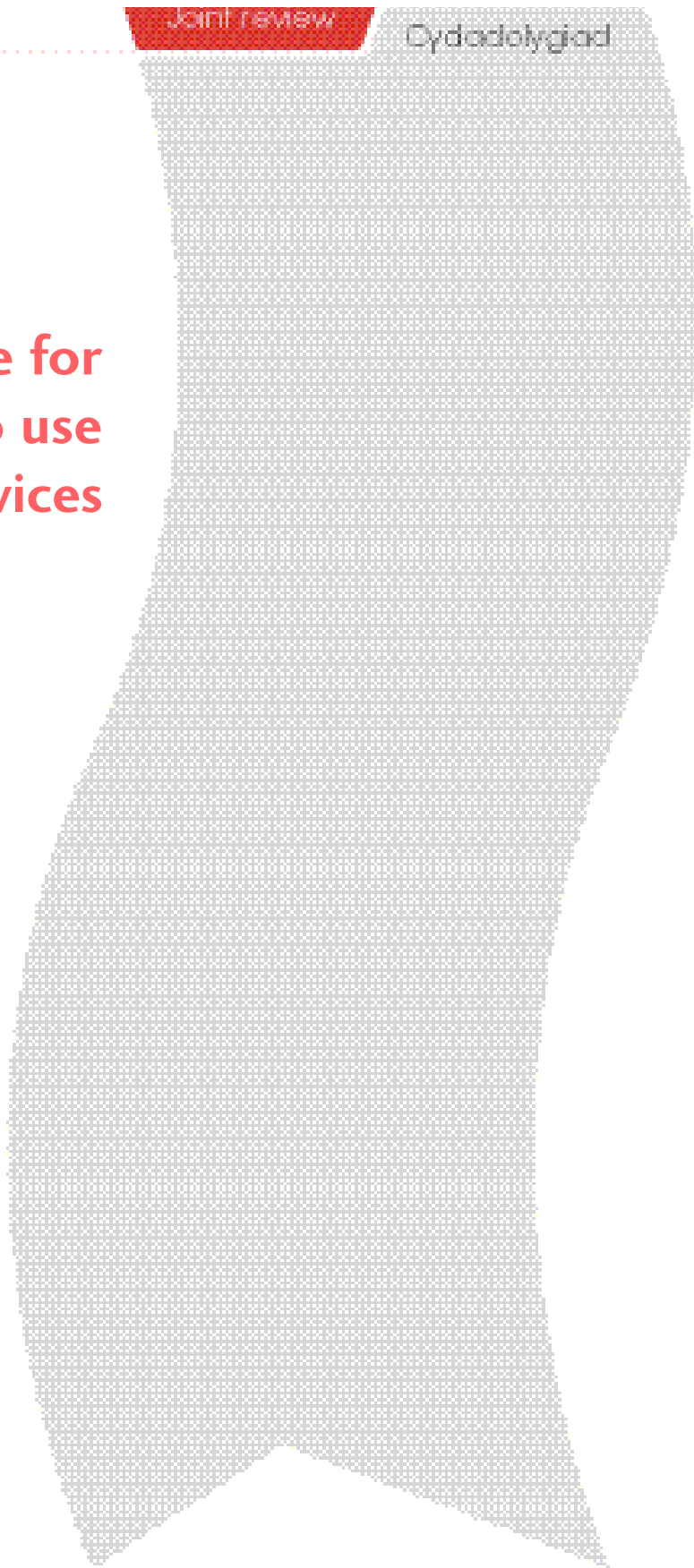


# Questionnaire for carers of people who use social services



**SSIW AGCC**

SOCIAL SERVICES AUDITING  
INSPECTORATE  
FOR WALES  
AROLYGIATH  
CWRASANAETHAU  
CYMRU



**WALES AUDIT OFFICE**  
SWYDDFA ARCHMLIO CYMRU

# How good are social services in your area?

## Help us to find out

### What is this survey about?

The Social Services Inspectorate for Wales and the Audit Commission in Wales are jointly examining the quality of social services in your area.

We want to know about the experiences of people who have used these services.

The attached leaflet explains what the review is about and why your views are so important.

### Why is this survey important?

This survey will help to improve the social services people receive from the council.

### Why have I received this survey?

Your name has been chosen at random from a confidential list of people in contact with social services. Your comments cannot be traced back to you.

### Who should fill it in?

The answers should be given from the point of view of the person whose name is on the envelope.

If you need some help to fill it in, you could ask other members of your family or a friend or your advocate if you have one.

## How do I fill it in?

Part 1 of this survey asks about your experience of social services within the past few months. All you need do is tick the box that best fits with your views for each question.

Part 2 asks you to write additional comments. Only fill this in if you wish.

All you need do is tick the box that best fits with your views for each question.

Part 3 asks you to write additional comments. Only fill this in if you wish.

## How should I return the completed form?

Please send it to us in the envelope provided. There is no need for a stamp.

**THANK YOU FOR YOUR HELP**

## PART 1

This part is about your experience as a carer

### ABOUT YOU

1. The person I support/care for is my:

<i>Husband/ wife/ partner</i>	<i>Son/ daughter</i>	<i>Parent</i>	<i>Other relative</i>	<i>Friend/ neighbour</i>	<i>Other</i>
---------------------------------------	--------------------------	---------------	---------------------------	------------------------------	--------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

2. The age of the person I support/care for is:

<i>under 10</i>	<i>11-17</i>	<i>18-24</i>	<i>25-64</i>	<i>Over 65</i>
-----------------	--------------	--------------	--------------	----------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

3. The person I care for: *(please tick one box)*

<i>Has a substance misuse problem</i>	<i>Has a physical disability</i>	<i>Has sensory disability</i>	<i>Has a learning disability</i>	<i>Has a mental health problem</i>	<i>Is elderly</i>
---	--	---------------------------------------	--	--	-----------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4. I do most of my caring: *(NB Please tick as many boxes as apply)*

<i>In the daytime</i>	<i>During the evening</i>	<i>During the night</i>	<i>On weekends</i>	<i>No particular time</i>
---------------------------	-------------------------------	-----------------------------	------------------------	-----------------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

5. I have had my needs assessed as a carer.

<i>Yes</i>	<i>No</i>	<i>Don't Know</i>
------------	-----------	-----------------------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

6. I get help with my supporting/caring role.

Yes No

7. The help I receive as a carer:

*Meets all  
my needs* *Meets some  
of my needs* *Meets a  
few of  
my needs* *Does not  
meet any  
of my  
needs*

## PART 2

The rest of the survey is about your views of the social services used by the person you support or care for.

### Getting a service

- |  | <i>Strongly agree</i>    | <i>Agree</i>             | <i>Disagree</i>          | <i>Strongly disagree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 8. I have found it easy to get clear information about social services.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I get a good response when I contact social services:   |                          |                          |                          |                          |
| (a) During the day.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) At evenings or weekends.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I have seen the written assessment of the needs of the person I support/care for.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I have been involved in deciding what help or services the person I support/care for should receive. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Making use of social services

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 12. There is a clear plan that describes the services the person I support/care for will receive.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. The social worker or care manager responds quickly when there is an important change in the situation of the person I support/care for. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. At least once a year there is a review to discuss the services received.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I think there is a good range of services available.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. The person I support/care for has been given choices about the type of care received.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Making use of social services

- |  | <i>Strongly agree</i>    | <i>Agree</i>             | <i>Disagree</i>          | <i>Strongly disagree</i> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. The services are reliable.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. The services are of a good quality.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. The person I support/care for is always treated with dignity and respect when using social services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. The help received has been given at the time it was most needed.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. I feel that social services understand important matters about racial or cultural background.        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I have been able to use the language of my choice when dealing with social services.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Outcomes

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. Social services have helped us to feel safer.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Social services have helped us to lead a more independent life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Social services have helped us to feel a part of our community. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Personal Details

These personal questions are needed to make sure that the survey is completed by people from the whole range of groups who use social services.

Are you male or female?

Male   
Female

How old are you?

Over 65   
25-64   
18-24

Are you registered as a disabled person?

Yes   
No

Please complete both these sections.

### (i) Ethnicity

#### Asian

Bangladeshi   
Indian   
Pakistani   
Any other Asian background

Please specify \_\_\_\_\_

#### Black

African   
Caribbean   
Any other Black background

Specify if you wish \_\_\_\_\_

#### Chinese

Any chinese background

Specify if you wish \_\_\_\_\_

#### Mixed Ethnic background

Asian and White   
Black African and White   
Black Caribbean and White   
Other mixed ethnic background

Specify if you wish \_\_\_\_\_

#### White

Any White background

Specify if you wish \_\_\_\_\_

Any other ethnic background

Specify if you wish \_\_\_\_\_

#### Nationality

##### British or Mixed British

English   
Irish   
Scottish   
Welsh   
Other

Specify if you wish \_\_\_\_\_



