

**Adult Social Care Survey 2024**

We would like to find out about the experiences of **working age disabled people and how they access and use social care.**

This survey is confidential and giving us feedback will not affect your care. See the **‘How we use this information’** at the end of the page for more information.

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| **Q1. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?** | | | |
| Yes |  | No |  |
| Don’t know |  | Prefer not to say |  |

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| **Q2. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?** | | | |
| Yes |  | No |  |
| Don’t know |  | Prefer not to say |  |

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| **Q3. Please tell us your age** | | | | | |
| 18 to 24 |  | 25 to 34 |  | 35 to 44 |  |
| 45 to 54 |  | 55 to 64 |  | 65+ |  |
| Prefer not to say | |  | | | |

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| **Q4. Choose the area of care you would like to tell us about? You can pick more than 1** | |
| My mobility is limited |  |
| I have issues with stamina, low energy or fatigue |  |
| I have been diagnosed with a mental health condition |  |
| My dexterity is limited (for example, due to multiple sclerosis, Parkinson’s or cerebral palsy) |  |
| I have issues with memory |  |
| I have a learning disability |  |
| I have a developmental disability, such as Autism, Asperger’s or ADHD |  |
| I have hearing problems |  |
| I have sight problems |  |
| Other (please specify) |  |
| Don’t know |  |
| None of these |  |
| Prefer not to say |  |

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| **Q5. In everyday life, how often does your disability or condition make it harder for you to live your life? Please select one option.** | | | |
| All or most of the time |  | At least once a day |  |
| At least once a week |  | At least once a month |  |
| Less often |  | Don’t know |  |
| Prefer not to say |  |  |  |

**The next question is about whether your disability stops you from doing certain activities, or whether you can do those activities with help from another person.**

For example an unpaid carer, a social worker, a family member, a neighbour, or a friend.

When answering this question, please think of times when your disability is affecting you and you are unable to get help from another person.

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| **Q6. When you are affected by your disability or condition, which of the following activities are you able to do independently, able to do with difficulty, or unable to do without help? Please select the option that best fits your experience for each answer.** | | | | | |
|  | I can do this independently | I can do this safely but it causes myself or others pain, distress, or anxiety | I can do this safely, but it takes me a lot longer than I’d like | I can do this, but it puts myself or others in danger | I can’t do this at all without help |
| Preparing meals and eating and drinking |  |  |  |  |  |
| Keeping yourself and your clothes clean |  |  |  |  |  |
| Using the toilet |  |  |  |  |  |
| Choosing clothes and getting dressed |  |  |  |  |  |
| Keeping yourself and others safe in your home |  |  |  |  |  |
| Cleaning and tidying your home |  |  |  |  |  |
| Building and keeping relationships with family and friends |  |  |  |  |  |
| Getting a job, accessing education, or doing volunteer work |  |  |  |  |  |
| Using public transport and local facilities |  |  |  |  |  |
| Caring for any children you have |  |  |  |  |  |

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| **Q7. Does being unable to do those activities independently impact your mental or physical well-being? Please select one option.** | | | |
| Yes |  | No |  |
| Don’t know |  | Prefer not to say |  |

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| **Q8. Which of the following activities, if any, would you like to be able to do but can’t because of your disability? Please tick all that apply** | |
| Attending music events, sporting events, the theatre or cinema |  |
| Visiting friends or family |  |
| Maintaining relationships which are important to me |  |
| Going to restaurants, cafes or pubs |  |
| Taking part in sport or other physical activity |  |
| Working |  |
| Volunteering |  |
| Moving into full-time employment from a part-time or volunteering role |  |
| Other (please specify) |  |
| Don’t know |  |
| None of these |  |

**The next set of questions will ask whether or not you receive any help for your condition/disability.**

This includes if you are actively receiving help provided by a friend or family member, whether you are not actively receiving help but currently waiting for a social care assessment, or if you’re unsure that support for your condition would be available.

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| **Q9. Do you currently receive any social care support? Please select one option** | |
| Yes, I currently access support (e.g., either organised by my local council or that I pay for privately) |  |
| No, but I am currently waiting for a care assessment or for care and support to begin |  |
| No, but I used to access social care |  |
| No, I have never accessed social care |  |
| Don’t know |  |
| Prefer not to say |  |

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| **Q10. What type of support do you currently receive? Please select all that apply.** | |
| I receive help with daily living tasks in my own home |  |
| I have made adaptations to my own home |  |
| I live in housing which includes social care support, such as a supported living scheme |  |
| I live in a residential care or nursing home |  |
| I access activities or support in my community or town, such as day care, day opportunities, carer’s breaks/respite care, or support groups |  |
| Don't know |  |
| None of the above |  |
| Prefer not to say |  |

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| **Q11. Do you also receive support from a friend or family member as an unpaid carer? Please select one option.** | | | |
| Yes |  | No |  |
| Don’t know |  | Prefer not to say |  |

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| **Q12. Which of the following, if any, does the social care and support you receive enable you to do. Please select all that apply.** | |
| It supports me to stay healthy |  |
| It supports me to eat and drink properly |  |
| It supports me to keep myself and the place I live clean |  |
| It supports me to do the activities I like to do |  |
| It supports me to work, study or volunteer |  |
| It supports me to stay healthy |  |
| Other (please specific) |  |
| Don't know |  |
| None of the above |  |
| Prefer not to say |  |

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| **Q13. To what extent do you agree or disagree with the following statement: ‘my care helps me live the life I want to live’?** | | | |
| Strongly agree |  | Somewhat agree |  |
| Neither agree nor disagree |  | Somewhat disagree |  |
| Strongly disagree |  | Don’t know |  |

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| **Q14. Why do you feel that way? Please select all that apply.** | |
| There is little or no difference between receiving care and not receiving care |  |
| My care package changed and no longer supports me properly |  |
| My care package became too expensive to afford so I receive less care |  |
| I haven’t had my care reviewed and my needs have changed |  |
| I’m not as healthy as I should be |  |
| I’m not eating or drinking properly |  |
| I’m not staying as clean as I would like to |  |
| I still can’t do the activities I would like to |  |
| I still can’t work |  |
| I still can’t volunteer |  |
| My friends or family are having to provide additional care to support me |  |
| Don't know |  |
| None of the above |  |
| Prefer not to say |  |

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| **Q15. Which of the following changed to stop you from accessing social care support? Please select all that apply.** | |
| I now use state benefits, like Personal Independence Payment (PIP) to meet my needs instead |  |
| I can no longer afford to pay for my care or pay my council contribution payments |  |
| I was told by my council that I no longer qualified for social care support for my disability |  |
| I no longer knew where to go social care support (for example, after a move or change in circumstances) |  |
| My local services have closed |  |
| I don’t know why my social care support stopped |  |
| I decided I didn’t need or want support |  |
| I chose to stop receiving care because I wasn’t happy with it |  |
| I receive help from a friend or family member |  |
| My care stopped, but I am currently waiting for a care assessment or for care and support to begin |  |
| Don't know |  |
| None of the above |  |
| Prefer not to say |  |

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| **Q16. Why have you never received social care support? Please select all that apply.** | |
| I receive help from a friend or family member |  |
| I use state benefits, like Personal Independence Payment (PIP) to meet my needs instead |  |
| I don’t think I can get any support for my needs |  |
| I can’t afford to pay for care or council care contributions |  |
| My local council told me I was not eligible for care |  |
| My local social care services have closed |  |
| I don’t know where to go to get support |  |
| I asked the Council or the NHS about getting support, but it was too difficult to get the help I need |  |
| I don’t want or need any further help |  |
| Don't know |  |
| None of the above |  |
| Prefer not to say |  |
| Other (please specify) |  |

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| **Q17. Whilst you were waiting for a social care assessment or support to begin, which, if any, of the following happened? Please select all that apply.** | |
| I was given information on what to expect from my assessment |  |
| I was given information on how long I could expect to wait |  |
| I was given information about NHS support |  |
| I was given information about charities or voluntary groups who could help me |  |
| I was told I should look at private care and support options |  |
| I haven’t been given any information or support |  |
| I have never had a social care assessment scheduled |  |
| Don't know |  |
| None of the above |  |
| Prefer not to say |  |
| Other (please specify) |  |

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| **Q18. If you receive support from a friend or family member, on average how many hours of support do your unpaid carers provide for you each week? Please select one option.** | | | |
| 0 to 9 hours |  | 10 to 19 hours |  |
| 20 to 49 hours |  | 50 to 89 hours |  |
| More than 90 hours |  | I do not receive any unpaid care or support |  |
| Don’t know |  | Prefer not to say |  |

**Tell us a bit about you**

**It would really help to know a little more about you so that we can better understand how people's experiences may differ. These questions are completely voluntary.**

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| **Q19. Can you tell us what area of Barnsley you live in?** | |
| Village |  |
| First 4 digits in your postcode, i.e. S71 1 |  |

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| **Q20. How would you describe your gender?** | | | | | | | | |
| I’m a Woman |  | I’m a Man |  | I’m Non-binary | |  | I would prefer not to say |  |
| I want to self-describe (please specify) | | | | |  | | | |

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| **Q21. How would you describe the sexual orientation you identify with** | | | | |
| I am Asexual |  | I am Bisexual | |  |
| I am Gay man |  | I am Heterosexual / Straight | |  |
| I am Lesbian / Gay woman |  | I am Pan sexual | |  |
| I would prefer not to say |  | I want to Self-describe |  | |

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| **Q22. How would you describe your ethnic group?** | | |
| Arab | |  |
| Asian / Asian British: Bangladeshi | |  |
| Asian / Asian British: Chinese | |  |
| Asian / Asian British: Indian | |  |
| Asian / Asian British: Pakistani | |  |
| Asian / Asian British: Any other Asian / Asian British background (please specify) |  | |
| Black / Black British: African | |  |
| Black / Black British: Caribbean | |  |
| Black / Black British: Any other Black / Black British background (please specify) |  | |
| Mixed / Multiple ethnic groups: Asian and White | |  |
| Mixed / Multiple ethnic groups: Black African and White | |  |
| Mixed / Multiple ethnic groups: Black Caribbean and White | |  |
| Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify) |  | |
| White: British / English / Northern Irish / Scottish / Welsh | |  |
| White: Irish | |  |
| White: Gypsy, Traveller, or Irish Traveller | |  |
| White: Roma | |  |
| White: Any other White background (please specify) |  | |
| Any other ethnic group (please specify) |  | |
| Prefer not to say | |  |
| Not known | |  |

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| **Q23. Which of the following best describes your financial status?** | |
| I have more than enough for basic necessities and a large amount of disposable income that I can save or spend on extras or leisure |  |
| I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure |  |
| I have just enough for basic necessities and little else |  |
| I don’t have enough for basic necessities and sometimes run out of money |  |
| I don't know |  |
| None of the above |  |
| I would prefer not to say |  |

**Can we stay in touch?**

**Sign-up to our mailing list to stay up to date with what people are telling us about health and social care, our advice and information, and our latest reports. You can unsubscribe from our mailing list at any time**

|  |  |
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| **Q24. I want Healthwatch Barnsley to email me about advice and information, latest news, research and updates. My contact details are below** | |
| Email |  |
| Venue/ group where you completed survey |  |
| Date |  |

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| **Q25. How did you find out about this survey?** | |
| At an event or focus group |  |
| From another organisation |  |
| From a family member or friend |  |
| Our e-newsletter or email from us |  |
| Healthwatch Barnsley Website |  |
| Social Media post. Please tell us which one |  |

**Using your story for media**

To promote our campaigns we use people's stories to show what needs to change. The media (newspapers, radio or TV) ask if we have people who can their story when we publish a press release about our research.

Would you be happy for us to contact you about your experience for media purposes or to use your story as a case study in our material? We won’t pass on your name and contact details to the media without speaking to you first about what it involves.

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| **Q26. I am happy to be contacted by Healthwatch Barnsley to discuss whether my story could be a case study for a campaign or to be passed onto the media.** | |
| Email |  |
| Phone number |  |
| Date |  |

**How we use your information**

The information you share with us helps us spot trends to identify areas for improvement. We may use quotes in our reports, but we will not use any information that will identify you.

As well as your feedback, we also ask you to volunteer some personal information. This helps us to help us understand how different groups experience local health and social care services and supports our focus on improving equality, diversity and inclusion.

If you are sharing information on behalf of another person, make sure that you have their permission to do so, or the information you do share should be anonymous.

Find out more about how we handle your information in our privacy statement on our website [www.healthwatchbarnsley.org.uk/privacy](http://www.healthwatchbarnsley.org.uk/privacy). If you need a paper copy of this policy, call us on 01226 320106 or email [hello@healthwatchbarnsley.org.uk](mailto:hello@healthwatchbarnsley.org.uk)