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**Background**

The Personal Social Services Adult Social Care survey is a statutory annual survey carried out by local authorities with social care responsibilities. The survey aims to capture the views of service users aged 18 and over who are funded in full, or in part, by the Council in relation to the following themes:

- satisfaction with services
- impact of support and services on their quality of life
- knowledge and information about services
- health and surroundings.

Findings from the survey are key to benchmarking performance at a national, regional and local level, as well as monitoring changes over time. The results also help us to understand the impact of Adult Social Care services on people’s quality of life and key areas for improvement.

**Survey methodology**

In order to ensure that results can be compared nationally, the Department of Health issues guidance on how the survey should be carried out, including the sampling method, the timing of the survey and the content of the questionnaire. The results are also weighted to ensure that they are representative of all residents eligible for Adult Social Care services in Cheshire West and Chester. For more information on the survey methodology, please go to [www.hscic.gov.uk](http://www.hscic.gov.uk).

This is the third time the survey has been carried out, although changes to the methodology in 2011/12 mean that detailed results from the first survey, carried out in 2010/11, are not directly comparable with those from subsequent years.

**Who took part in the survey?**

The 2012/13 questionnaire was sent out to 1,779 service users residing in their own homes and in residential and nursing care. A total of 585 surveys were received, giving a final response rate of 33%. The tables below show responses by key demographic groups.

<table>
<thead>
<tr>
<th>Age group</th>
<th>2011/12 Survey</th>
<th>2012/13 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% responded</td>
<td>No. responded</td>
</tr>
<tr>
<td>18-34</td>
<td>17</td>
<td>121</td>
</tr>
<tr>
<td>35-54</td>
<td>27</td>
<td>193</td>
</tr>
<tr>
<td>55-74</td>
<td>23</td>
<td>166</td>
</tr>
<tr>
<td>75+</td>
<td>34</td>
<td>244</td>
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<table>
<thead>
<tr>
<th>Gender</th>
<th>2011/12 Survey</th>
<th>2012/13 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% responded</td>
<td>No. responded</td>
</tr>
<tr>
<td>Male</td>
<td>40</td>
<td>289</td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>435</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client type</th>
<th>2011/12 Survey</th>
<th>2012/13 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% responded</td>
<td>No. responded</td>
</tr>
<tr>
<td>Physical disability and sensory impairment</td>
<td>40</td>
<td>284</td>
</tr>
<tr>
<td>Mental health</td>
<td>23</td>
<td>164</td>
</tr>
<tr>
<td>Learning disability</td>
<td>37</td>
<td>264</td>
</tr>
<tr>
<td>Other vulnerable people</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Care setting</td>
<td>2011/12 Survey</td>
<td>2012/13 Survey</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td>% responded</td>
<td>No. responded</td>
</tr>
<tr>
<td>Resident in the community</td>
<td>41</td>
<td>304</td>
</tr>
<tr>
<td>Resident in residential care</td>
<td>22</td>
<td>159</td>
</tr>
<tr>
<td>Learning disability resident in the community</td>
<td>31</td>
<td>229</td>
</tr>
<tr>
<td>Learning disability in residential care</td>
<td>6</td>
<td>41</td>
</tr>
</tbody>
</table>

**Completing the questionnaire**

Respondents were asked if they had any help filling in the questionnaire, and if they did what type of help they had.

The largest proportion (34%) had help from someone living outside their household, whilst by 31% had completed the questionnaire themselves. Just under 1 in 5 (19%) had help from a care worker and 16% had help from someone living with them.

The most common form of help service users had to complete the questionnaire included having someone else write down the answers for them (39%), having someone else read the questions to them (37%) and having someone else talk through the questions with them (27%). Just over a quarter (27%) didn’t have any help, and for 7% of respondents, someone answered for them without asking them the questions (this was statistically, significantly fewer than last year). 17% had someone translate the questions for them.
Adult Social Care Outcomes Framework

The 2012/13 Adult Social Care Framework is a set of outcome measures used nationally and locally to assess how adult social care services are performing. One of the key uses of the framework is for ‘benchmarking’ and comparison between areas though it is not a national performance management tool. Six measures relate to information provided by the Personal Social Services Adult Social Care survey. Each measure and the result for Cheshire West and Chester for both the 2011/12 and 2012/13 surveys are outlined in the table below.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Definition</th>
<th>Cheshire West and Chester</th>
<th>North West 2012/13</th>
<th>Unitary Councils 2012/13</th>
<th>England 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A*</td>
<td>Social care-related quality of life (score)</td>
<td>19.2</td>
<td>18.8</td>
<td>19.0</td>
<td>19.0</td>
</tr>
<tr>
<td>1B</td>
<td>The proportion of people who use services who have control over their daily life</td>
<td>81.5</td>
<td>76.7</td>
<td>76.5</td>
<td>77.1</td>
</tr>
<tr>
<td>3A</td>
<td>The proportion of people who have a positive experience of care and support</td>
<td>66.5</td>
<td>63.6</td>
<td>66.0</td>
<td>64.1</td>
</tr>
<tr>
<td>3D**</td>
<td>The proportion of people who use services and carers who find it easy to find information about services</td>
<td>81.5</td>
<td>74.0</td>
<td>75.5</td>
<td>75.1</td>
</tr>
<tr>
<td>4A</td>
<td>The proportion of people who use services who feel safe</td>
<td>75.3</td>
<td>65.5</td>
<td>66.3</td>
<td>65.8</td>
</tr>
<tr>
<td>4B</td>
<td>The proportion of people who use services who say that those services have made them feel safe and secure</td>
<td>89.3</td>
<td>87.9</td>
<td>77.1</td>
<td>80.6</td>
</tr>
</tbody>
</table>

*Measure 1A – This is a composite measure using responses from questions 3-9 and 11.

** Measure 3D – This indicator is combined with results from an equivalent question in the 2012/13 Carer’s survey.
Key findings

Overall satisfaction with care and support services
- 89% of service users without a learning disability are satisfied with care and support services, which remains relatively unchanged the last survey (where 92% were satisfied)
- A similar proportion (88%) of those with a learning disability are happy with the way staff help them, which represents a fall from 98% in 2011/12
- The main reasons for feeling dissatisfied are:
  - Lack of consistency and continuity of support services in relation to the quality of care, which users felt varied depending on the carer, the timing of care visits, where appointments being missed, carers arriving late and the length of visits being too short
  - Not having a regular carer was a concern in terms of personal safety and makes building relationships and trust difficult
  - Service users requests or wishes not being followed.

Quality of life
- Over half (55%) of respondents without a learning disability rate their life as good compared to 62% in 2011/12
- For those with a learning disability, although 85% said their life was good, the proportion saying life is ‘great’ has fallen from 47% to 37% since 2011/12
- Reasons people feel their quality of life is ‘bad’ include:
  - Their health condition, which impacts on how they feel and what they can do
  - Having to care for a partner or relative
  - Concerns about funding and personal finances
  - The amount of time taken for the Council or other agencies to deal with issues relating to care.

Having control over daily life
- Since the last survey, those stating ‘I have as much control as I want’ remains relatively unchanged at 30%, whilst service users who have ‘some control but not enough’ or ‘no control’ has increased from 18% to 23%
- Those unable to do a range of day to day activities for themselves has increased for almost all options, including:
  - getting around inside and outside
  - getting in and out of bed
  - feeding themselves
  - washing all over
  - using the toilet and getting dressed
- Respondents saying they feel ‘clean and able to present themselves they way they like’ has fallen from 60% to 57% since 2011/12
- The percentage stating they ‘get all the food and drink they like’ has reduced from 66% to 59% in the same period.

Safety
- Since the last survey, the proportion who say they feel as ‘safe as they want’ has fallen from 75% to 65%
- This fall corresponds with an increase in those saying they feel ‘adequately safe, but not safe enough’ – the percentage saying they feel less than adequately safe, or not safe at all has remained the same
The key reasons that respondents feel unsafe are:
  o Their health condition or illness, which makes them feel more anxious and vulnerable
  o Security of their home – particularly in relation to inconsistencies with their care or carer
  o Lack of confidence when outside.

Health and wellbeing
  11% of respondents say they are in ‘very good’ health, similar to 2011/12 findings. However, the percentage stating their health is ‘bad’ or ‘very bad’ has increased from 17% to over 1 in 5 (21%) since the last survey
  More respondents say they are in ‘extreme pain and discomfort’ (up 13% to 17%) and are ‘extremely anxious or depressed’ (from 8% to 11%) compared to 2011/12
  Compared to respondents in residential care, those in the community are more likely to say their health is ‘bad’ or ‘very bad’, that they are in ‘extreme pain’ and suffer from ‘extreme anxiety and depression’.

Your surroundings, social contact and spending time
  95% of service users feel their home is ‘as clean and comfortable as they want’ or ‘adequately clean and comfortable’
  Since the last survey, respondents who say they have ‘some social contact but not enough’, or ‘little social contact and feel socially isolated’ has gone up from 18% to over 1 in 5 (22%)
  Similarly, those saying they ‘don’t spend their time doing anything they value’, or ‘do some of the things they value but not enough’, has risen from 29% to 34%
  Those receiving support in the community were more likely to say their house ‘isn’t clean or comfortable enough’, they ‘don’t have enough social contact’ and ‘don’t do enough’, or ‘do nothing at all’, they enjoy.

Knowledge and information
  Over half (51%) said they found it easy to find information, although 17% said they had found it ‘fairly or ‘very’ difficult (up from 12% in 2011/12)
  Reasons respondents found it difficult include:
    o Difficulties getting information about benefits and financial support
    o They struggled to get advice about health and support services
    o Not getting through to the right person or being passed around.

Thank you from the Prevention and Wellbeing Service
“The survey has highlighted that Adult Social Care services in Cheshire West and Chester are valued and meeting the needs of the majority of people in the borough. The survey also identified that the services are generally delivering good quality care tailored to individual need.

By enabling people to be as independent as possible, quality of life is improved. Cheshire West and Chester Council’s Adult Social Care department is reassured that people feel empowered to identify positive support and good practice and also to highlight areas which could be better.

The comments and feedback from the survey have been used to inform future services, policy and practice.”
Telling the stories of our service users
To help paint a rounded picture of the lives of those receiving social care services in Cheshire West and Chester, the following ‘spotlights’ tell the story of how three service users of different ages, with differing needs and living in very different settings experience care and support services.

Tom, 80, receives care and support in his home*

Tom is in his 80s and has a physical disability. He receives home care and has a personal budget, but also pays to top up his care. At the time of the survey he was in short term residential care. He describes his health as bad.

He’s quiet dissatisfied with the care and support services he receives, mainly because he has experienced issues with the company who provide his care, although this has improved recently. Tom says that his quality of life is alright and feels that he has some control over his daily life, but not enough. However, he does feel that care services help him to have a better quality of life and to have more control.

He says he feels adequately safe, and that the support he gets helps him to feel safe. However, he feels less than adequately clean and presentable and that his home is not quite clean or comfortable enough.

Although having help to do things doesn’t affect the way he thinks or feels about himself, the way he is helped and treated sometimes undermines the way he feels about himself because he would like to be able to do more. He struggles with things like getting around and washing, and can’t manage his own paperwork and finances.

Tom he feels he does some of the things he values and enjoys, but not enough. He also struggles to get to all the places in his local area that he would like.

Finding information about support, services or benefits has been fairly difficult, and he had not heard of the My Life My Choice Consortium. Tom says that his previous social worker was not

* Please note that names and demographic details have been changed to ensure that respondents can’t be identified.
June, 65, lives in residential care*

June has a physical disability and receives nursing care in a residential home. She also has a personal budget. She describes her health as good, although June does suffer from moderate pain and discomfort.

She’s extremely satisfied with the care and support services she receives but describes her quality of life as bad because every day is the same and she would like more activities and things to do. June says that she has some control over her daily life, but not enough, although support services help her to have a better quality of life and have more control.

Although June struggles with things like getting around and washing herself, she feels clean and able to present herself the way she likes. She also says her home is as clean and comfortable as she would like and meets most of her needs, and feels as safe as she would like. However, June feels that she only has adequate food and drink at OK times.

Having help to do things, and the way she is helped, doesn’t affect the way she thinks or feels about herself. Although she has as much social contact as she wants with people she likes, June doesn’t leave her home and feels she doesn’t do anything she values or enjoys.

Finding information about support, services or benefits has been very difficult for June as she has been trying to find a bereavement counsellor to help her after her husband passed away a year ago.

* Please note that names and demographic details have been changed to ensure that respondents can’t be identified.
Michael, 29 lives in the community*

Michael has a learning disability and uses home care and day care services. He also has access to a personal budget, but pays for more help with his own money. His is in good health, although he sometimes get’s worried or sad.

He thinks that the way staff help him isn’t that good because care staff who cook his meals often turn up late and, although some staff are good, some don’t understanding his needs or know how to help him. However, he does feel that staff help him to have a better quality of life and that having help, and the way he is helped and treated, makes him feel better about himself.

Michael says that his life is ok, with some good things and some bad things but staff help him to have a better quality of life. He feels that he makes some choices, not all, but that’s OK, and that staff help him to have a say about what happens in his life. He feels clean and likes the way he looks, gets all the food and drink he likes when he wants it and thinks his home is clean. He can also do most things for himself, except things like paying bills and writing letters, and can do everything in his home that he needs to.

He sees his family and friends sometimes and can do quite a lot of the things he likes. However, sometimes he finds it difficult to get to all the places he wants. He feels quite safe, but not as safe as he would like, because he doesn’t like new places, crowds or lots of noise so needs support when he goes out.

Findings out about things like support and money is quite hard for Michael, as he doesn’t know who to ask. However, he does ask his parents who are able to ask about things if they aren’t sure.

* Please note that names and demographic details have been changed to ensure that respondents can’t be identified.
Overall satisfaction with social care and support services

‘Care and support services’ refer to any equipment or care provided by staff who are paid to help the service user, including staff from adult social care and health services (social services), an agency, a care home or that is bought by the service user using money from the council through a direct payment (a cash payment made to people who need care to enable them to buy their own care or support services).

Satisfaction with care and support services for all service users without a learning disability

89% of respondents who do not have a learning disability said they were satisfied with the care and support services they receive. This result is very similar to findings from the 2011/12 survey (92%).

Satisfaction with care and support services for all service users with a learning disability

Please note that the question options in relation to satisfaction with support services were different for respondents with a learning disability.

Of all those respondents who had a learning disability, 88% said that they were happy with the way staff help them. This is, statistically, significantly lower than in 2011/12.
Key differences for those with, and without, learning disabilities

Care setting:
Those without a learning disability living in a care home reported a significantly higher level of satisfaction with care and support services than those living in the community. There were no differences for those with a learning disability.

Type of service user:
Service users with learning disabilities are, statistically, significantly more likely to be satisfied with care and support services, whilst ‘other vulnerable people’ are significantly less likely to say they are satisfied (please note that there was a very low number of responses from this group).

Age:
Although the majority say they are ‘satisfied’ with care and support services, those aged 35-54 are, statistically, significantly more likely to say they are ‘dissatisfied’ compared to other age groups.
Reasons for feeling dissatisfied with care and support services for all service users
All respondents were asked the reasons why they were dissatisfied with care and support services. The majority were from those living in the community and focused on the following issues:

- **Consistency and continuity of care services**, including the quality and standard of care provided by care workers and the time and length of home care visits, with some reporting consistently late or missed appointments. Some reported that they weren’t told when staff had left the care company or when new carers would be sent

  “Care staff for cooking meals are often late, sometimes very late. Some understand my needs but some don’t. Some are good at helping me but some don’t really know what to do”

  “I am happy with the help I get but I would like more continuity with some services I have. As sometimes the staff are changed and I am not told about the changes. It is very important that I see the same people who I can get to know and feel happy and safe with”

- A few comments highlighted instances where instructions or requests in relation to the type of care worker have not been followed

  “...I asked for male carers only in an emergency but have had 4 male carers on numerous occasions”

- A small number were concerned about rising costs of care and cuts to funding, and the level of care they receive

  “...I am concerned about the proposed and current cuts to the care we receive...”

  “The problem with my care support in my home is that they have cut my 45 mins morning and night to 30 mins...”

- Some felt that accessing information or advice was extremely difficult and that they had not been fully supported in this way by the council

  “It seems to take so long to get an answer to any question...”

  “Do not return phone calls email requests...”

In addition to this, some used the comments box to give express their positive experiences of care services, which they value and feel really improves their life. A few service users also reported that their experiences were that services are reliable, friendly and supportive, particularly in relation to occupational therapists (OT) and a number of day care centres.

  “The OT was very nice and very professional she knew what I needed to improve my daily life”

  “You make my life worth living”

  “Care home very good staff friendly and helpful”

  “…centre is very welcoming. The staff are very kind and supportive...”
Quality of life

Overall quality of life for respondents without a learning disability
Service users without a disability were asked to rate their quality of life as a whole, including help they get from others as well as from adult social care and health (social services).

The 2012/13 survey found that over half (55%) of respondents without a learning disability rated their life as good. This compares to 62% in the last survey, which represents a statistically significant reduction.

Overall quality of life for respondents with a learning disability

85% of respondents with a learning disability rated their quality of life as good. Since the last survey there has been a statistically significant reduction in the proportion stating that their life is ‘great’ (down from 47% to 37%). Less than 1% said that their life was ‘mostly bad’ (0.5%, equal to 4 respondents) and no service users said that their life was ‘terrible’, similar to results for 2011/12.
Key differences
Care setting:
Those without a learning disability living in a care home are significantly more likely to say that their quality of life is good compared to those living in the community.

Type of service user:
Service users with a learning disability were, statistically, significantly more likely to say that their quality of life is ‘very good’.

Age:
The proportion of people who say their quality of life is ‘so good, it couldn’t be better’, ‘very good’ or ‘good’ significantly decreases with age.

Reasons for feeling that quality of life is bad for all service users
When asked why they feel their quality of life is bad, the main issues for those living in the community are:

- **Their health or condition**, which has a large impact on how they feel and affects their ability to do the type of things want to do, such as preparing meals, doing housework, seeing people and hobbies or other activities they enjoy. This often leaves people feeling socially isolated and ‘trapped’ by their health issues

  “Because of my illness most days I am unable to do things for myself…”
  “Permanently house bound and bed ridden”
  “At the moment I’m in the house by myself most of the time…”

- **Having to care for a partner or relative**, which can have an impact on other element of the service users life

  “I am struggling to look after my...husband it’s a full time job and I get exhausted”

- **Concerns about funding and personal finances**

  “I do not have enough money to support myself. My benefits have recently been reduced...which does not leave me with enough money to live on”
  “High anxiety about funding…”

- Problems relating to the **amount of time taken to deal with issues relating to care** and put things in place.

  “No interaction between the numerous dept’s. Too long for home adaptions to be implemented”

For residents of care homes, only a few comments were received which mainly focused on not being able to do things they used to or to be more active and mobile, being in pain or discomfort because of their health conditions and missing living independently at home.
Do care and support services help you in having control over your daily life? – all users

All respondents were asked whether they felt the care and support services they receive help them to have a better quality of life.

The graph opposite illustrates that the majority thought services did improve their quality of life.

Key differences
Type of service user:
‘Other vulnerable people’ are, statistically, significantly more likely to answer ‘no’ when asked if care and support services help them have a better quality of life (although it is important to note that only a small number of this type of service user took part in the survey).
Control over daily life

All service users were asked how much control they felt they had over their daily life. Control was defined as having the choice to do things, or having things done for you as you like and when you want.

The latest survey found that the majority of service users feel they have ‘adequate control’ or ‘as much control as they want’ over their daily life. However, compared to 2011/12, the proportion stating that they have ‘some control but not enough’ or ‘no control’ has significantly increased (from 18% to 23%).

Service users were also asked if care and support services help them to have control; 86% said that they did whilst 14% said they did not. These results were similar to those from the 2011/12 survey (87% and 13% respectively).

Key differences
Type of service user:
Service users with a learning disability were, statistically, significantly more likely to say they have as ‘much control as they want’, or ‘adequate control’, and significantly more likely to answer ‘yes’ when asked if care and support services help them to have control over their daily life.

Age:
25% of respondents aged 75 and over say they have ‘no control’ over their daily life which is, statistically, significantly higher than other age groups.
Personal care

The questionnaire asked respondents about how clean and presentable they feel in their appearance.

![Bar chart showing personal care satisfaction]

96% of all respondents feel clean and able to present themselves the way they like, or adequately clean and presentable. This compares to 94% in 2011/12, a statistically significant increase. However, the proportion who say they feel clean and able to present themselves the way they like has reduced from 60% to 57% since the last survey.

**Key differences**

**Care setting:**
The majority of those living in the community said they feel ‘clean and able to present themselves the way they like’ or ‘adequately clean and presentable’. However, compared to those in residential care, a higher proportion said they feel ‘less than adequately clean’, or ‘not clean at all’ (this result in statistically significant).

**Type of service user:**
Respondents with mental health issues were, statistically, significantly more likely to say they feel ‘less than adequately clean’ or ‘not at all clean’ compared to other groups (although most said they feel clean and presentable).
Food and drink

The majority of service users who say they get all the food and drink they like or adequate food and drink at OK times (95% in 2012/13, similar to results from the last survey). However since 2011/12, the proportion stating they get all the food and drink they like has significantly reduced (from 66% to 59%).

**Key differences**

*Age:*

A higher proportion of service users aged 35-54 (9%) say they ‘don’t always get adequate or timely food and drink’, or that they ‘don’t get adequate or timely food or drink and they think there is a risk to their health’ compared to respondents from other age groups – a statistically significant result.
Cleanliness and comfort of home

Service users were asked how clean and comfortable they feel their home is.

95% of respondents feel that their home is adequately clean or as clean and comfortable as they want, which compares to 97% in 2011/12, a statistically significant reduction. The proportion stating they feel their home is ‘as clean and comfortable as I want’ has also fallen from 67% to 64%, a statistically significant reduction.

Key differences

**Care setting:**
Although most respondents living in the community say their home is ‘as clean and comfortable as they want’ or ‘adequately clean and comfortable’, compared to service users in residential care, they are, statistically, significantly more likely to say that their home is ‘not quite’ or ‘not at all’ clean or comfortable (7% compared to 1% respectively).

**Age:**
Statistically, a significantly higher proportion of service users aged 35-54 say that their home is ‘not quite’ or ‘not at all as clean or comfortable as they like’, compared to other age groups (however, most respondents from this age group feel their house is clean and comfortable).
Personal safety

Feelings of safety inside and outside the home

All service users were asked how safe they feel inside and outside their home.

The percentage of respondents who feel as safe as they want or adequately safe is 95%, the same as in the last survey, although the proportion stating they feel ‘as safe as I want’, has fallen significantly from 75% to 65% since 2011/12.

When asked if care and support services help them to feel safe, 88% answered ‘yes’. This is similar to results from the last survey, when 89% said services helped them feel safe.

Key differences

Care setting:
Statistically, a significantly higher proportion of service users living in the community said they felt ‘less than adequately safe’ or ‘not safe at all’, and care and support services don’t help them feel safe, compared to those in residential care (although the majority said they felt safe and thought services helped them to feel safer).

Type of service user:
Over half of service users with mental health issues say they feel ‘safe’ or ‘adequately safe’. However, they are, statistically, significantly more likely to say they feel ‘less than adequately safe’ or not ‘feel safe at all’ compared to other types of service user.

Age:
Although the majority of service users feel ‘safe’ or ‘adequately safe’, those aged 55-74 are, statistically significantly more likely to say they feel ‘less than adequately safe’ or ‘not at all safe’.
Reasons for feeling unsafe
Service users were asked why they felt unsafe. Those living in the community said the main reasons are:

- **Health conditions or illnesses**, which make them feel more anxious or unsafe

  “...controlled by how I am feeling each day with my illnesses and I tend to fall over things...”

  “Having no control over my life or my mental health issues...”

- **Security of their home.** Some felt that not having regular or consistent carers makes them feel anxious about how secure and safe they are

  “As I constantly have new carers I feel anxious as I don’t know who they are. I also let a man into my home as I thought he was just another male carer”

  “I have anxiety about keeping my PAs up to date with my specific needs to keep me safe”

- **Lack of confidence when outside the home**

  “I get very anxious in new places and do not like crowded and noisy places, so I need support”

  “I worry about the weather and falling over. I feel very safe at home”
Social contact and spending time

Social contact

Service users were asked how much social contact they had with people they like.

78% said that they have as much, or adequate social contact with people, compared with 82% in 2011/12 (a statistically significant reduction). Those stating that they have some contact but not enough, or little contact and feel socially isolated, have subsequently increased significantly from 18% to over 1 in 5 (22%).

Key differences

Care setting:
Although the majority of all respondents have ‘as much social contact as they want’ or ‘adequate social contact’, higher proportion of those in the community say they feel that they don’t have enough social contact or that they feel socially isolated – a statistically significant result.

Type of service user:
Respondents with learning disabilities are significantly more likely to say they have as much, or adequate, social contact compare to those with other disabilities or issues.
How do you spend your time?

Respondents were asked how they spend their time, thinking about anything they value or enjoy including leisure activities, formal employment, voluntary or unpaid work and caring for others.

Three quarters (66%) of respondents said they spend their time doing things they value or enjoy, compared to 71% in 2011/12. This represents a statistically significant reduction.

Key differences
Care setting:
Service users living in the community are, statistically, significantly more likely to feel they don’t do enough things, or do nothing all, they enjoy in their spare time compare to those in residential care (39% compared to 29%).

Type of service user:
‘Other vulnerable’ service users, are, statistically, significantly more likely to say that they spend their time ‘doing some things they enjoy but not enough’, or that they ‘don’t do anything they enjoy’.

Age:
Those aged 35-54 are, statistically, significant more likely to say that they spend their time as they want doing things they value or enjoy.
Help to do things

How does having help to do things make you think and feel about yourself?

Respondents were asked how having help to do things makes them feel about themselves.

Over half (56%) of all service users said having help makes them think and feel better about themselves, similar to results from the last survey (58%). 12% said that it sometimes or completely undermines the way they think and feel about themselves (compared to 10% in 2011/12).

Key differences

Care setting:
Although the majority of those living in the community think that help ‘makes them feel better’ about themselves or ‘doesn’t affect how they feel’ about themselves, compared to those in residential care, a significantly higher proportion say having help ‘sometimes’ or ‘completely’ undermines the way they think about themselves.

Type of service user:
Service users with a learning disability are, statistically, more likely to feel that having help to do things make them feel better about themselves, or say that it doesn’t affect the way they feel about themselves.

Age:
Statistically, a significantly higher proportion of respondents aged 35-54 say that having help to do things ‘sometimes undermines’ or ‘completely undermines’ the way they think and feel about themselves compared to other age groups (Although the majority of this age group say it ‘doesn’t affect the way they feel’ or makes them ‘feel better about themselves’).
How does the way you are helped and treated make you think and feel about yourself?

The majority (57%) of service users said that the way they are helped and treated makes them think and feel better about themselves. 10% reported that the way they are helped and treated sometimes undermines, or completely undermines, the way they think and feel about themselves, statistically, significantly higher than 2011/12.

Key differences

Care setting:
Service users living in the community are, statistically, significantly more likely to say that the way they are helped and treated sometimes undermines or completely undermines the way they think and feel about themselves (although the majority say it makes them ‘feel better’ or ‘doesn’t affect they way they feel’).

Type of service user
Other vulnerable service users, including those with substance abuse issues, are, statistically, significantly more likely to say that the way they are helped and treated sometimes undermines or completely undermines the way they feel about themselves.

Age:
Although the majority feel that they way they are helped makes them ‘feel better’ or ‘doesn’t affect’ the way they feel about themselves, 35-54 year old respondents are more likely to say the way they are helped ‘sometimes undermines’ or ‘completely undermines’ the way they think and feel compared to other age groups (a statistically significantly difference).
Reasons for feeling undermined
When asked the reasons why the help they received, and the way they are helped and treated makes them feel undermined, respondents said that:

- **Disabilities and health issues** have an impact on people’s feelings about themselves and restrict their ability to do things. Many said they would like to be more in control of their own lives and be more independent, and that asking for help makes them feel bad about themselves. Some were keen to stress that this was not related to the care they receive

  “Because I want to be able to do things for myself without assistance or help”

  “I am aware of my difficulties and needs, but feel a little bad that I need to ask for help”

  “It’s not the help or the helpers I have a problem with, it’s the disabilities I have that restrict me from leading a half decent life”

- A few said they were **not happy with care services** they receive

  “It depends who or how some people help me, sometimes it can be a little patronising”

  “I feel like I’m just lazy and should get my act together. Sometimes support people I hire reinforce that”

  “Feel that I have to fit in what my care workers want”

- A small number of those with learning disabilities and those living in care homes, say they sometimes feel **others make decisions for them** or undermine their ability to make personal choices in both social and work environments.

  “I like people to talk to me as well as my mum, not just my mum and so I understand what is happening”

  “The care workers and nurses sometimes undermine my ability to make decisions for myself…”

  “Often put down made to feel inadequate or inferior to other colleagues in work”
Knowledge and information

Ease of finding information
Service users were asked how easy or difficult it had been to find information and advice about support, service or benefits in the past year.

Over half (51%) said they had found it easy to find information, a reduction since the last survey (54%), and a subsequent increase in those say it is ‘very’ or ‘fairly difficult’ from 12% to 17%. There has also been a fall in the proportion who say they ‘never try to’ find information. All of these changes are statistically significant.

Key differences
Care setting:
Those living in the community are, statistically, significantly more likely to say that it is difficult to find information, whilst service users in residential care are significantly more likely to ‘never have tried’ to access advice or information.

Age:
41% of respondents aged 75 and over say that they have never tried to access information about advice and support – statistically, significantly more than any other age group.
Reasons for finding it difficult to access information

All respondents living in both the community and care homes report experiencing similar problems, including:

- **Benefits information and financial support**, with some comments highlighting the difficulties faced when dealing with finances and paperwork
  
  “What help and financial support is available”

  “I don’t know how to find out about extra support and money”

  “Explanation of benefit awards. Too much paperwork and conflicting information on it”

- Information about **how to access support and health services and help to understand the type of services that are available** and that individuals are entitled to, for example help with practical issues and medical advice or treatment
  
  “I wanted home visits for dental and orthopaedic and nail care…”

  “Who and what time (approx carer was coming)”

- Poor customer service, including being passed around, having difficulty getting through to the right person or finding the correct contact details for the relevant person or department, as well as experiences of departments not communicating or working together effectively
  
  “It is hard to find relevant telephone numbers then passed from pillar to post”

  “Trying to contact the social worker whose name I had (my social workers) only to find her number unobtainable as she had left”

  “People unaware of who should provide the information…”

- **Help or advice on practical issues and care**, including things like using text messages and new technology, cleaning and organising at home, help with reading and writing, social activities available locally
  
  “Name of the landlord, how much my rent is, telephone numbers, how to send text messages”

  “Cleaning and organising home”

A few had found that signposting by other organisations had also been poor (these comments were received from those in the community).
The My Life My Choice Consortium is a partnership of charities and Cheshire West and Chester Council that aims to guide people through the wide range of local services and support that is available, including those offered by the Council.

Just over 1 in 10 (11%) have heard of the Consortium, but over two thirds (68%) have not.

When asked where they had become aware of the Consortium, users said that they had heard through their care home, leaflets or from their care teams.

Key differences
Age:
Statistically, significantly fewer service users aged 75 and over say they have heard of the My Life My Choice Consortium compared to other groups.
When asked how their health is in general, just over a third (34%) said that it was ‘good’ or ‘very good’. This result is, statistically, significantly lower than in 2011/12. Over 1 in 5 (21%) said their health is ‘bad’ or ‘very bad’.

**Key differences**

**Care setting:**
Those receiving help and support living in the community are, statistically, significantly more likely to say that their health is ‘bad’, or ‘very bad’ compared to those in residential care.

**Type of service user**
Service users with a learning disability are, statistically, significantly more likely to say their health is ‘very good’ or ‘good’.

**Age:**
The proportion of service users who say that their health is ‘very good’ or ‘good’ falls with age (this is statistically significant).
How would you describe your own health today?

When asked to describe their own health state on the day they completed the survey, 35% of service users had no pain or discomfort, and 44% were not anxious or depressed. However, statistically, significantly more said that they had extreme pain or discomfort (up from 13% to 17%) and were extremely anxious or depressed (increasing from 8% to 11%) compared to the 2011/12 survey.

Key differences

Care setting:
Service users living in the community are, statistically, significantly more likely to say that they have extreme pain or discomfort and are extremely anxious or depressed compared to those in residential care (22% compared to 4% respectively).

Type of service user:
Those with a physical disability, frailty or sensory impairment are, statistically, significantly more like to experience extreme pain or discomfort (23% selected this option), whilst those with mental health issues are, statistically, significantly most likely to feel extremely anxious or depressed (19% of client type said this).

Age:
A higher proportion of respondents aged 55-74 (26%) say they have ‘extreme pain or discomfort’, whilst fewer of those 75 (4%) and over report being ‘extremely anxious or depressed’ (both are statistically significant results).
Ability to do things yourself

Service users were asked to describe their ability to do a variety of day to day tasks on their own.

The graphs above show that the majority of respondents can get around indoors (54%), get in and out of bed (54%) and feed themselves (76%) easily by themselves. A quarter can easily deal with finances and paperwork. Compared to the last survey, the proportion stating that they can’t do these tasks by
themselves has, statistically, significantly increased except in relation to dealing with finances (which has remained the same since the last survey).

**Key differences**

**Care setting:**
Those living in residential care are, statistically, significantly more likely to say that they ‘can’t get around outdoors’ (39%), ‘get in and out of bed’ (42%), ‘feed themselves’ (13%) or ‘deal with finances and paperwork’ by themselves (77%), compared to those receiving services in the community.

**Type of service user:**
Those with a physical disability are, statistically, significantly more likely to say that they ‘can’t get around indoors’ by themselves (28%) or ‘feed themselves’ (11%), whilst those with a learning disability are more likely to say that they ‘can’t deal with finances and paperwork’ themselves (78%).

**Age:**
Statistically, significantly more service users aged 18-34 said they ‘can’t feed themselves’ (18%), whilst significantly more of those aged 75 and over say they ‘can’t get around indoors’ (31%) or ‘deal with finances and paperwork’ by themselves (65%).
Around two thirds of service users can use the toilet (63%) and wash their face and hands (69%) easily by themselves. 35% can easily wash themselves all over, either using a bath or shower and 45% can easily get dressed and undressed themselves. As with other everyday tasks, there has been a statistically significant increase in the proportion of respondents who feel they can’t do these things themselves since the last survey.
Key differences

Care setting:
Service users living in residential care are, statistically, significantly more likely to say that ‘can’t wash all over’ (57%), ‘get dressed and undressed’ (49%), ‘use the toilet’ (44%) and ‘wash their face and hands’ by themselves (29%).

Type of service user:
Service users with a physical disability are, statistically, significantly more likely to say that they ‘can’t wash all over’ (53%), ‘get dressed and undressed’ (42%), ‘use the toilet’ (31%) or ‘wash their face and hands’ themselves (40%).

Age:
Service users aged 18-34 are, statistically, significantly more likely to say that they ‘can’t wash their face and hands themselves’ (26%), whilst those 75 and over are, statistically, significantly more likely to say that they ‘can’t wash all over using a bath or shower’ (56%) or ‘get dressed or undressed’ themselves (39%).
Although the majority of service user (59%) said that their home meets their needs very well, this proportion has, statistically, significant decreased since 2011/12.

**Key differences**
Care setting:
Those receiving services in the community are, statistically, significantly more likely to say that their house is totally inappropriate for their needs, compared to service users living in residential care (although the majority say their home meets their needs ‘very well’ or ‘most of the time’).
Getting around outside the home
Survey respondents were asked to select a statement that best describes how they get around outside their home.

The proportion of service users who can get to all the places they want has fallen significantly since 2011/12, from 34% to 29%.

Key differences
Care setting:
Services users living in residential care are, statistically, significantly more likely to say don’t leave their home compared to those living in the community.

Age:
Statistically, significantly more service users 75 and over say they do not leave their home.
Additional help and support

Regular help

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<td>From someone living outside my household</td>
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<tr>
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<td>39%</td>
<td>39%</td>
</tr>
<tr>
<td>No</td>
<td>19%</td>
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Over half (52%) of all respondents receive regular help from someone living outside their home, and almost a fifth (19%) don't have any practical help. These results are similar to those from the last survey.

Key differences

Care setting:
Those receiving care and support services in the community are more likely to have practical help from someone living with them, whilst a service users in residential care have no practical help, or have help from someone living outside their household (all results are significant).

Type of service user:
Those with a learning disability are, statistically, significantly more likely to have regular help from someone living in their household, whilst service users with a physical disability are, statistically, significantly more likely to receive help or support from someone living outside their home.

Age:
Statistically, significantly more service users aged 75 and over have help from someone living outside their household compared to respondents from other age groups.
Additional private care and support

The questionnaire asked respondents if they buy any additional private care or support or pay more to ‘top up’ their care and support.

Over two thirds (67%) do not buy additional private care or support, and a quarter (25%) buy more with their own money. Since the last survey, the proportion that do not purchase extra services has, statistically, significantly increased.

Key differences

Care setting:
Those living in the community are, statistically, significantly more likely to buy additional support from their own money (29%), whilst the family of service users in residential care are significantly more likely to pay to ‘top up’ their care (19%).

Type of service user:
Respondents with a learning disability are, statistically, significantly more likely to buy more care and support with their own money (31%), whilst the families of those classed as ‘other vulnerable’ service users are significantly more likely to pay for additional private care (22%, although please note that this is based on a low number of responses).

Age:
Statistically, significantly more service users 75 and over buy additional care and support with their own money (31%), or their family purchase extra private care on their behalf (15%) compared to other groups.