**EVALUATION OF THE BAMFORD ACTION PLAN 2012-15**

**YOUR EXPERIENCE MATTERS....**

**QUESTIONNAIRE FOR CARERS OF PEOPLE WITH A LEARNING DISABILITY**

**The Bamford Action Plan 2012-15 was published in March 2013. The action plan contains a total of 76 actions under five themes, and responsibility for delivery of the Action Plan spans 8 Government Departments. The Action Plan can be viewed at the link below.**

[**https://www.dhsspsni.gov.uk/publications/bamford-action-plan-2012-15**](https://www.dhsspsni.gov.uk/publications/bamford-action-plan-2012-15)

**The Bamford Action Plan 2012-15 states that evaluation of the Plan should focus on user outcomes that matter to service users and their families. This evaluation is being taken forward by the Bamford Inter Departmental Senior Officials Group, led by the Department of Health, Social Services and Public Safety (DHSSPS).**

**The aim of this evaluation is to evaluate the impact of the Bamford Action Plan 2012-15 on the lives of people with mental ill-health or a learning disability which covers all aspects of their lives, including health, education, employment, training, leisure, housing and transport. This questionnaire will form part of the Evaluation of the Bamford Action Plan 2012-15.**

**It is designed for parents and carers of people with a learning disability, to gather their views and experiences of services. Some questions may only apply to either adults or children – this is indicated where this is the case.**

**Questionnaires can be printed off and completed in hard copy or completed in Microsoft Word and emailed to the mailbox below.**

**Completed questionnaires should be forwarded by 5 FEBRUARY 2016 to:**

Karen Oldham

Mental Health Unit

Room D1

Castle Buildings

Stormont Estate

Belfast

BT4 3SQ Tel: 028 90 522238

E-mail: [Bamford@dhsspsni.gov.uk](mailto:Bamford@dhsspsni.gov.uk)

**Information about you and the person you care for**

**ABOUT YOU - THE CARER -** Please tick the box which applies to **you**:

|  |  |
| --- | --- |
| GENDER | MALE  FEMALE |
| AGE-GROUP | UNDER 18  18-24  25-44  45-64  OVER 65 |
| POSTCODE  (first four digits) |  |
| HSC TRUST | BELFAST  NORTHERN  SOUTH EASTERN  SOUTHERN  WESTERN |

**ABOUT THE PERSON YOU CARE FOR -** Please tick the box which applies to **the person you care for:**

|  |  |
| --- | --- |
| GENDER | MALE  FEMALE |
| AGE-GROUP | UNDER 18  18-24  25-44  45-64  OVER 65 |
| POSTCODE  (first four digits) |  |
| HSC TRUST | BELFAST  NORTHERN  SOUTH EASTERN  SOUTHERN  WESTERN |

**HEALTH & SOCIAL CARE**

***Information***

|  |
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| 1. Can you easily access information on health and social services and support for people with a learning disability which is available in your local area? (*A list of services is attached at Appendix A for you information*) |
| Yes / No |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

***Physical health***

|  |
| --- |
| 1. Is the person you care for offered an annual health check with a GP? |
| Yes / No (if No, go to Q5) |
| 1. If so, do they attend? |
| Yes / No (If No, go to Q5) |
| 1. Have these checks led to health improvements? |
| Yes / No |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

*Dental Checks*

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| --- |
| 1. Is the person you care for offered an annual dental check? |
| Yes / No (if No, go to Q7) |
| 1. If yes, do they attend? |
| Yes / No |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

*Challenging behaviours* **(children only)**

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| --- |
| 1. If your child displays challenging behaviours as a result of their disability, have you received help from services to assist you / the child with managing their behaviour? |
| Yes / No (If No, go to Q10) |
| 1. If yes, how has the service helped? |
|  |
| 1. If yes to Q7, in what way was this assistance supported by your child’s school? |
|  |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience – positive or negative - or suggest areas for improvement )* |

***Care of people with a Learning Disability in a hospital setting***

|  |
| --- |
| 1. Has the person you care for attended hospital in the last 3 years? |
| Yes / No (if No, go to Q13) |
| 1. If yes, do well do you feel their needs were met while in hospital? |
| *(Please circle from 1-5, 1 being very poor and 5 being excellent)*  1 2 3 4 5 |
| 1. How well do you feel hospital staff were trained to meet the needs of the person you care for? |
| *(Please circle from 1-5, 1 being very poor and 5 being excellent)*  1 2 3 4 5 |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement. If the person you care has had more than one hospital admission in the last 3 years and they have had different experiences in different settings (eg planned admission, A&E) please comment.)* |

***Care of people with a Learning Disability in a criminal justice / police / prison setting***

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| --- |
| 1. Has the person you care for had any contact with Forensic Learning Disability services in the last 3 years? (These are services for people with a learning disability who have been in contact with the criminal justice system and include inpatient low secure unit, community forensic mental health unit) |
| Yes / No (if No, go to Q15) |
| 1. If yes, how well do you feel these services met their needs? |
| *(Please circle from 1-5, 1 being very poor and 5 being excellent)*  1 2 3 4 5 |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

***Supporting carers***

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| 1. Have you been offered a carer’s assessment to help identify what support you might need with your caring role? (A carer’s assessment is a review of your caring role and how this impacts on your life, to identify if you require support. This will usually (but not always) be done by a social worker) |
| Yes / No (if No, go to Q19) |
| 1. Have you taken up the offer of a carer’s assessment? |
| Yes / No (If Yes go to Q18, if No go to Q17) |
| 1. If not, what are your reasons? |
|  |
| 1. What support (if any) have you been offered as a result of your carer’s assessment? |
|  |
| 1. Do you access respite or short-breaks? If so, how has this affected you in your caring role? |
|  |
| 1. In your experience, has availability of respite or short breaks increased in the last 3 years?   . |
| Yes / No  Please give reasons for your answer. |
| 1. Do you receive direct payments to assist you with your caring role? If so, how has this worked with regard to meeting the care needs of the person you care for and / or supporting you in your caring role? |
|  |
| 1. Have you received any other support to assist you with your caring role? If so, please detail. |
|  |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

***Planning for the Future (ADULTS ONLY)***

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| --- |
| 1. Have you been offered help to plan for the future for the caring requirements of the person you care for? |
| Yes / No (if no, go to Q26) |
| 1. Who helped you with this? |
|  |
| 1. In your experience how well were they informed / trained to assist you? |
| *(Please circle from 1-5, 1 being very poor and 5 being excellent)*  1 2 3 4 5 |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

***SERVICES FOR PEOPLE WITH A LEARNING DISABILITY AFTER THEY LEAVE SCHOOL (ADULTS ONLY)***

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| --- |
| 1. Does the person you care for access day opportunities (for example employment, training and social activities)? |
| Yes / No |
| 1. What opportunities do they avail of? (Eg (supported) employment, training, further education, volunteering, sports, leisure, day centre) |
|  |
| 1. Has access to post-school opportunities for people with a learning disability changed (positively or negatively) in the last 3 years? If so, how? |
|  |
| 1. Can you tell us one thing you would change about post-school opportunities for people with a learning disability? |
|  |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement in day opportunities)* |

***Employment & Training (ADULTS ONLY*)**

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| --- |
| 1. Did/does the person you care for attend a training, further education or higher education course? |
| Yes / No (if no, go to Q37)  If Yes, please also indicate which type of course they attend/attended |
| 1. How well is / was he / she supported to remain on the course and achieve a successful outcome/qualification? |
| Please circle from 1-5, 1 being very poor, and 5 being excellent)  1 2 3 4 5 |
| 1. Did/does the person you care for receive support to get a job or stay in work? |
| Yes / No  If yes, please provide details |
| 1. If yes to Q32, has he/she received the support they need to achieve a successful outcome? |
|  |
| 1. If they person you care for attends a training, further education or higher education course, or is in work or looking for work, does he/she have accessible transport? |
| Yes / No  If yes, what type of transport and support is received (please indicate below)? Please provide details |
| 1. If no to Q34, what mode of transport would be needed and type of support would be necessary to help gain access to transport to allow her/him to participate in the labour market? |
|  |
| 1. Did/does the person you care for attend any other training locally (eg through a community / voluntary organisation) |
| Yes / No (if no, go to Q37)  If Yes, please also indicate which type of course they attended and provide details of who ran the course, and what the person you care for’s experience of this course. |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement in respect of employment and training*) |

***BENEFITS***

|  |
| --- |
| 1. Are you in receipt of Carers Allowance? |
| Yes / No  If no – why not? |
| 1. Have you had a benefit entitlement check to ensure you are receiving all the benefits to which you may be entitled? |
| Yes / No  If no – why not? |

**HOUSING / RESETTLEMENT (THIS SECTION REFERS TO ADULTS ONLY)**

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| --- |
| 1. Where does the person you care for live? (please tick)  * In the family home * In their own home (independently) * In a support living setting (semi-independently) * In a residential unit * In a hospital * Other   (Please state) |
| 1. Has the person you care for been resettled from a hospital to a community setting? |
| Yes / No (if no, go to Q42) |
| 1. If yes to Q40, how has their quality of life been affected (positively or negatively)? |
| *(Please circle from 1-5, 1 being very negatively, and 5 being very positively)*  1 2 3 4 5 |
| 1. How well do you feel the person you care is supported to enable them to live in the community? |
| *Please circle from 1-5, 1 being very poor, and 5 being excellent)*  1 2 3 4 5 |
| 1. Do you feel that the person you care for has had a choice about where they live and who they live with? |
| Yes / No |
| 1. Do you feel that the place where the person you care for lives is suitable for them? |
| Yes / No |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement with respect to housing)* |

**INVOLVEMENT**

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| --- |
| 1. Have you been involved in helping to develop services for people with a learning disability in your area? |
| Yes / No |
| 1. If yes, how? |
|  |
| Comments: (*Please use this space to add detail to any of the answers above or to reflect on your own experience or suggest areas for improvement)* |

***THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE. ALL COMPLETED QUESTIONNAIRES ARE ANONYMOUS. HOWEVER, IF YOU WISH TO RECEIVE A COPY OF THE BAMFORD EVALUATION WHEN COMPLETED, PLEASE INCLUDE YOUR NAME, ADDRESS AND EMAIL BELOW.***