



GROWING OLD ON SCILLY

HAVE YOUR SAY ABOUT THE FUTURE OF YOUR SERVICES

We are working with the Council of the Isles of Scilly to develop options for the future model of services for frail and vulnerable adults. In order for us to identify residents' needs and current provision, we would be very grateful if you could answer some questions about yourself/your family. Completed questionnaires should be returned to the address on the back page.

1. Please provide some information about yourself.			
I am male 		I am female 	
I live with my:		I have children under 16 at home:	
Spouse/partner	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Adult son/daughter	<input type="checkbox"/>	No	<input type="checkbox"/>
Extended adult family	<input type="checkbox"/>	Number of children at home:	
Friend	<input type="checkbox"/>	My current home is:	
Alone	<input type="checkbox"/>	Rented (council)	<input type="checkbox"/>
I am aged (please tick):		Rented (housing association)	<input type="checkbox"/>
18-25 years	<input type="checkbox"/>	Rented (private)	<input type="checkbox"/>
25-34 years	<input type="checkbox"/>	Owned outright	<input type="checkbox"/>
35-44 years	<input type="checkbox"/>	Owned (mortgage)	<input type="checkbox"/>
45-54 years	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
55-64 years	<input type="checkbox"/>	I live on:	
65-69 years	<input type="checkbox"/>	St Mary's	<input type="checkbox"/>
70-74 years	<input type="checkbox"/>	St Agnes	<input type="checkbox"/>
75-79 years	<input type="checkbox"/>	St Martin's	<input type="checkbox"/>
80-84 years	<input type="checkbox"/>	Tresco	<input type="checkbox"/>
85+ years	<input type="checkbox"/>	Bryher	<input type="checkbox"/>

2. Which of the following might become an issue for you or the person you live with, over the next few years? Please tick all that apply.

Cost of maintaining or repairing current home	
Cost of heating current home	
Rent becoming harder to afford	
Desire to give current home to other family members (if family home is owned)	
Desire to move to alternative rented accommodation	
Becoming trickier to get out and about	
Need for extra support with day-to-day tasks	
Caring for each other becomes more tiring, difficult, or impossible	
Access to learning and leisure activities	
Getting out to see friends and socialising	
Difficulty to adapt your own home	
Being able to access enough support to remain in your own home	
Travel to the mainland for appointments	
Support in the community becomes less available	
Other (please state)	

3. Do you or a family member currently need assistance with any of the following? Please tick all that apply.

Shopping	
Personal care (e.g. dressing, bending to do up shoes, washing, getting in/out of the bath)	
Minor repairs to the house	
Household chores (e.g. cleaning, carrying things, making beds)	
Going to launch (off-island)	
Dropping off rubbish (off-island)	
General mobility (up/down stairs, use of sticks and/or frames)	
Taking medication	
Collecting medication	
Going out to do things	
Footcare	
Other (please state)	

4. Do you or your family member get the assistance you need?

Yes	No – if not, why not?
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5. If you or your family member has support to enable you/them to stay in your/their own home, who provides this? Please tick all that apply.

The person who lives with me/them	
Other carers (e.g. son, daughter, friend)	
Private carer	
Adult social care	
Community nurses	
Community rehabilitation team	
Respite carers	
Voluntary organisation (e.g. Age UK)	
The community e.g. local shop, taxi driver, neighbour, young person etc (please state)	
Other (please state)	

6. Please indicate in priority order which 5 services would make the biggest difference to your life or the life of your family member who needs support.

a. Arranging a handyperson to help with adaptations or repairs	
b. Access to independent information and advice services	
c. Help around the home with domestic tasks such as cleaning and shopping	
d. Transport services so that you are able to become involved in your community	
e. Having opportunities to meet people regularly e.g. lunch clubs, activities and classes	
f. Delivery of meals to my home	
g. Personal care in my own home such as bathing, toileting and sleeping overnight	
h. Care home providing personal care (residential care)	
i. Care home providing nursing care (nursing care – for those who are very frail)	
j. Moving to a home that is more suitable for my needs e.g. nearer to friends/family, fewer stairs, lower fuel bills	
k. Access to respite care for someone I care for	
l. Preventative services to help me stay active and healthy	
m. Access to rehabilitation services after an episode in hospital	

7. Why would you use those services you have selected in Question 6?

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8. If there are options in Question 6 that you would not use, why is this and what would make you feel differently about them?

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9. If you have any other comments you would like to make, please note them below. If you run out of space, please add another sheet of paper!

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10. If you would like us to contact you to discuss your ideas or concerns, please provide your details below.

Name	
Address	
Telephone number	
Email address	

Thank you for taking the time to complete this questionnaire, please return it by Friday 22 July in the pre-paid envelope to:

**Five Square Solutions
5 The Square
Stonehouse
Plymouth
PL1 3JX**

Please be assured that all responses will be anonymous unless you specifically ask us to raise a concern on your behalf.