you will need to address the problems (please tick one only)

Up to six months

Six to twelve months.....

Twelve to eighteen months.....

Over eighteen months (not permanent).....

Permanently.....

Don't know

Q28 Do you have any other support needs not previously covered (please tick)

- looking after or caring for someone*
- Cultural and religious needs*
- Issues regarding safety*.....
- Literacy i.e. reading/writing*
- Language difficulties*
- Other (please state)*

Q29 Do you have any other comments about your accommodation or support?

ETHNICITY

Q30 How would you describe yourself? (please tick one only)

- British*.....
- European*
- Welsh*.....
- English*.....
- Scottish*.....
- Irish*.....
- White & Asian*.....
- White & black African*.....
- White & black Caribbean*.....
- White & Other*.....
- Bangladeshi*.....
- British born Asian*.....
- Indian*.....
- Pakistani*.....
- Sri Lankan*.....
- African*.....
- African Somali*.....
- Black British*.....
- Caribbean*.....
- Arab*.....
- Chinese*.....
- Gypsy Traveller*.....
- Vietnamese*.....
- Yemeni*.....
- Other (please state)*

LANGUAGE

Q31 What is your first language?

RELIGION

Q32 How would you describe your beliefs?

- Christian*.....
- Jewish*.....
- Muslim*.....
- Buddhist*.....
- Hindu*.....
- Sikh*.....
- Other (please state)*

Q33 Date inputted by SP Team