**Respite (Short Breaks) Questionnaire for Family/ Carers**



**Respite (Short Breaks) for Adults with Learning Disabilities**

Respite (Short breaks) are for people with learning disabilities to spend time away from their carers. Respite Breaks benefit a whole range of people including members of the family who get a ‘break’ from their caring responsibilities, as well as the person with a learning disability themselves, who may meet up with their friends, sometimes learn new skills, or try out new experiences.

**Why are we asking you to fill in this questionnaire?**

We would like to know what works well and what could be improved in order to make sure that the service we are providing meets everyone’s needs. People have told us that Respite Breaks help support families to carry on living together for longer. If the respite currently provided isn’t working for everyone, we would like to know why.

This questionnaire is anonymous unless you want to tell us who you are. We do ask if you want to leave your details at the end of the questionnaire to be involved in further engagement events around Respite (short breaks) and to hear feedback on the results of our questionnaire.

**What are we hoping to find out?**

* We want to know how to provide adult respite services in the future, which best support the service user, carer and family.
* Your feedback will help us to target our limited resources where they are needed most.

**Respite (Short Breaks) Questionnaire**

**Question 1**

What is your relationship to the person who has a learning disability?

☐ Family member

☐ Carer (you provide unpaid support to someone)

☐ Carer/ Support (you provide paid support to someone)

☐ Other (please state in the box below).

|  |
| --- |
|  |

**Question 2**

Do you or the person you care for currently use learning disability respite services?

☐ Yes

☐ No

☐ Not Sure

If yes, what type of short break do you currently use, and how often (this year)?

☐ Tea Visits (any day service that's less than 3.5 hours)

☐ Day Services (any day services more than 3.5 hours)

☐ Overnight Care (for one or several nights)

☐ Activities in the local community within day services (please give details of activities below)

☐ Other (please state what other care you might be using/ receiving in the box below).

|  |
| --- |
|  |

If no, is there a specific reason why you do not use the Respite services?

☐ I do not know what is available to me

☐ I do know what is available but do not think they are suitable

☐ Other (please state in the box below).

|  |
| --- |
|  |

**Question 3**

How does access to respite services help you?

For example, this could include things like being able to work, have a holiday or spend time doing other things (please state in the box below).

|  |
| --- |
|  |

**Question 4**

How does access to respite services help your family member, or person you care for? For example, this could include things like being able to make friends, take part in activities they enjoy or learning new skills (please state in the box below).

|  |
| --- |
|  |

**Question 5**

How often do you feel that the current respite services you use meet your needs?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

**Question 6**

How often do you feel that the current respite services you use meet the needs of your family member, or the person you care for?

☐ Never

☐ Rarely

☐ Sometimes

☐ Often

☐ Always

**Question 7**

If you feel your needs or those of the person you care for are not being met how can this be improved?

|  |
| --- |
|  |

**Question 8**

Is there anything that you think we could do to improve respite services?

☐ Yes

☐ No

☐ Not Sure

If you answered yes, please tell us what you think we could do (in the box below).

|  |
| --- |
|  |

**Question 9**

Would you recommend the current respite service to others?

☐ Yes

☐ No

☐ Not Sure

If you answered yes, please tell us what you think we could do below.

|  |
| --- |
|  |

**Question 10**

Does your family member, or person you care for, have specialist transport needs? For example, specialist vehicles may be required for those with limited mobility.

☐ Yes

☐ No

☐ Not Sure

|  |
| --- |
|  |

**Question 11**

Have you ever needed to use respite services in an emergency?

☐ Yes

☐ No

☐ Not Sure

If yes, please tell us how many times in the last year and what type of respite you used (in the box below).

|  |
| --- |
|  |

**Question 12**

Is there anything else you would like to share with us regarding the current respite services?

☐ Yes

☐ No

☐ Not Sure

If yes, please give response in the box below.

|  |
| --- |
|  |

**Question 13**

Would you be willing to take part in a follow up telephone interview to discuss respite services in more detail?

☐ I agree to being contacted and taking part in a telephone interview

If you would like to be kept informed about the review and invited to potential future engagement events regarding respite (short breaks), please give your name and contact details below. You don’t have to give your details if you don’t want to.

Name……………………………………………………………………….

Telephone number………………………………………………………..

Email address……………………………………………………………..

Thank you for taking the time to complete this questionnaire. Your feedback is much appreciated, and will be used to inform the review of respite services for people with learning disabilities.

|  |
| --- |
| **The online link is quick and easy to use to access the Family/ Carers Questionnaire:** [Respite (Short breaks) Questionnaire for Family/ Carers](https://docs.google.com/forms/d/e/1FAIpQLSd5JHJUSqhXksPFJP3Jl5kXENJwUTjy7ULrLTQAFFY6OCbnHA/viewform?usp=sf_link)  **Alternatively please return questionnaire to:** [**asc.commissioning@kingston.gov.uk**](mailto:asc.commissioning@kingston.gov.uk)  **Or by post:**  FAO: Freyja Kunz  Respite Questionnaire Returns  Third Floor, Guildhall 1  Kingston upon Thames  KT1 1EU  **Deadline for Questionnaires:** (Friday) 29/06/2018 |

**About you**

We are required by law to ask the following questions. However, you do not have to answer these questions if you do not want to. Please note that the answers to the questions are confidential and you cannot be identified from any of the answers you give.

**Please state your gender:**

☐ Male ☐ Female ☐ Prefer not to say

**Please state your age** ………………………………………….

**What is your marital status?**

☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated ☐ Civil Partnership ☐ Other (please state) …………………………………..

**Please state which ethnic group you consider yourself to be from:**

☐ White

☐ Irish Traveller

**Mixed/Multiple ethnic groups**

☐ White and Black Caribbean

☐ White and Black African

☐White and Asian

☐Any other Mixed/Multiple ethnic background, please describe……………………………

……………………………………………………………………………………………………...

**Asian/Asian British**

☐ Indian

☐ Pakistani

☐ Bangladeshi

☐ Chinese

☐ Any other Asian background, please describe…………………………………………….. ……………………………………………………………………………………………………...

**Black/African/Caribbean/Black British**

☐ African

☐ Caribbean

☐ Any other Black/African/Caribbean background, please describe…………………………………………………………………………………………...

**Other ethnic group**

☐ Arab

☐ Any other ethnic group, please describe

☐ Prefer not to say

**Please tell us your religion or belief:**

☐ No religion

☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Any other religion, please describe

☐ Prefer not to say

**Do you consider yourself to have a long-standing illness or disability?**

☐ Yes

☐ No

**Do you care for someone with a long-standing illness or disability?**

☐ Yes

☐ No

**How would you describe your sexuality?**

☐ Heterosexual or straight

☐ Homosexual or Gay/ Lesbian

☐ Bisexual

☐ Prefer not to say

**Are you are pregnant or do you have a child under two years old?**

☐ Yes

☐ No

☐ Prefer not to say

**Have you undergone gender reassignment?**

☐ Yes

☐ No

☐ Prefer not to say

Please tell us the first 4 or 5 characters of your post code (for example, TS3 6 or TS12 1)

|  |
| --- |
|  |

Please note: this helps us to know which general areas we get responses from. It does not identify the exact location of your house or the street you live in.

 Thank you again for taking the time to complete this questionnaire, your

Feedback is much appreciated.

|  |
| --- |
| **The online link is quick and easy to use to access the Family/ Carers Questionnaire:** [Respite (Short breaks) Questionnaire for Family/ Carers](https://docs.google.com/forms/d/e/1FAIpQLSd5JHJUSqhXksPFJP3Jl5kXENJwUTjy7ULrLTQAFFY6OCbnHA/viewform?usp=sf_link)  **Alternatively please return questionnaire to:** [**asc.commissioning@kingston.gov.uk**](mailto:asc.commissioning@kingston.gov.uk)  **Or by post:**  FAO: Freyja Kunz  Respite Questionnaire Returns  Third Floor, Guildhall 1  Kingston upon Thames  KT1 1EU  **Deadline for Questionnaires:** (Friday) 29/06/2018 |