

Cardiff Council Domiciliary & Sessional Support Services (Appendix 7)

What is the Council planning to do and why?

The way that domiciliary and sessional support is commissioned by Cardiff Council is due to change. A new arrangement will be put in place for new packages of care from November 2020. The proposed new approach will be based around localities and will support individuals to achieve the outcomes that matter to them, linking into an individual's community and network of family and friends as well as providing commissioned care from care providers. The Council would like to engage with individuals who currently receive domiciliary care to gather feedback to help us shape the new arrangements in order to ensure that they provide the best opportunity to offer excellent care at home for those who need it.

How will this impact me?

Nothing will change to your current service, however, further improvements of the service will be made in order to better meet people's needs going forward. The service will deliver a broad range of support to enable people to have access to resources within their communities and care is likely to be more flexible.

How will the Council speak to customers?

The Council will speak to individuals through their current providers and planned drop in sessions and focus groups. However, in the first instance, we would like to hear your views on your current service via this questionnaire.

Who can I contact?

If you are worried or anxious about the contents of this letter, please speak to your support provider or social worker or contact the officers who are involved in the commissioning process. Their contact details are below:

Amina Begum – 029 2087 2060 / amina.begum@cardiff.gov.uk

Kirsty Best – 029 2087 2584 / kirsty.best@cardiff.gov.uk

1 Do you currently use Domiciliary or Sessional Support services?

- ☐ Yes, I do
- ☐ No, but a family member currently receives care
- ☐ No, but I (or a family member) may need this care in the near future
- ☐ No, and I do not expect to need it in the near future

2 Which service do you use?

- ☐ Domiciliary care
- ☐ Sessional support

3 Overall, how satisfied are you with the service you receive?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither
- ☐ Fairly dissatisfied
- ☐ Very Dissatisfied

4 Do you feel that you have the opportunity to shape the way your care or support is planned?

- ☐ Yes
- ☐ Somewhat
- ☐ No
- ☐ Don't know

4a If no, please tell us why

There are left characters remaining

5 What is the most important part of your existing care and support package?

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6 What improvement(s) would you like to see made to your current care and support arrangement?

There are left characters remaining

7 In which language would you prefer to receive care?
☐ English ☐ Welsh ☐ Other

Please specify

8 Do you currently receive care in your preferred language?
☐ Yes ☐ No

9 Do you understand who to talk to if your needs are not being met by current arrangements for your care and support?
☐ Yes ☐ No ☐ Not sure

10 Would you like to become involved, or more involved, in activities in your local community or area?
☐ Yes ☐ No ☐ Not sure

10a Please give details of which activities you are interested in

There are left characters remaining

About You

11 Please provide your postcode below to allow us to more accurately pinpoint respondents' views and needs by area:-

12 What was your age on your last birthday? Please tick one box only.
☐ Under 16 ☐ 25-34 ☐ 45-54 ☐ 65-74 ☐ Prefer not to say
☐ 16-24 ☐ 35-44 ☐ 55-64 ☐ 75+

13 What best describes your gender? Please tick one box only
☐ Female ☐ Male ☐ Other ☐ Prefer not to say

13a

Please specify

There are left characters remaining

14

Do you identify as Trans?

☐ Yes

☐ No

☐ Prefer to self-describe

☐ Prefer not to say

14a

If you prefer to self-describe, please specify

There are left characters remaining

15

Do you identify as a disabled person? Please tick one box only.

☐ Yes

☐ No

☐ Prefer not to say

16

Please tick any of the following that apply to you:

☐ Deaf/ Deafened/ Hard of hearing

☐ Mental health difficulties

☐ Learning impairment/ difficulties

☐ Visual impairment

☐ Wheelchair user

☐ Mobility impairment

☐ Long-standing illness or health condition (e.g. cancer, HIV, diabetes, or asthma)

☐ Prefer not to say

☐ Other

16a

Please specify

There are left characters remaining

17

Do you regard yourself as belonging to any particular religion?

☐ Yes

☐ No, no religion

17a

If yes, please specify

☐ Buddhist

☐ Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations)

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Other

☐ Prefer not to answer

Please specify

18

How would you describe your Welsh language skills?

19 Do you consider yourself to be Welsh? Please tick one box only.

- ☐ Yes
 ☐ No

20 What is your ethnic group?

Where the term 'British' is used, this refers to any of the four home nations of Wales, England, Northern Ireland and Scotland, or any combination of these.

Please tick one box only.

- | | |
|---|--|
| <input type="checkbox"/> White - Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> Asian/Asian British - Bangladeshi |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian/Asian British - Indian |
| <input type="checkbox"/> White - Gypsy or Irish Traveller | <input type="checkbox"/> Asian/Asian British - Any other |
| <input type="checkbox"/> White - Any other white background | <input type="checkbox"/> Black/African/Caribbean/Black British - African |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White & Asian | <input type="checkbox"/> Black/African/Caribbean/Black British – Caribbean |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black Caribbean | <input type="checkbox"/> Black/African/Caribbean/Black British - Any other |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black African | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - Any other | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Asian/Asian British - Chinese | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian/Asian British – Pakistani | |

20a Please specify

There are left characters remaining

The information that you provide in completing this form will be treated as confidential, in line with the requirements of the Data Protection Act 2018 and the General Data Protection Principles.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

If you wish to withdraw consent at any time, please email consultation@cardiff.gov.uk For further information on how we process your personal data please refer to our [Privacy Policy](#) - or contact the Data Protection Officer, Room 357, County Hall, CF10 4UW, email: dataprotection@cardiff.gov.uk

Thank you for your time, please click '✓' to submit your response