

# Your Social Care and Support Services

You do not have to answer all of the questions; if you don't want to answer a question, or don't know the answer, then move on to the next question.

## Section 1: Overall satisfaction with your social care and support

### 1. Overall, how satisfied or dissatisfied are you with the care and support services you receive?

*By 'care and support services' we mean any equipment or care provided by staff who are paid to help you. The staff could be from Royal Borough of Greenwich, an agency, a care home or bought by you using money from Royal Borough of Greenwich through a Direct Payment.*

**Please tick (✓) one box**

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I am extremely satisfied                | 1 |
| <input type="checkbox"/> | I am very satisfied                     | 2 |
| <input type="checkbox"/> | I am quite satisfied                    | 3 |
| <input type="checkbox"/> | I am neither satisfied nor dissatisfied | 4 |
| <input type="checkbox"/> | I am quite dissatisfied                 | 5 |
| <input type="checkbox"/> | I am very dissatisfied                  | 6 |
| <input type="checkbox"/> | I am extremely dissatisfied             | 7 |

**2. Do you know how to make a complaint or compliment about the care services you receive?**

***Please tick (✓) one box***

Yes and I feel I could if I wanted to 1

Yes, but I do not feel I could if I wanted to 2

No I do not know how to make a complaint or a compliment 3

## Section 2: Your quality of life

When answering the following questions please think about the quality of your life as a whole, including the help you get from others as well as Royal Borough of Greenwich.

**3a. Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?**

*Please tick (✓) one box*

- |                          |                                 |   |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | So good, it could not be better | 1 |
| <input type="checkbox"/> | Very good                       | 2 |
| <input type="checkbox"/> | Good                            | 3 |
| <input type="checkbox"/> | Alright                         | 4 |
| <input type="checkbox"/> | Bad                             | 5 |
| <input type="checkbox"/> | Very bad                        | 6 |
| <input type="checkbox"/> | So bad, it could not be worse   | 7 |

**3b. Do care and support services help you to have a better quality of life?**

*Please tick (✓) one box*

- |                          |     |   |
|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | 1 |
| <input type="checkbox"/> | No  | 2 |

**3c. Which of the following statements best describes how much choice you have over the care and support services you receive?**

*By 'choice' we mean being able to choose from a range of care providers and services and make changes as and when required*

***Please tick (✓) one box***

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I do have enough choice over care and support services      | 1 |
| <input type="checkbox"/> | I don't have enough choice over care and support services   | 2 |
| <input type="checkbox"/> | I don't want or need choice about care and support services | 3 |

**4a. How far do you agree with this statement: "I am treated with respect and dignity by the people who assess my needs for social care" (e.g. a Social Worker or Occupational Therapist)**

***Please tick (✓) one box***

- |                          |                            |   |
|--------------------------|----------------------------|---|
| <input type="checkbox"/> | Strongly agree             | 1 |
| <input type="checkbox"/> | Agree                      | 2 |
| <input type="checkbox"/> | Neither agree nor disagree | 3 |
| <input type="checkbox"/> | Disagree                   | 4 |
| <input type="checkbox"/> | Strongly disagree          | 5 |

**4b. How often do you feel you are treated with respect and dignity by your care staff?**

***Please tick (✓) one box***

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I feel I am always treated with respect and dignity           | 1 |
| <input type="checkbox"/> | I feel I am treated with respect and dignity most of the time | 2 |
| <input type="checkbox"/> | I feel I am not always treated with respect and dignity       | 3 |
| <input type="checkbox"/> | I feel I'm not treated with respect and dignity at all        | 4 |

**5a. Which of the following statements best describes how much control you have over your daily life?**

*By 'control over daily life' we mean having the choice to do things or have things done for you as you like and when you want.*

***Please tick (✓) one box***

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I have as much control over my daily life as I want   | 1 |
| <input type="checkbox"/> | I have adequate control over my daily life            | 2 |
| <input type="checkbox"/> | I have some control over my daily life but not enough | 3 |
| <input type="checkbox"/> | I have no control over my daily life                  | 4 |

**5b. Do care and support services help you in having control over your daily life?**

*By 'care and support services' we mean any equipment or care provided by staff who are paid to help you. The staff could be from Royal Borough of Greenwich, an agency or bought by you using money you receive from Royal Borough of Greenwich, using a Direct Payment.*

***Please tick (✓) one box***

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | I do not need care and support services to help me have control over my daily life | 1 |
| <input type="checkbox"/> | Yes  | 2 |
| <input type="checkbox"/> | No   | 3 |

**6. Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?**

***Please tick (✓) one box***

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I feel clean and am able to present myself the way I like | 1 |
| <input type="checkbox"/> | I feel adequately clean and presentable                   | 2 |
| <input type="checkbox"/> | I feel less than adequately clean or presentable          | 3 |
| <input type="checkbox"/> | I don't feel at all clean or presentable                  | 4 |

**7. Thinking about the food and drink you get, which of the following statements best describes your situation?**

*Please tick (✓) one box*

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | I get all the food and drink I like when I want  | 1 |
| <input type="checkbox"/> | I get adequate food and drink at OK times  | 2 |
| <input type="checkbox"/> | I don't always get adequate or timely food and drink   | 3 |
| <input type="checkbox"/> | I don't always get adequate or timely food and drink, and I think there is a risk to my health | 4 |

**8. Which of the following statements best describes how clean and comfortable your home is?**

*Please tick (✓) one box*

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | My home is as clean and comfortable as I want    | 1 |
| <input type="checkbox"/> | My home is adequately clean and comfortable      | 2 |
| <input type="checkbox"/> | My home is not quite clean or comfortable enough | 3 |
| <input type="checkbox"/> | My home is not at all clean or comfortable       | 4 |

**9a. Which of the following statements best describes how safe you feel?**

*By feeling safe we mean how safe you feel both inside and outside the home. This includes fear of abuse, falling or other physical harm.*

***Please tick (✓) one box***

I feel as safe as I want 1

Generally I feel adequately safe, but not as safe as I would like 2

I feel less than adequately safe 3

I don't feel at all safe 4

**9b. If you have said you don't feel safe, can you please tell us why?**

**9c. Do care and support services help you in feeling safe?**

***Please tick (✓) one box***

Yes 1

No 2



**10. Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?**

***Please tick (✓) one box***

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I have as much social contact as I want with people I like          | 1 |
| <input type="checkbox"/> | I have adequate social contact with people                          | 2 |
| <input type="checkbox"/> | I have some social contact with people, but not enough              | 3 |
| <input type="checkbox"/> | I have little social contact with people and feel socially isolated | 4 |

**11. If you have used technology to connect with people, which of the following have you used?**

***Please tick (✓) as many boxes as apply***

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | Text   | 1 |
| <input type="checkbox"/> | Email  | 2 |
| <input type="checkbox"/> | WhatsApp messages (or other messaging service, e.g. Messenger) | 3 |
| <input type="checkbox"/> | Video (e.g. Skype, WhatsApp video)                             | 4 |
| <input type="checkbox"/> | Social Media (e.g. Facebook, Twitter, Snapchat)                | 5 |
| <input type="checkbox"/> | Other (please specify)   | 6 |
| <input type="checkbox"/> | None of the above  | 7 |

**12. Which of the following statements best describes how you spend your time?**

*When you are thinking about how you spend your time, please include anything you value or enjoy including leisure activities, formal employment, voluntary or unpaid work and caring for others.*

***Please tick (✓) one box***

- I'm able to spend my time as I want, doing things I value or enjoy 1
- I'm able to do enough of the things I value or enjoy with my time 2
- I do some of the things I value or enjoy with my time but not enough 3
- I don't do anything I value or enjoy with my time 4

**13. Which of these statements best describes how having help to do things makes you think and feel about yourself?**

***Please tick (✓) one box***

- Having help makes me think and feel better about myself 1
- Having help does not affect the way I think or feel about myself 2
- Having help sometimes undermines the way I think and feel about myself 3
- Having help completely undermines the way I think and feel about myself 4

**14. Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself?**

*Please tick (✓) one box*

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | The way I'm helped and treated makes me think and feel better about myself                 | 1 |
| <input type="checkbox"/> | The way I'm helped and treated does not affect the way I think or feel about myself        | 2 |
| <input type="checkbox"/> | The way I'm helped and treated sometimes undermines the way I think and feel about myself  | 3 |
| <input type="checkbox"/> | The way I'm helped and treated completely undermines the way I think and feel about myself | 4 |

**15. How often do you feel lonely?**

*Please tick (✓) one box*

- |                          |                  |   |
|--------------------------|------------------|---|
| <input type="checkbox"/> | Often or always  | 1 |
| <input type="checkbox"/> | Some of the time | 2 |
| <input type="checkbox"/> | Occasionally     | 3 |
| <input type="checkbox"/> | Hardly ever      | 4 |
| <input type="checkbox"/> | Never            | 5 |

**Section 3: Knowledge and information**

**16. In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?**

*Please include information from different sources, such as voluntary organisations, and private agencies as well as Royal Borough of Greenwich.*

***Please tick (✓) one box***

- I've never tried to find information or advice 1
  
- Very easy to find 2
- Fairly easy to find 3
- Fairly difficult to find 4
- Very difficult to find 5

**If you found it difficult to find information and advice, please tell us why and what we can do to make it easier for you**

## Section 4: Your health

**17. How is your health in general?**

*Please tick (✓) one box*

- |                          |           |   |
|--------------------------|-----------|---|
| <input type="checkbox"/> | Very good | 1 |
| <input type="checkbox"/> | Good      | 2 |
| <input type="checkbox"/> | Fair      | 3 |
| <input type="checkbox"/> | Bad       | 4 |
| <input type="checkbox"/> | Very bad  | 5 |

**18. By placing a tick in one box in each group below, please indicate which statements best describe your own health state today.**

**a. Pain or discomfort**

*Please tick (✓) one box*

- |                          |                                    |   |
|--------------------------|------------------------------------|---|
| <input type="checkbox"/> | I have no pain or discomfort       | 1 |
| <input type="checkbox"/> | I have moderate pain or discomfort | 2 |
| <input type="checkbox"/> | I have extreme pain or discomfort  | 3 |

**b. Anxiety or depression**

*Please tick (✓) one box*

- |                          |                                      |   |
|--------------------------|--------------------------------------|---|
| <input type="checkbox"/> | I am not anxious or depressed        | 1 |
| <input type="checkbox"/> | I am moderately anxious or depressed | 2 |
| <input type="checkbox"/> | I am extremely anxious or depressed  | 3 |

**19. Please place a tick (✓) in the box that best describes your abilities for each of the following questions.**

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
a. Do you usually manage to get around indoors (except steps) by yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Do you usually manage to get in and out of a bed (or chair) by yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Do you usually manage to feed yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Do you usually deal with finances and paperwork - for example, paying bills, writing letters – by yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**20. Please place a tick (✓) in the box that best describes your abilities for each of the following questions.**

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
a. Do you usually manage to wash all over by yourself, using either a bath or shower?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Do you usually manage to get dressed and undressed by yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Do you usually manage to use the WC/toilet by yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Do you usually manage to wash your face and hands by yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Section 5: About your surroundings

### 21. How well do you think your home is designed to meet your needs?

*Please tick (✓) one box*

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | My home meets my needs very well              | 1 |
| <input type="checkbox"/> | My home meets most of my needs                | 2 |
| <input type="checkbox"/> | My home meets some of my needs                | 3 |
| <input type="checkbox"/> | My home is totally inappropriate for my needs | 4 |

### 22. Thinking about getting around outside of your home, which of the following statements best describes your present situation?

*You can include getting around by yourself or with help from someone else*

*Please tick (✓) one box*

- |                          |  |   |
|--------------------------|--|---|
| <input type="checkbox"/> | I can get to all the places in my local area that I want                           | 1 |
| <input type="checkbox"/> | At times I find it difficult to get to all the places in my local area that I want | 2 |
| <input type="checkbox"/> | I am unable to get to all the places in my local area that I want                  | 3 |
| <input type="checkbox"/> | I do not leave my home   | 4 |



## Section 6: About yourself, the service user

The answers to the next group of questions will be used to get a picture of who took part in this survey. For example, we will use these questions to help us make sure that services are delivered equally to people with different backgrounds.

### 23. Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

*Please tick (✓) as many boxes as apply*

- |                          |   |       |
|--------------------------|---|-------|
| <input type="checkbox"/> | Yes, from someone living in my household      | a (1) |
| <input type="checkbox"/> | Yes, from someone living in another household | b (1) |
| <input type="checkbox"/> | No  | c (1) |

### 24. Do you buy any additional care or support privately or pay more to 'top up' your care and support?

*Please tick (✓) as many boxes as apply*

- |                          |   |       |
|--------------------------|---|-------|
| <input type="checkbox"/> | Yes, I buy some more care and support with my own money   | a (1) |
| <input type="checkbox"/> | Yes, my family pays for some more care and support for me | b (1) |
| <input type="checkbox"/> | No  | c (1) |

**25. Did you have any help from someone else to complete this questionnaire?**

***Please tick (✓) one box***

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | No, I did not have help                             | 1 |
| <input type="checkbox"/> | I had help from a care worker                       | 2 |
| <input type="checkbox"/> | I had help from someone living in my household      | 3 |
| <input type="checkbox"/> | I had help from someone living outside my household | 4 |

**26. What type of help did you have?**

***Please tick (✓) as many boxes as apply***

- |                          |  |      |
|--------------------------|--|------|
| <input type="checkbox"/> | I didn't have any help                                   | a(1) |
| <input type="checkbox"/> | Someone else read the questions to me                    | b(1) |
| <input type="checkbox"/> | Someone else translated the questions for me             | c(1) |
| <input type="checkbox"/> | Someone else wrote down the answers for me               | d(1) |
| <input type="checkbox"/> | I talked through the questions with someone else         | e(1) |
| <input type="checkbox"/> | Someone answered for me, without asking me the questions | f(1) |

## **Section 7: Comments**

The next group of questions allow you to provide additional information on your experiences.

- 27. Please use the space provided below to describe any other experiences you would like to tell us about, or to write any other comments you would like to make**

**28. We may be asking some people to take part in follow-up research for this study in the next year or so.**

**Would you be happy to be invited to take part in more research?**

*Note that even if you say “yes” there will be no obligation to take part in the future.*

**Please tick (✓) one box**

Yes, I have written my name, address and phone number in the space below

No

**If you would be happy to be contacted for this purpose please provide your contact details here:**

Name: Address:  Telephone number: Email address (optional):
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If you would like to access a copy of the national report for the survey, this will be published in the autumn and is available on the NHS Digital webpage:  
[http://bit.ly/Social\\_Care\\_Survey](http://bit.ly/Social_Care_Survey)

**If you want a digital copy of the national report, please provide your email address in the box below:**

Email address:
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**If you want us to post you a copy of the national report, please provide your name and address in the box below:**

Name: Address:
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**Thank you for helping us by filling in this questionnaire.**

**Please post it back to us in the envelope provided.**

**You don't need to put a stamp on the envelope.**

**For your views to count please return this form by  
13/02/23**