



## **Supported Living Engagement Carers Survey - Your Home Your Say.**

**Carers who support someone in a supported living home.**

### **Overview.**

Sefton Council is working jointly with Sefton Carers Centre and Healthwatch Sefton to understand the views carers have about Supported Living.

The main reason for Supported Living is for people with an eligible care need to live in their own home and have control over the support they receive. Supported Living can look different for different people. For one person, a few hours support a week may meet their needs. For another person they may require support all day every day to assist them.

We want to co-produce a range of high-quality accommodation with support across Sefton by 2025 for both older adults and young adults with disabilities. The coproduced services will better meet people's care and support needs, whilst promoting their health, wellbeing, and independence.

### **Why your views matter**

We would appreciate your time in completing this survey. This will give us information to develop the draft Supported Living Strategy and future services.

We want to work with our key partners in Sefton including those who provide services and people with lived experience and their carers.

You can fill in a paper copy, to get one please call **0151 934 2888** or email **[yourhomeyoursay@sefton.gov.uk](mailto:yourhomeyoursay@sefton.gov.uk)** and ask for one to be sent to you or you can collect and return a survey from Sefton Carers Centre at Waterloo or from the Life Rooms in Southport.

Paper copies will have a freepost envelope to send it back to us.

You can give us your views over a phone call 0151 934 2888.

At the end of the survey, you will be asked if you want to give an email address so that you can receive a copy of your response. You do not have to do this.

The email address is only used to send the email to you from Your Sefton Your Say.

The email address will not be stored with the responses and Sefton Council will not have access to it, unless you have given your email address as part of the survey.

## **Section 1 - About You.**

### **1. I am completing this survey as:**

Please select one:

- A carer who supports someone in a supported living home.
- On behalf of a carer who supports someone in a supported living home.

## 2. How long have you been the carer of someone in a supported living home?

- Less than 6 months.
- 6 - 12 months.
- 1 - 2 years.
- 3 - 4 years.
- 4 years or more.

## 3. What is your relationship to the person you care for that live in a supported living home?

Please select only one.

- Mother
- Father
- Daughter.
- Son.
- Partner.
- Friend.
- Other.

If other, please provide further details.

**4. Prior to the person you care for being in a supported living home, where did they previously live?**

- In the family home with you.
- In a private house/flat.
- In a residential home setting.

If other, please provide further details.

**5. How long did it take to find a supported living property that was suitable for the person you support?**

- Less than 6 months.
- 6 months – 1 year.
- 1-2 years.
- 3 years or more.

**6. What is the health care need(s) of the person you support? Please select all that apply.**

- Learning Disability.
- Physical Disability.
- Autism.
- Visual Impairment.
- Hearing Impairment.
- Mental Health.

If others, please provide further details.

A Direct Payment is a payment that allows you to organise care services yourself, enabling you to choose the services that are appropriate to your needs as set out in your Support Plan. Some people use the money to buy care from an agency whilst others will directly employ their own staff.

The aim of a Direct Payment is to give more choice in how services are provided to individuals who are assessed as eligible for Social Care support.

By giving the individuals money in place of social care services, people have a greater choice and control over their lives and can make their own decisions over how their care is delivered.

**7. Did the person you support receive a direct payment to pay for any activities/day centres before they moved into a supported living home?**

Yes.

No.

**8. If yes, did this direct payment continue when they moved into a supported living home?**

Yes.

No.

**9. If yes, did the payment:**

Increase.

Decrease.

Stayed the same.

**10. If no, are you aware of the reasons this direct payment and the previous activities/day centre funding was no longer continuing?**

Yes.

No.

**11. Are you provided with as much information as you need to understand what is being paid for? (For example, their rent costs, household bills, food, and outings etc)**

Yes.

No.

**12. If you have control of the persons finances are you clear about what you are paying for and why?**

Yes.

No.

Not applicable.

**13. Do you get the information you need from the Supported Living provider with regards to household costs and other items?**

Yes.

No.

Please add any additional information in the box below in relation to any changes in direct payment provision.

**14. Do you have any concerns about the increase in cost-of-living expenses and energy costs for the person you support?**

Yes.

No.

**15. If YES, what are your main concerns?**

Please select all that apply

Cost of food.

Cost of energy (gas and electricity).

Other (please tell us).

**16. Do you currently have to use any of your finances as a carer to support the person you care for?**

- Yes.
- No.

**17. If YES, did you previously have to financially support the person you care for before they moved into a Supported Living Home?**

- Yes, increased.
- Not increased.
- Amount about the same.
- Unsure.

**Section 2 - The Supported Living Home**

**18. On a scale of 1-10 (with 10 being very important and 1 being not important), how important is it to you that a Supported Living home should be as local to the person's previous home location?**

(For example, if you and the person you support currently reside in Southport, how important is it that a supported living placement is also in the same area?)

Not important Very Important

1	2	3	4	5	6	7	8	9	10

Please state the area the Supported Living home is in, e.g. Bootle, Maghull, Ainsdale etc.



**19. Is the person you currently support living in an area that is local to you?**

Yes.

No.

Please state the area the Supported Living home is in, e.g., Bootle, Maghull, Ainsdale etc.

**20. As a carer are you happy with the location of the Supported Living home the person you support is currently living in?**

Yes.

No.

If no, please provide additional information in the box below as to why you are not happy with the current Supported Living home location.

**21. Are the good transport links near the Supported Living home?**

Yes.

No.

**22. Are you happy with the property (building) that the person you care for currently lives in?**

Yes.

No.

If no, please provide additional information in the box below as to why you are not happy with regards to the building.

**23. Is the home kept in good repair?**

Yes.

No.

If NO, please use the box below to tell us what issues they are with the property.

**24. Does the supported living home ask for opinions/views on any communal/shared spaces?**

Yes.

No.

**25. If you have any concerns, do you know who you can contact in an emergency in the supported living property?**

Yes, I know who to contact during office hours.

Yes, I know who to contact during out of hours.

No, I don't know who to contact during office hours

No, I don't know who to contact during out of hours.

**Section 3 - Support Plan and Support Worker Provision.**

**26. Are you aware if the person you support has a Support Plan from adult social care?**

- Yes.
- No.
- Not sure.

**27. If you are aware of a support plan, do you feel you have had input on it as their family carer?**

- Yes.
- No.
- A little.
- Other.

Please write any comments in the box below.

**28. Are you aware that support plans are reviewed annually?**

- Yes.
- No.

**29. Do you get the opportunity to discuss the support provided to the person you support from the support workers?**

- Yes.
- No.

If no, would this be something you would welcome and can you suggest how often you would welcome this opportunity, e.g., monthly update meetings/emails/updates every 2 months etc.

**30. Do you feel the person you support is safe and secure in their supported living Home?**

Yes.

No.

If no, please add further detail in the box to why you answered no to this question.

**31. Do you feel the person you support likes the supported living home they are in?**

Yes.

No.

**32. Are you happy that the support received helps the person you care for to live a full and independent life?**

Yes.

Please tell us what you are happy with.

No.

Please tell us what you are not happy with and how you feel it can be changed or improved.

## Section 4 - Concerns and complaints

**33. If you have any concerns or needed to make a complaint about social care support, would you know who to contact?**

Yes

No

**34. Have you ever had to raise any concerns/ make a complaint in the past regarding social care support?**

Yes

No

**35** If YES, do you feel your concerns/the complaint process was

A simple process.

An effective way of dealing with the issue.

Provided a positive outcome.

If a positive outcome was not achieved, do you have any further suggestions for how this process could have been improved?

## Section 5 - Feedback

**36. Are you invited to any feedback events by the supported living home?**

Yes.

No.

**37. Would you like to be part of a group that will help make improvements for Supported Living Services.**

Yes.

No.

If no, what would be the main reasons for not wanting to be part of such a group.

**38. Are you aware that Sefton have complex care brokers that support supported living work?**

Yes.

No.

**39. Would you like to see a dedicated website / leaflet with supported living Information on it for Sefton?**

- Yes, a leaflet and website would be good.
- Yes, a website would be good.
- Yes, a leaflet would be good.
- No, I don't feel a website/leaflet would be useful.

If yes, what do you feel would be the most useful information to be included on a website/leaflet?

**Section 6 - COVID**

**40. Did the person you care for move out of their supported living home and back to your home during COVID?**

- Yes.
- No.

**41. If yes, has the person you support now moved back to their supported living home?**

- Yes.
- No.



**42. If no, are there plans to move back to the supported living home?**

Yes.

No.

**43. During COVID, were you still able to visit the person you support in their supported living home?**

Yes, I did not have any issues as long as I wore personal protective equipment (PPE) such as a mask, gloves etc.

Yes, however, this was intermittent and there were times when visiting was not allowed?

No, there was no option for me to visit during COVID.

If you would like to add any further information about visiting arrangements during COVID lockdown times, please tell us in the box below.

**44. During COVID were you happy that the supported living property had COVID safe procedures in place and support workers had access to the necessary personal protective equipment (PPE) and regular testing opportunities?**

- Yes, I had no concerns.
- Somewhat happy, although I had some concerns.
- No, I was not happy with procedures in place.

Please write any comments in the box below.

**45. Are you aware of lateral flow tests being available for paid staff in Supported Living homes?**

- Yes.
- No.

## Contact information

**46. Many thanks for taking the time to respond to these questions. If you would be happy to be contacted in the future with regards to supported living, please leave your contact details below.**

The contact information is optional to complete.

Name.

Contact number.

Email address.

## Equalities monitoring questions

Please note that these questions are optional and are asked in line with the Privacy Notice. You can complete as much or as little as you wish.

**47. Do you give agree or disagree to provide your details, in accordance with the Privacy Notice?**

Yes.

No.

**48. How old are you?**

- Under 18.
- 18 – 29.
- 30 – 39.
- 40 – 49.
- 50 – 59.
- 60 – 69.
- 70 – 79.
- 80 – 84.
- 85+.
- Prefer not to say.

**49. Are you**

- Male.
- Female.
- Prefer not to say.

**50. People are planning to, started to or have changed their sex are protected by the Equalities Law Act. Are you planning to, started to or have changed your sex? This is called gender reassignment.**

- Yes.
- No.
- Prefer not to say.

**51. If you answered 'yes' to the above, do you currently live as the sex you were given when you were born?**

- Yes.
- No.
- Prefer not to say.

**52. If you do not live as the sex you were given at birth, are you?**

- Transgender.
- Non-binary.
- I identify differently.
- Prefer not to say.

**53. How would you describe your sexual orientation?**

- Heterosexual or straight.
- Lesbian.
- Gay.
- Bisexual.
- Define differently.
- Prefer not to say.

**54. Disability: Do you have any of the following**

- Physical Impairment.
- Visual impairment.
- Hearing impairment/deaf.
- Learning Difficulty.

- Learning Disability.
- Autism/Asperger's.
- Mental health condition.
- Dementia.
- Long-term illness that affects your daily life.
- Prefer not to say.

**55. If you have Cancer, diabetes, or HIV this is seen as a disability under the Equalities Law. Or you have selected any of the boxes in the question above. Do you think of yourself as disabled?**

- Yes.
- No.
- Prefer not to say.

**56. What is your religion/belief?**

- No religion/belief.
- Christian.
- Hindu.
- Muslim.
- Jewish.
- Sikh.
- Prefer not to say.
- Other religion or belief.

**57. Race/Ethnicity (please note that Sikh and Jewish are collected in the Religion/Belief Section above) do you identify as:**

- English/Welsh/Scottish/Northern Irish/British.
- Irish.
- Gypsy or Irish Traveller.
- Roma.
- Polish.
- Portuguese.
- Latvian.
- White and Black Caribbean.
- White & Black African.
- White & Asian.
- Indian.
- Pakistani.
- Bangladeshi.
- Chinese.
- African.
- Caribbean.
- Arab.
- Prefer not to say.

Other ethnic background (please describe).

## **Privacy Notice – Supported Living Engagement Your Home, Your Say.**

We thank you for participating in this engagement and we value your contribution.

### **The categories of this information that we collect, process, hold and share include:**

We are collecting personal identifiers as part of this survey.

We are collecting:

- IP address.
- Name.
- Telephone number.
- Email.
- Equality monitoring questions.

### **Why we collect and use this information.**

We collect the IP address so we can ensure only one response is received per resident/visitor. Following validation of the data the IP addresses will be deleted.

The name, contact number and email information you provide will help the Council to contact you if you have said that you would like to be involved in the Supported Living Reference Group to help design and improve the service.

We ask the equality monitoring questions as part of our legal duties under the Equality Act 2010, to help us know what groups of people are responding to the survey and who is not responding. It will also ensure that there is equality of opportunity for protected groups of people.



## **Storing this information.**

The equality monitoring information will be retained until the data has been fully analysed and a full report completed.

Any personal information that you provide to the Council as part of this engagement will be handled and used in compliance with the principles of the UK General Data Protection Regulation. Regardless of whether it is electronic or on paper it will be stored and processed securely and deleted within 2 years.

## **The lawful basis upon which we use this data:**

Article 6 of the UK General Data Protection Regulation.

6(1)(e) – The processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller.

The Equality Act 2010 and the Public Sector Equality duties.

## **Confidentiality of data:**

Your contributions will be anonymised on receipt and your comments will then be used for research and engagement purposes. Your identity and contact details will not be published by us at any stage without your consent.

## **Who we share this information with:**

The engagement is being carried out in partnership with Sefton Carers Centre and Healthwatch Sefton. Your information will only be shared for the purpose of analysis and report writing. Analysis or reports arising from the engagement will contain anonymised data.

Your personal data is not transferred outside of the UK.

## Requesting access to your personal data

You have the right, in certain circumstances to:

- Object to processing of personal data that is likely to cause or is causing damage or distress.
- Prevent processing for the purposes of direct marketing.
- Object to decisions being taken by automated means.
- In certain circumstances, have inaccurate personal data rectified, blocked, erased or destroyed; and
- The right to lodge a complaint with the supervisory authority (the Information Commissioner's Office)

Withdraw consent for the processing where consent is the lawful basis.

To make a request for your personal information or to exercise any of your rights as set out above, please complete the Individual's Rights Form found at the following link on our website or call 0345 140 0845.

[Privacy policy \(sefton.gov.uk\)](https://sefton.gov.uk/privacy-policy)

For more information about this Privacy Notice, please contact:

Elisa Lee – [elisa.lee@sefton.gov.uk](mailto:elisa.lee@sefton.gov.uk)

Please telephone 0151 934 2888.

The contact for this engagement is Elisa Lee –

[elisa.lee@sefton.gov.uk](mailto:elisa.lee@sefton.gov.uk)

Please telephone 0151 934 2888.

### **Data Protection Officer.**

Sefton Council's Data Protection Officer can be contacted at:

E-mail: [ino.information@sefton.gov.uk](mailto:ino.information@sefton.gov.uk)

Telephone: 0345 140 0845.