

**Directorate for Adult Social Care**

**VULNERABLE ADULT SUPPORT  
FOR DISABILITIES AND MENTAL  
HEALTH**

**QUESTIONNAIRE**

**Consultation period**

**26<sup>th</sup> March 2020 to 6<sup>th</sup> May 2020**

Please answer the following questions ticking a yes, no or not sure response and recording your reason for each answer in the box shown below.

**Question 1 – Please see page 2 of the consultation document.**

**Do you agree with the customer pathway approach across universal, targeted and transition services?**

YES ☐ NO ☐ NOT SURE ☐

**Please provide reasons for your response.**

**Question 2 – Please see pages 2 and 3 of the consultation document.**

**Do you think Community Navigators/Lead Workers should co locate within existing resources across the city?**

YES ☐ NO ☐ NOT SURE ☐

**Please provide reasons for your response.**

**Question 3 – Please see page 3 of the consultation document.**

**Do you agree we should link into existing advice and information services rather than commissioning a new service?**

**YES**

☐

**NO**

☐

**NOT SURE**

☐

**Please provide reasons for your response.**

**Question 4 –**

**Do you think our services need to be flexible for people at different stages of their journey?**

**YES**

☐

**NO**

☐

**NOT SURE**

☐

**Please provide reasons for your response**

**Question 5 – Please see page 3 of consultation document.**

**Do you think services should work closely with communities linking people into community assets, organisations and groups?**

**YES**

☐

**NO**

☐

**NOT SURE**

☐

**Please provide reasons for your response.**

### Question 6

Could you please tick the 3 most important things to you on the list below:

1/ I am able to be independent

☐

2/ I can have enjoyment and pleasure

☐

3/ I can feel valued

☐

4/ I have regular contact with friends and family

☐

5/ I can pay my bills and rent

☐

6/ I feel well

☐

7/ I have good mental health

☐

8/ I can shop for the things I need

☐

9/ I can apply for jobs and gain employment

☐

10/ I can gain new skills from training

☐

## Question 7

**Do you have any other comments?** *Please provide below.*

### 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:

<http://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 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54
55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 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.*

<b>Condition/illness</b>	
<b>Vision</b> (e.g. blindness or partial sight)	
<b>Hearing</b> (e.g. deafness or partial hearing)	
<b>Mobility</b> (e.g. walking short distances or climbing stairs)	
<b>Dexterity</b> (e.g. lifting and carrying objects, using a keyboard)	
<b>Learning or understanding or concentrating</b>	
<b>Memory</b>	
<b>Mental health</b>	
<b>Stamina or breathing or fatigue</b>	
<b>Socially or behaviourally</b> (e.g. associated with Autism, attention deficit disorder or Asperger's Syndrome)	
<b>Other</b> – please write in	

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**What is your ethnic group?** *Please tick one box only.*

<b>Ethnicity</b>	
<b>White:</b>	
English/Welsh/Scottish/Northern Irish/British	
Irish	
Gypsy or Irish Traveller	
Polish	
Baltic States	
Jewish	
Other White European (including mixed European)	
Any other White background (please write in)	
<b>Mixed/multiple ethnic groups:</b>	
White and Black Caribbean/African	
White and Asian	
Any other Mixed background (please write in)	
<b>Asian/Asian British:</b>	
Afghani	
Bangladeshi	
British Asian	
Chinese	
Filipino	
Indian Sikh	
Indian other	
Kashmiri	
Pakistani	
Sri Lankan	
<b>Ethnicity continued</b>	
Vietnamese	
Any other Asian background (please write in)	
<b>Black African/Caribbean/Black British:</b>	
African	
Black British	
Caribbean	
Somali	
Any other Black/African/Caribbean background (please write in)	
<b>Other ethnic group:</b>	
Arab	
Iranian	
Kurdish	
Yemeni	
Any other ethnic group (please write in)	

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**What is your sexual orientation?** *Please tick one box only.*

<b>Sexual orientation</b>	
<b>Bisexual</b>	
<b>Gay or Lesbian</b>	
<b>Heterosexual or Straight</b>	
<b>Other</b>	
<b>Prefer not to say</b>	

**What is your religion or belief?** *Please tick one box only.*

<b>Religious belief</b>	
<b>No religion</b>	
<b>Christian</b> (including Church of England, Catholic, Protestant and all other Christian denominations).	
<b>Buddhist</b>	
<b>Hindu</b>	
<b>Jewish</b>	
<b>Muslim</b>	
<b>Sikh</b>	
<b>Other religion</b> (please write in)	

**Thank you for taking part in this questionnaire.**