

Are you Healthy, Safe and Independent?

A new law called the Care Act 2014 tells local Councils that they must think about how people can be more in control of their own lives, by feeling happy, healthy, safe and fulfilled.

Now there is less money, there is a need for more people to be cared for and supported by family, friends and their local communities. If more people were supported in this way, this will leave health and social services to offer the right support at the right time, to those that need it most.

To help us to plan we need to understand from you what will help you to be healthy and feel good, safe and in control of your own life. This is because we know that people who feel positive about these things are less likely to need health and social services now or in the future.

This consultation is very important, whether you or your family currently use health and social services or not; we would like as many people as possible to complete our consultation. Thank you for your time.

Being healthy and feeling good

Please tell us how healthy and good you	u feel in general? (Please select only one box)
Very healthy and feel good Healthy and feel good Unhealthy and not feeling good	Very unhealthy and not feeling very good Prefer not to say
Who and what helps you to be healthy a	and feel good?
Is there anything that makes it difficult f	or you to be healthy and feel good?





	ease tell us any ideas on how community or voluntary groups may support you recome any difficulties you have identified?
g s	afe and secure
Ple	ease tell us how safe and secure you are in general? (Please select only one bo
	Very safe and secure
	Safe and secure
	Unsafe and not secure
	Very unsafe and not very secure
	Prefer not to say
Wh	o and what helps you to be safe and secure?
ls t	here anything that makes it difficult for you to be safe and secure?
Ple	ease tell us any ideas on how your friends, family or neighbours may be able to
	oport you to overcome any difficulties you have identified?

	overcome any difficulties you have identified?
<u>eir</u>	ng in control of your own life
•	Please tell us how in control of your own life you are in general? (Please select on one box)
	In control of my own life
	Have some control of my own life
	Have little control of my own life
	Have no control of my own life
	Prefer not to say
	Is there anything that makes it difficult for you to be in control of your own life?
•	Please tell us any ideas on how your friends, family or neighbours may be able to support you to overcome any difficulties you have identified?

15.	overcome any difficulties you		i?
<u>Tell</u>	us about yourself		
Wre		eople with a rang	e responses from all areas of Telford and ge of possible needs. Please answer any
16.	Are you?		
	Male	Female	Prefer not to say
17.	Do you identify as the gende	r you were assi	gned at birth?
	Yes	No	Prefer not to say
18.	Please tell us your age range	?	
	17 years or under		40 - 64 years
	18 - 24 years		65 years and over
	25 - 39 years		
19.	Do you have any long-standi	ng illness or dis	sability that limits your daily activity?
	Yes	No	Prefer not to say
20.			of impairment. If you have more than one,
			ease mark 'other' and write an answer in:
	Physical impairment		Mental health condition
	Sensory impairment		Developmental condition
	Learning disability/difficulty	/	Other (please state)
	Long standing illness		
01	Are you the perent /eaver of a	obild/voung po	aroan 2
21.	Are you the parent /carer of a	i cilila/young pe	FI DUIT !
	Yes	No	Prefer not to say

	Under 5 years			
	6 - 10 years			
	11 - 18 years			
23.	Does your child or children	ı have a disabil	lity?	
	Yes	No	Prefer not to say	
24.	Are you a carer for an adul	t over the age 1	18 years?	
	Yes	No	Prefer not to say	
	If yes, who do you care for	?		
	Parent		Other family member	
	Partner/spouse		Prefer not to say	
	Friend		Other (please give details below)	
	Places tell us why they not	ad aara		
	Please tell us why they nee	iu cale		
	They are ill		They have drug or alcohol problems	
	They are disabled		Prefer not to say	
	They have mental health	n problems	Other (please give details)	
25	Do you have an Armod For		a a gurrently corving a recorvict veteror	_
25.			า, e.g. currently serving, a reservist, veterar mber of Her Majesty's Armed Forces?	I
	Yes	No	Prefer not to say	
26.	What is your sexual orienta	ation?		
	Straight/Heterosexual		Prefer not to say	
	Lesbian/Gay		Other (please state)	
	Bi-sexual			

22. How many children do you have in the following age ranges?

27. What is your ethnic origin?

White British	Asian or Asian British - Bangladeshi
White Irish	Other Asian background (please state
White Polish	below)
Other White background (please state	Black or Black British - Caribbean
below)	Black or Black British - African
Mixed White and Black Caribbean	Other Black background (please state
Mixed White and Black African	below)
Mixed White and Asian	Other ethnic group - Chinese
Other Mixed background (please state	Other ethnic group - Gypsy
below) Asian or Asian British - Indian	Other Ethnic background (please
	state below)
Asian or Asian British - Pakistani	Prefer not to say

If the questions we have asked you raised any issues for you, further details and information can be found at the following:

Mylife Telford & Wrekin Council's website which provides advice and information on local services that help you to maintain your independence www.telford.gov.uk/mylife.

The Access Team 01952 381280 or email <u>access.team@telford.gov.uk</u> a single point of access for information and help for people who use Care and Support services.

Family Connect 01952 385385 or email familyconnect@telford.gov.uk a single contact point where families carers and professionals can access comprehensive local information relating to the needs of children aged 0-19 years or to 24 years for those with a disability.

If the questions have raised upset or distress for you for any reason, you may also want to consider:

The Samaritans 08457 909090 or email jo@samaritans.org who can help you explore your options, understand your problems better, or just be there to listen.

Thank you for taking the time to complete this survey and share your views. Please return the survey in the FREEPOST envelope provided by **25 September 2015.** If you have misplaced your FREEPOST envelope you can return your survey to the following address:

Freepost RTKJ-KGJA-ASZU
Co-operatve Council Delivery Team
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