

Have your say on the proposed introduction of a charge for the Telecare service

Questionnaire



Please return this questionnaire by **26 February 2017** using the envelope provided. Alternatively, you can complete the questionnaire online by visiting www.hackney.gov.uk/telecare.

About you:

This information is optional, but will help us to better understand the views of Hackney residents.

Address (optional):

Postcode (optional):

1. Which of the following best describes you? (Please tick all that apply)

- Someone who uses Telecare services
- A carer of someone who uses Telecare services
- Family or friend of someone who uses Telecare services
- A local resident
- Employed in the health or social care sector
- Employed or a volunteer in a community/voluntary organisation or group
- Other, please specify:

2. Do you, or the people you support, receive any of the following benefits? (Please tick all that apply)

- Pension Credit
- Employment and Support Allowance
- Income Support
- Housing Benefit
- Council Tax Reduction
- None of these
- Other, please specify:

Questions 3 – 6 will ask you how you feel about aspects of the Council’s proposals for the Telecare service.

3. We are proposing to introduce a weekly charge of £5.50 for Telecare services, with a reduced weekly rate of £2 for residents who receive Pension Credit.

To what extent do you agree or disagree with this proposal?

- Strongly Agree Agree Neither Agree nor Disagree Disagree
 Strongly Disagree Don't Know

Please provide any comments or suggestions you have for this part of the proposal:

4. To what extent do you agree or disagree that a reduced charge of £2 per week for Telecare services should also apply for people who receive Employment and Support Allowance, Income Support, Housing Benefit and Council Tax Reduction?

- Strongly Agree Agree Neither Agree nor Disagree Disagree
 Strongly Disagree Don't Know

Please provide any comments or suggestions you have for this part of the proposal:

5. To help with the start-up costs of the Telecare service, we are considering introducing a one-off charge for **new users** only of £25. To what extent do you agree or disagree with this part of the proposal?

Strongly Agree Agree Neither Agree nor Disagree Disagree

Strongly Disagree Don't Know

Please provide any comments or suggestions you have for this part of the proposal:

6. We are also considering providing a free six week Telecare trial for **new users** who are being discharged home from hospital. To what extent do you agree or disagree with this part of the proposal?

Strongly Agree Agree Neither Agree nor Disagree Disagree

Strongly Disagree Don't Know

Please provide any comments or suggestions you have for this part of the proposal:

7. If the proposed charge is introduced, would it be more convenient to charge:

Monthly? Quarterly (every three months)? Yearly? Don't know

Please provide any comments or suggestions you have for this part of the proposal:

8. If the proposed charge is introduced, would it be more convenient to pay:

By Direct Debit By bill with phone or postal options Online Other, please specify

Please provide any comments or suggestions you have for this part of the proposal:

9. The proposed charges for Telecare have been developed after looking at how this works in other London areas. The proposed Hackney model considers needs (i.e excluding people with a social care package) and ability to pay (i.e a reduced charge for people who receive Pension Credit).

To what extent do you agree or disagree that the proposals are fair?

Strongly Agree Agree Neither Agree nor Disagree Disagree
 Strongly Disagree Don't Know

If you have any further comments about this question, please outline them here:

10. Please tell us what you think of the Telecare service and if you think the service could be improved:

About you

So we can best understand our service users and residents please complete this optional information about you. All information is used under the strict controls of the 1998 Data Protection Act.

Gender: Male Female

If you prefer to use your own term please provide this here:

Is your gender identity different to the sex you were assumed to be at birth?

Yes it's different

No it's the same

Age: What is your age group?

Under 16

16-17

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

Disability: Under the Equality Act you are disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

Do you consider yourself to be disabled?

Yes

No

Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail disabled or has mental health or substance misuse problems.

Do you regularly provide unpaid support caring for someone?

Yes

No

Ethnicity: Are you...

Asian or Asian British

Black or Black British

Mixed background

White or White British

Other ethnic group

Other (please state if you wish):

Religion or belief: Are you or do you have...

- Atheist/no religious belief Buddhist Charedi Christian Hindu
 Jewish Muslim Secular beliefs Sikh

Other (please state if you wish):

Sexual orientation: Are you...

- Bisexual Gay man Lesbian or Gay woman Heterosexual

Other (please state if you wish):

Thank you for taking part in this questionnaire. Please return your completed questionnaire using the envelope provided.

If you would like to find out what this document says please tick the appropriate box, put your name, address and phone number at the bottom of this page and return it to the address below.

এই দলিলে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্সে টিক দিন, এই পাতার নীচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নীচের ঠিকানায় ফেরত পাঠান। (Bengali)

如果你想知道這分文件的詳細內容，請在方框內打鉤，在本頁下面寫下你的名字、地址和電話號碼並寄到下面的地址。 (Chinese)

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Ger hun dixwazin bizanibin ku ev dokument çî dibêje, ji kerema xwe qutika minasib îşaret bikin, nav, navnîşana û hejmara telefona xwe li jêrê rûpel binivîsin û wê ji navnîşana jêrîn re bişînin. (Kurdish)

Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres i nr telefonu w dolnej części niniejszej strony i przeslij na poniższy adres. (Polish)

Haddii aad jeclaan lahayd in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhankiisa hoose ka dibna ku celi cinwaanka hoose. (Somali)

Si desea saber de lo que trata este documento, marque la casilla correspondiente, escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la siguiente dirección. (Spanish)

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اگر آپ یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو ازراہ کرم مناسب باکس میں صحیح کا نشان لگائے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھیں اور اسے نیچے دیے گئے پتہ پر واپس بھیج دیجئے۔ (Urdu)

Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp, điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gửi lại theo địa chỉ dưới đây. (Vietnamese)

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