

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 peoples' 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:

- | | |
|--|--|
| <input type="checkbox"/> Deaf/ Deafened/ Hard of hearing | <input type="checkbox"/> Mobility impairment |
| <input type="checkbox"/> Mental health difficulties | <input type="checkbox"/> Long-standing illness or health condition (e.g. cancer, HIV, diabetes, or asthma) |
| <input type="checkbox"/> Learning impairment/ difficulties | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Wheelchair user | |

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

- | | |
|--|---|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (Including Church in Wales, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Prefer not to answer |

Please specify

18 How would you describe your Welsh language skills?

Fluent

Moderate

Basic

Learner

None

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.

White - Welsh/English/Scottish/Northern Irish/British

White - Irish

White - Gypsy or Irish Traveller

White - Any other white background

Mixed/Multiple Ethnic Groups - White & Asian

Mixed/Multiple Ethnic Groups - White and Black Caribbean

Mixed/Multiple Ethnic Groups - White and Black African

Mixed/Multiple Ethnic Groups - Any other

Asian/Asian British - Chinese

Asian/Asian British – Pakistani

Asian/Asian British - Bangladeshi

Asian/Asian British - Indian

Asian/Asian British - Any other

Black/African/Caribbean/Black British - African

Black/African/Caribbean/Black British – Caribbean

Black/African/Caribbean/Black British - Any other

Arab

Any other ethnic group

Prefer not to say

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