

Your experiences and ideas are important to us at Inclusion Gloucestershire

* Required

**INCLUSION
GLOUCESTERSHIRE**

BIGGER DREAMS ► BETTER LIVES ► BRIGHTER FUTURES

Why are we asking?

Inclusion Gloucestershire will be writing a new strategy (a big plan) to guide our work for the next three years.

We want to know what is important or worrying to you so we can think about this when we write our strategy.

We are asking a lot of people to tell us their views, this includes people with lived experience of disability or mental health conditions, family carers, people who work in health and social care and other organisations and our staff and trustees.



The sections of the survey

This survey has 4 sections.

Section 1 asks you about worries you may have in various parts of your life and the support you may get. We would like everybody to answer these questions please.

Section 2 has some questions about you and who you are and where you live etc and we are asking about this so we can see if different people are concerned about different things. We would like everybody to answer these questions please.

Section 3 has some more detailed questions about the different areas we have asked about. If you have time, we would really like to understand your experiences more but if you are short of time, you can skip all or some of these questions - it really is up to you.

Section 4 asks about your contact details but you do not have to give us these if you don't want to. If you do give us your contact details, we can stay in touch with you.

Consent

Before we get started, we want to check that you agree to take part. Taking part is voluntary and you can stop at any time.

All of the information we collect will be kept securely by Inclusion Gloucestershire and Google Forms who are helping with the research.

We will not use any of your personal details (if you give them to us) in any reports we write.

If there are questions you do not want to answer, you can leave them blank.

Are you willing to take part in the survey? *

- Yes I want to take part
- No, I do not want to take part. If you don't want to take part please now go to the end and press submit.

If you are supporting someone else to fill in this survey, please tell us.

- Yes, I am supporting someone else to fill in the survey
- No, I am filling in the survey for myself



Filling out the survey

If you feel whilst answering the questions, that you may need help or advice on any of the topics, please look at these websites where you might find information to help.

<https://www.yourcircle.org.uk>

<https://www.bewellglos.org.uk>

If you can not get the information you are looking for then you can contact Dawn on dawnc@inclusion-glos.org or 07525 847382 and she will try to help you or let you know about other organisations who may be able to help.

If you do not have lived experience yourself, please answer the questions on behalf of people you know who have lived experience of disability or mental health conditions.

If you would like this survey translated into another language please email Dawn on dawnc@inclusion-glos.org or call her on 07525 847382.

If you would like an paper copy of an easy read survey, or a paper copy of this survey, please email info@inclusion-glos.org or call our office on 01452 234 003.

If you would like someone to call you to talk with you about the survey and fill it on your behalf please email dawnc@inclusion-glos.org or phone 07525 847382.

The survey will close at 5.00 p.m. on Tuesday 20th July 2021.

What will we do with the information you give us?

We will write a report about what you and other people have told us in this survey but the report will not have any personal details in it like your name or contact information.

We will put the report on our website and share it on social media so people know what we have been told is causing concern or worries to people in Gloucestershire.

We will use the information to help us write our next big plan.

Section 1 - Are you worried about parts of your life and support?

We would like everybody to fill out this section.

This section will ask you if you are worried about parts of your life and support. It will help us to understand what things are most important to disabled people and people with mental health conditions.



1. Are you worried about accessing the health care you need? This might include your GP, hospital or treatment and therapy sessions?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

2. Are you worried about accessing support and help for your mental health and well-being?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



3. Are you worried about Long Covid? Long Covid is a name to describe symptoms that people may have a long time after they have had Covid.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

4. If you need help from the social care team, are you worried about being able to have a social care assessment or a review of your support?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



5. Are you worried about getting access to advocacy support if you feel you need it? Advocacy is speaking up for yourself or asking other people to speak up for you.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

6. Are you worried about your finances? This might include the money you have coming in or bills you have to pay or debts you might have.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



7. Are you worried about your housing? This might be worries now or for the future.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

8. Are you worried about getting support to find and maintain paid work or unpaid voluntary roles?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



9. Are you worried about getting support to find ways to learn new things? This may be a course at a college or joining a group to learn a new skill or hobby.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

10. If you are at school or college now, are you worried about the support you are getting?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

11. Are you worried about your access to leisure and social activities?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



12. Are you worried about being able to have regular contact with friends, family and other people who are important to you?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

13. If you are an unpaid or family carer, are you worried about the support you receive in this role? This might include breaks from your caring role.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



14. If you are an unpaid carer, are you worried about being able to get a social care assessment or a review of your needs as a carer?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

15. Are you worried about sharing concerns, complaints or compliments with any of the organisations who you are supported by?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



16. Are you worried about the services you receive, being able to provide you with the support you need and recognising your individual cultural needs?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

17. Are you worried that you have been discriminated against in the last year? Discrimination is if you are treated differently because of who you are. This may be because you are disabled or because of your sexuality or because of your culture or religion. It may also be because of your age or your gender or because you are pregnant. It may also be because you are married or in a civil partnership.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



18. Are you worried about about getting accessible information to meet your needs? This could be information from any organisations or services that you use e.g. councils, GP's, banks, leisure centres, buses etc.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

19. Are you worried about difficulties you may have in accessing services and facilities? This could be difficulties in getting into buildings, understanding the signs in buildings, lighting being too bright, no hearing loops etc. This could be any organisations or services that you use e.g. councils, GP's, banks, leisure centres, buses etc.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



20. Are you worried about your access to technology? This may be equipment like laptops, tablets and smart phones or it may be technology to help you be more independent like heating controls that you can talk to.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

21. Are you worried about how safe you feel when you are not in your home?

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me



22. Are you worried about how much exercise you are taking? Exercise may be taking a walk or going to a class or sporting activity.

- Yes, I am very worried
- Yes, I am a little worried
- I am not sure
- No, I am not too worried
- I have no worries
- This does not apply to me

23. What is the one thing that is causing you most concern at this time? Please tell us more about this and share your ideas about how Inclusion Gloucestershire might be able to help with this.

Your answer

Thank you. Please fill out Section 2

Section 2 - Questions about you

We would like everybody to fill out this section.

This section will ask you information about you, things like your age, ethnicity, which area you live in etc.

It will help us to understand which things are causing worry to different people.



What is your gender identity?

- Female
- Male
- Non-binary
- Intersex
- Prefer not to say
- Other:

Do you identify as trans/transgender?

- Yes
- No
- Prefer not to say
- Other:

What is your sexual orientation?

- Heterosexual
- Homosexual (Lesbian /Gay)
- Bisexual
- Prefer not to say
- Other:



How old are you ?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- Over 75
- Prefer not to say

Is English your first language?

- Yes
- No
- Prefer not to say
- Other:



Please tell us your ethnicity

- Prefer not to say
- Arab
- Arab British
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Asian or Asian British - Any other Asian background
- Black or Black British - Caribbean
- Black or Black British - African
- Black or Black British -Any other Black background
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Any other Mixed background
- White British
- White Irish
- Any other White background
- Other:



Please tell us if you have lived experience of any of these? If you have lived experience in more than one area, please list them all in the "other" section.

- Mental Health Condition
- Physical Impairment
- Sensory Impairment (sight or hearing loss)
- Autism
- Learning Disability
- Neurological Condition
- Family/unpaid carer
- Prefer not to say
- Other:

Which area of Gloucestershire do you live in?

- Cheltenham
- Forest of Dean
- Gloucester
- Stroud
- Tewkesbury
- The Cotswolds
- Prefer not to say
- Other:



Are you a member of Inclusion Gloucestershire?

- Yes
- No
- Not sure

Have you been using any of Inclusion Gloucestershire's services in the last 6 months? This might be the Inclusion hubs, drama group, advocacy support, speak up groups or MHELO (Mental Health Experience Led Opportunities).

- Yes
- No
- Not sure

Thank you. If you do not have time to tell us any more information at this time, please scroll down to Section 4 to tell us your personal details if you want to. Or you can scroll down now to the bottom of the form and press submit.

Section 3 - More detailed information

You only need to fill out this section if you want to tell us more and you have time.

This section will ask you more detailed questions about aspects of your life including your care and support, your home and money, work, volunteering, learning, leisure and choice and control.

You can tell us about good things or not so good things and we really would really like to have this detailed information if you have time.

This information will help us to understand your experiences in more detail.

If you do not want to fill out this section please move to section 4 and tell us about your contact details if you want to.

If you don't want to tell us your contact details, then please scroll down to the bottom of the form and press submit.

Your health, care and support



23. Please tell us if you have experienced any difficulties in accessing the health care you need.

Your answer

24. Please tell us if you have experienced any difficulties in accessing support and help for your mental health and well being.

Your answer

25. How easy is it for you to get health screening appointments (things like smear tests, cholesterol tests) and health checks?

Not easy at all 1 2 3 4 5 Very easy

26. Please tell us of any difficulties you have had getting health screening or health checks. This can include difficulties when you were having the checks as well as organising them.

Your answer

27. If you are concerned about getting a social care assessment or review, what are your concerns?

Your answer



28. If you have support from social care, has the amount of planned support that you have changed in the last year?

- Yes, I have more support
- Yes, I have less support
- No, it hasn't changed
- I don't have support from social care
- I am not sure
- Prefer not to answer
- Other:

29. Please tell us about any changes that have happened in your social care support and how you feel about them.

Your answer

30. If you have support from social care, please tell us what you think about how much you pay towards this and how this is worked out.

Your answer

31. If you have wanted advocacy support and not been able to get it, please tell us more.

Your answer



32. If you have had advocacy support, can you tell us what support you had and how it worked for you.

Your answer

Your home and your money

33. If you are concerned about your finances, can you tell us what your concerns are? This might be to do with how to claim benefits, worries about debts, or other things like you have lost your job.

Your answer

34. If you have worries about housing, please tell us more.

Your answer



35. Please tell us about where you live now. When we talk about formal support, we mean from paid carers who may work for you as a Personal Assistant or may work for a care agency.

- Live on my own in rented or owned property but with no formal support
- Live on my own in rented or owned property and have formal support - this is sometimes called supported living
- Live with family and/or friends but with no formal support
- Live with family and/or friends and have formal support - this is sometimes called supported living.
- Live with others in Shared Lives
- Live in a residential care home
- Live in a nursing home
- Live in extra care or sheltered housing
- Other:

Work, volunteering, learning and leisure



36. Please tell us about whether you are working or volunteering at the moment

- I work full time in a paid job
- I work part time in a paid job
- I am not working at the moment but I am looking for work
- I am not working at the moment and I am not looking for work
- I volunteer on a full time basis
- I volunteer on a part time basis
- I am not volunteering at the moment but I am looking for ways I can volunteer
- I am not volunteering at the moment but I am not looking to volunteer
- Other:

37. If you have had support to find and maintain paid work or unpaid voluntary roles, how good was it?

- | | | | | | | |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | |
| Not at all good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very good |

38. Please tell us about your experiences in getting support to find paid work or unpaid voluntary roles.

Your answer

39. If you have had support to find ways to learn new things (like a new skill or hobby) to learn about, how good was it?

- | | | | | | | |
|-----------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|
| | 1 | 2 | 3 | 4 | 5 | |
| Not at all good | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Very good |



40. Please tell us about your experiences in getting support to find ways to learn new things.

Your answer

41. If you go to school or college, please tell us more about the support you get in school or college.

Your answer

42. How happy are you with your access to leisure and social activities?

	1	2	3	4	5	
Not at all happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very happy

43. Please tell us about your experiences of accessing leisure and social activities. This might be good or bad experiences.

Your answer

Friends and family

44. How happy are you with your current contact with friends, family and other people who are important to you?

	1	2	3	4	5	
Not at all happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very happy



45. Please tell us of anything that gets in the way of you having regular contact with friends, family and other people who are important to you.

Your answer

Family/Unpaid carers

46. If you are a family/unpaid carer, please tell us more about the support you receive in your caring role. This can be good or bad things.

Your answer

47. If you are a family/unpaid carer, please tell us your experiences of the carers assessment or review if you have had one or asked for one.

Your answer

Choice, control and other important things

48. Please tell us about any of your experiences in sharing concerns, complaints or compliments with organisations who support you. These can be good or bad things.

Your answer

49. Please tell us more about how services meet your individual cultural needs or not.

Your answer



50. If you have been discriminated against, please tell us more about this.

Your answer

51. If you experience difficulties in accessing information from services and organisations, please tell us more.

Your answer

52. If you experience difficulties in accessing services and facilities, please tell us more.

Your answer

53. How much do you feel you are able to have choice and control in your life?

1 2 3 4 5

Very poor choice and control Excellent choice and control

54. Please tell us more about your views on choice and control.

Your answer

55. If there is anything you would like to tell us about that you haven't already, please tell us here.

Your answer



Section 4 - Your contact details

We would like to be able to contact you but you don't have to give your contact details to us if you don't want to.

If you do give us your details, we will use them for only three reasons:

- 1) to talk to you to find out more about your answers to this survey
- 2) to ask you to help us with other surveys or research and
- 3) to write to you about how you can become a member of Inclusion Gloucestershire.

We will keep your personal contact details safely for 4 years from the date the survey closes, so this will be until 20th July 2025.

To find out more about our data protection policies or to withdraw your consent please email info@inclusion-glos.org.

We will not share your personal details with other people or organisations.

If you give us your contact details you are agreeing to the above.

Please tell us your full name.

Your answer

Please tell us your address.

Your answer

Please tell us your phone number.

Your answer

Please tell us your email address

Your answer



Thank you

Thank you very much for completing our survey.

Please keep an eye on our website and social media as we will share information about what you have told us on these

<https://www.inclusiongloucestershire.co.uk/research-strategy-and-partnerships/>

<https://www.facebook.com/inclusionglos/>

<https://www.instagram.com/inclusiongloucestershire/>

If you want to post your survey back to us....

Please post your survey by 5pm on 20th July 2021 to us at:

Inclusion Gloucestershire

2 St Michael's Court

St Michael's Square

Gloucester

GL1 1JB

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