Adult Social Care Feedback Form

This is a printed copy of our online feedback form.

It should be used to provide feedback about Adult Social Care **on behalf of someone else.**

About this feedback form

Use this form if you are a family member, friend, carer or another person supporting someone to tell us about the care and support the person received.

Feedback about Adult Social Care in Gloucestershire helps us understand what is working well and where we can improve. The form should only take a few minutes to complete.

Send the completed form to:

Adult Social Care Feedback
Adult Transformation Team
Shire Hall
Gloucester
GL1 2TG

Need support or worried about someone's safety?

This form is intended for feedback only and is not monitored for requests for support or safeguarding concerns.

If you need help from Adult Social Care, or if you are concerned about a vulnerable adult, please contact the Adult Social Care Helpdesk.

- **Call:** 01452 426868
- **Email:** socialcare.enq@gloucestershire.gov.uk

Want to make a complaint?

If you would like to make a complaint, please contact our Complaints Team.

- **Online form:** https://forms.gloucestershire.gov.uk/feedback
- **Phone**: 01452 427 082 or 01452 426 539
- **Email:** corporatecomplaintsteam@gloucestershire.gov.uk

How we use your information

Any information you provide will be used by Gloucestershire County Council to help us understand people's experiences of Adult Social Care and improve our services.

The information you share will be handled in accordance with data protection legislation and Gloucestershire County Council's privacy requirements. Responses may be combined with those from other people to identify themes and trends, but individuals will not be identified in any reports.

For full details on how we use, store and share your information, please view our Privacy Policy: www.gloucestershire.gov.uk/health-and-social-care/adult-social-care/social-care-policies-and-procedures/your-information/the-adult-social-care-privacy-notice

Please tick the following statement:

- **I understand how my information will be used**
  *(*required)* ☐ Yes

About the experience

The following questions ask about the experience of the person you support of Adult Social Care in Gloucestershire. We are interested in honest views and experiences, whether positive or negative.

You can provide feedback about their overall experience of Adult Social Care, a specific team or service, or both.

You do not have to provide a name. If you do, we may be able to match the feedback with information we already hold about the person's contact with Adult Social Care. This can help us better understand their experience and improve our services.

1. Name of the person you are providing feedback for *(*optional)*

……

2. My feedback is about *(*optional)*

☐ Adult Social Care in general (go to question 4)
☐ A specific team or service (choose from question 3)
☐ Both a specific team or service and Adult Social Care in general (choose from question 3)

3. Which Adult Social Care team or service are you providing feedback about? *(*optional)*

☐ Cheltenham Adult Social Care Team	☐ Occupational Therapy
☐ Cotswold Adult Social Care Team	☐ Reablement Team
☐ Forest Adult Social Care Team	☐ Safeguarding Team
☐ Gloucester Adult Social Care Team	☐ Transitions Team
☐ Stroud Adult Social Care Team	☐ Enablement Team
☐ Tewkesbury Adult Social Care Team	☐ DOLS (Deprivation of Liberty Service)
☐ Learning Disability Adult Social Care Team	☐ Tech Enabled Care Team (TEC)
☐ Hospital Discharge Adult Social Care Team	☐ Not sure
☐ Mental Health Social Care Team	☐ Would rather not say
☐ Finance	☐ Other *(*please specify below)*
☐ Direct Payments	
☐ Sensory Support	
☐ Adult Social Care Helpdesk Team	……

4. Thinking about your experience, how much do you agree or disagree with the following statements?

*Please tick one box for each statement (*optional)*

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
The person I support knew what to expect from Adult Social Care	☐	☐	☐	☐	☐
The person I support was listened to	☐	☐	☐	☐	☐
The person I support was involved in decisions about their care and support	☐	☐	☐	☐	☐
The person I support's individual needs were considered	☐	☐	☐	☐	☐
The person I support was helped to understand what would happen next	☐	☐	☐	☐	☐
The person I support knew who to contact if they needed to	☐	☐	☐	☐	☐
The person I support was kept informed about timescales and any delays	☐	☐	☐	☐	☐
The person I support had a good overall experience	☐	☐	☐	☐	☐

5. What worked well? *(*optional)*

6. Is there anything we could have done better for them? *(*optional)*

(Please use additional paper if required to tell us about their experience)

Equality monitoring

The following questions are optional.

They help us understand whether Adult Social Care services are meeting the needs of people from different backgrounds and communities. The answers will be used for monitoring purposes only, will not affect any support you receive, and will not be used to identify you.

Please complete this section of the form using the details of the person receiving care.

What is the gender of the person you are completing this form for?

☐ Male
☐ Female
☐ Transgender (gender identity or gender expression does not correspond with sex assigned at birth)
☐ Non-Binary
☐ All other gender identities (any identities that do not fall within the above listed categories)
☐ Prefer not to say

Have they had Gender Reassignment?

☐ Yes
☐ No
☐ Prefer not to say

Sexual Orientation

☐ Asexual
☐ Bisexual
☐ Gay or Lesbian
☐ Heterosexual / Straight
☐ Pansexual
☐ Prefer to self-describe
☐ Prefer not to say

If they prefer to self-describe: …….

Would the person be described as any of the following?

☐ Single (Never Married and never registered in a Civil Partnership)
☐ Married / Civil Partner
☐ In a Relationship / Living Together
☐ Divorced / Civil Partnership Dissolved
☐ Widowed / Surviving Civil Partner
☐ Separated
☐ Prefer not to say

Which age group does the person you are completing this form for fall into?

☐ Under 16 years	☐ 16-19 years	☐ 20-24 years
☐ 25-29 years	☐ 30-34 years	☐ 35-39 years
☐ 40-44 years	☐ 45-49 years	☐ 50-54 years
☐ 55-59 years	☐ 60-64 years	☐ 65-69 years
☐ 70-74 years	☐ 75-79 years	☐ 80-84 years
☐ 85 years and over	☐ Prefer not to say	

Does the person you are completing this form for consider themselves to be disabled?

☐ Yes
☐ No
☐ Prefer not to say

If yes, please tick all that apply:
☐ Behaviour and Emotional
☐ Hearing
☐ Learning Disability
☐ Manual Dexterity
☐ Memory or ability to concentrate, learn or understand
☐ Mobility and Gross Motor
☐ Perception of Physical Danger
☐ Personal, Self-Care and Continence
☐ Progressive Conditions and Physical Health (e.g., HIV, cancer, MS)
☐ Sight
☐ Speech
☐ Other (not listed)

How would you describe their ethnic and cultural origin?

Asian or Asian British	
☐ Indian	☐ Pakistani
☐ Bangladeshi	☐ Chinese
☐ Any other Asian background	
Black, Black British, Caribbean or African	
☐ Caribbean	☐ African
☐ Any other Black, Black British or Caribbean background	
Mixed or Multiple Ethnic Group	
☐ White and Black Caribbean	☐ White and Black African
☐ White and Asian	☐ Any other mixed or multiple ethnic background
White	
☐ English, Welsh, Scottish, Northern Irish or British	☐ Irish
☐ Gypsy or Irish Traveller Roma	☐ Any other White background
Any other ethnic group	
☐ Arab	☐ Prefer not to say

Religion or belief

☐ Buddhist
☐ Christian (all denominations, including Anglican, Baptist, Lutheran, Methodist, Pentecostalist, Presbyterian, Protestant, Quaker, Roman Catholic)
☐ Hindu
☐ Jewish
☐ Muslim
☐ Sikh
☐ No religion (includes Agnostic, Atheist, Free Thinker, Humanist, Realist)
☐ Other religion
☐ Prefer not to say

Carer Status

Does the person you are completing this form for look after, or give any help or support to, anyone because they have any long-term physical or mental health conditions or illnesses, or problems related to older age?

☐ Carer
☐ Not a Carer
☐ Prefer not to say

How did you hear about this feedback form?

☐ Letter or email from Adult Social Care
☐ Told about it by an Adult Social Care staff member
☐ Given a feedback card by an Adult Social Care staff member
☐ Gloucestershire County Council website
☐ Social media
☐ Via a search engine
☐ Family member, friend or unpaid carer
☐ Another organisation or service
☐ Other (please specify): _____

Review the details before you send the form back to us.

Thank you for taking the time to share feedback. We review the feedback we receive to help us understand people's experiences and identify opportunities to improve Adult Social Care services.

This form is for feedback about Adult Social Care services only. It is not monitored for requests for support, safeguarding concerns or complaints.

If you need support from Adult Social Care, are concerned about a vulnerable adult, or would like to make a complaint, please use the contact details provided at the start of this survey or visit our website:

www.gloucestershire.gov.uk/adult-social-care