



Below is a copy of the questionnaire that we used to gather information about the idea of Solva Care.

It is hard to use other people's questionnaires without adapting them to make them useful for you. It is important too, to assess their quality – is it clear and free from bias? With hindsight, we wished that we had included questions on whether people lived alone or not, and whether they owned a car or had access to one. In the case of question B6, we should have made it clear that not all the sources of care listed needed to be included in the response on order of preferences. The lead statement could also have been better worded.

Cyngor Cymuned Solva

Solva Community Council

SOLVA CARE PROJECT SURVEY

This questionnaire will be collected on

by

Dear Solva Resident

Solva Community Council is considering setting up our own local Care Company to provide care for those who need it, here, in Solva. We have set up the Solva Care Project to see whether or not the idea would work. We would like to recruit, train and employ local people to deliver care locally. Solva Care would be more responsive to those in need of care and provide high quality of care. Our carers would spend less time travelling and more time with their clients. Volunteers would support the work of the paid Care Team.

We are doing this survey because the Project will need to prepare a business plan in order to apply for start up funding. In order to do that, we need to get some idea of how many people may want to take part in the scheme, how many carers we would need, how much we would need to charge, and what the start up costs would be.

Please note that the Community Company, Solva Care, would not seek to make a profit but we could not run at a loss. We would aim to charge enough to cover our costs and any profits would be ploughed back into the care programme to pay our carers a decent wage, to train them properly, to cover expenses for our volunteers and to improve our service.

We would be very grateful if you would take time to complete this questionnaire which will be collected by a member of the Project Team on the date above. The more that are completed and returned, the better we can prepare for the future.

We will ensure that you are kept informed of the progress of the Project via Solva Newsletter.

Many thanks in anticipation of your cooperation.

Mollie Roach

Team Leader, Solva Care Project

PLEASE NOTE that all the information you provide will be kept in strict confidence. You will not be identified in any of the analysis which may need to be used in the business plan or any subsequent applications for funding Solva Care. Participation in this survey is entirely voluntary. If you decide not to complete it you can still participate in the Project in the future, if you so wish.

There are three sections to the questionnaire

Section A	for those households in which someone is already receiving care (whether paid or unpaid)
Section B	for those households where no- one is currently in receipt of care.
Section C	for everyone.

If more than one person in your household is in receipt of care, please fill in a separate Section A for each one – ask for another form.

SOLVA CARE PROJECT SURVEY

Section A For all those households where someone is already in receipt of care

1. Who provides the care? *(Please tick the appropriate box)*

- ☐ **a registered Care Agency?** E.g. Pembrokeshire Care, Crossroads, Corban Care etc
- ☐ **a private care provider?** E.g. an unregistered individual, friend or person recommended to you
- ☐ **a family member, friend or relative?**

2. How often is personal care received per week and what is the length of the care sessions?
(Please circle the answers that apply)

Days of the week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Number of visits each day: 1 2 3 4 5

Length of each care session: 15mins 30mins 45mins 1 hour

Other- *Please specify...*

3. How is the personal care funded? *(please tick the answer that applies)*

- ☐ I meet all the cost
- ☐ I meet some of the cost, Social Services meet the rest
- ☐ I use the Social Services Direct Payment Option
- ☐ No direct cost, care provided by family member/relative – Carers allowance
- ☐ No direct cost, care provided by family member/relative – no Carers allowance
- ☐ Other – *(please specify)*

4. Solva Care hopes to provide respite care, to give carers and cared for a break - would your household use this service?

YES NO *(please circle your answer)*

5. Non-personal care - does anyone in your household have any other type of care or service at home? eg a cleaner, a befriending service, meals on wheels, advice service, regular visits, other
(please specify)

Section B**To be completed by those households not currently in receipt of care**

6. If we are able to set up Solva Care, would you be likely to choose it, if you or someone in your household needed care at home at some time in the future or would you prefer one of the other options?

(Please number in order of preference, 1 for your first choice, 2 for second choice, and so on...)

<input type="checkbox"/>	Solva Care
<input type="checkbox"/>	Family member /relative as care provider
<input type="checkbox"/>	Private arrangement
<input type="checkbox"/>	One of the existing registered Care Agencies E.g. Pembrokeshire Care, Corban Care etc
<input type="checkbox"/>	Other <i>(please specify)</i>

Section C**To be completed by everyone**

7. Even if you are not officially 'in need of care', you might still want to make use of one or other of the services Solva Care hopes to provide. It would help us if you could indicate any that you might be interested in. *(Please tick the services you might wish to use from the list below)*

<input type="checkbox"/>	Personal care
<input type="checkbox"/>	Domestic care
<input type="checkbox"/>	Social care
<input type="checkbox"/>	Respite care
<input type="checkbox"/>	Pop in visits
<input type="checkbox"/>	Telephone Care.
<input type="checkbox"/>	Other <i>(please specify)</i>

8. Solva Care start up funding

One possible source of funding is the Armed Forces Community Covenant Grant. Our local contact for this is 14th Signals, Brawdy. We would need to show that we have links with the Armed Forces.

Is any member of your family a serving member of the Army, Navy or Airforce, a past member of the forces, a campaign veteran, or has any member of your family worked for the forces in any capacity?

If yes, please give brief details in the space below:

9. Any comments? We would welcome your thoughts, opinions and questions especially if you have experience of the system as it works at present.

10. Statement of support

On a scale of 1-5, where 1 is 'I support this idea very strongly' and 5 is 'I do not support this idea at all' please indicate the level of your support for this project by circling the answer that applies

I support it strongly					I do not support it at all
1	2	3	4	5	

11. Volunteer helpers

If we are able to set up Solva Care, there will be many ways in which volunteers could act as 'good neighbours' to extend the work of the paid carers and improve the health and well being of the whole community. Would you be willing, in principle, to be a volunteer helper on the scheme?

- ☐ Yes, I would be willing to help.
☐ No, sorry.

12. I do not wish to take part in this survey (please tick in box) ☐

Contact details

You do not need to provide this information, but it would be helpful in case we need to get back to you.

Name:	
Address:	
Phone:	
Mobile:	
E-Mail:	

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Your questionnaire will be collected on the date given at the top of the first page. If it is not, please contact XXXXXXXXXX