

Homelessness Support Service for Vulnerable Adults in Kent Consultation

Consultation Questionnaire

This questionnaire should be answered giving consideration to the options detailed within the ‘**Homelessness Support Service for Vulnerable Adults in Kent Consultation Document**’, which can be found online at www.kent.gov.uk/homelessnessconsultation.

Kent County Council (KCC) funds many homelessness support services for vulnerable young people (16-25), adults who are over 18 and offenders who need additional support. Currently, those services can be categorised as either ‘supported housing’, ‘floating support’ or ‘rough sleeper outreach’.

We would like to hear your views on the proposals contained within the consultation document, which refers to plans for those 18+, and your thoughts on how we might improve the future delivery of homelessness support for vulnerable adults in Kent. Your views will be used to help shape the future of these services after October 2018.

Privacy: Kent County Council collects and processes personal information in order to provide a range of public services. Kent County Council respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the Data Protection Act 1998.

Please respond to this Consultation by **4 March 2018** either via one of our consultation events or on-line via our website at www.kent.gov.uk/homelessnessconsultation or by completing and returning this questionnaire to:
Homelessness Consultation, Community Support, Strategic Commissioning 3rd Floor Invicta House, County Road, Maidstone ME14 1XX

Have Your Say



About You

1	<p>About you: Please tell us whether you are responding as...</p> <p><i>Please select the option that <u>most closely</u> represents how you will be responding to this consultation.</i></p>	<input checked="" type="checkbox"/>								
	A member of the public									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">A service user of ...</td> <td style="padding: 5px;">Floating Support</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Supported Housing</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Rough Sleeper Outreach</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Any other homelessness services</td> </tr> </table>	A service user of ...	Floating Support		Supported Housing		Rough Sleeper Outreach		Any other homelessness services	
A service user of ...	Floating Support									
	Supported Housing									
	Rough Sleeper Outreach									
	Any other homelessness services									
	A carer of a person using homelessness support services									
	A service provider (of homelessness support services) Organisation name: _____									
	A District or Borough Council Organisation name: _____									
	A voluntary or community organisation Organisation name: _____									
	Other Please specify: _____									

Options and Integration

2	<p>Section 4 of the Consultation Document suggests 3 potential commissioning options. Which option do you prefer?</p> <p><i>Please tick one box only.</i></p>					
	Option 1 Recommission services in the existing configuration	Option 2 Integrate services on an area basis	Option 3 Integrate services into single county-wide provision	None of these	Don't know	
<input checked="" type="checkbox"/>						
3	<p>To what extent do you agree or disagree with the idea of integrating services together?</p> <p><i>Please tick one box only.</i></p>					
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
<input checked="" type="checkbox"/>						

Outcome Themes

4 **Section 6 of the Consultation Document describes proposed outcomes. To what extent do you agree or disagree that the following types of outcomes are important for yourself or vulnerable persons who need a support service?**

*Please tick **one box** for **each type of outcome**.*

*Also, please rank 1-3 what you think the **top priorities** for types of outcomes should be **by order of importance**, with 1 being the most important, 3 being the least.*

	Types of outcomes	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know	Rank (1-3)
<input checked="" type="checkbox"/>	Finding and maintaining suitable accommodation							
	Improving physical health							
	Engaging with and continuing with mental health support							
	Engaging and continuing with drug and/or alcohol treatment							
	Finding and completing suitable education / training courses							
	Finding and continuing with suitable volunteering opportunities							
	Finding and maintaining suitable employment							

5 **Are there any other outcomes you would like included?**

Service Delivery Methods

6 **Section 7 of the Consultation Document describes proposed methods of service delivery. To what extent do you agree or disagree that the following proposed methods of service delivery for the homelessness support service are important?**

*Please tick one **box** for **each method of service delivery**.*

	Methods of Service Delivery	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
<input checked="" type="checkbox"/>	Flexible support which is able to change and respond quickly to the changing needs of people who use services and their families.						
	A single point of access and referral, in collaboration with other Kent agencies, to identify risk and support needs						
	Targeted engagement with 'hard to reach' groups, including, but not limited to those from lesbian, gay, bisexual and transgender communities, those from minority ethnic communities and gypsy travellers						
	Outreach support to rough sleepers in the community						
	The use of community facilities, such as community hubs, for people to access services						
	Supporting individuals and their families in their own accommodation setting						
	Providing basic household items to help individuals setting-up home						
	A private sector rented access scheme (including access to deposits and guarantees) to support people moving on from temporary/hostel accommodation to more suitable accommodation						
	A programme or pathway of volunteering and paid work opportunities						

7	Are there any other methods of delivery you think should be provided by the service?

Anything Else?	
8	Are there any additional comments you would like to make about homelessness support services for vulnerable adults in Kent?

Equality Impact Assessment

9

We have completed an initial Equality Impact Assessment (EqIA) on the proposed changes to homelessness support services for vulnerable adults in Kent.

An EqIA is a tool to assess the impact any service change, policy or strategy would have on age, gender, gender identity, disability, race, religion or belief, sexual orientation, pregnancy or maternity, marriage and civil partnership and carer's responsibilities.

The EqIA is available online at www.kent.gov.uk/homelessnessconsultation or on request.

We welcome your views on the EqIA.

*Please write your **comments** in the **box** below.*

More About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

10	Are you.....? <i>Please select one option.</i>		
	Male	Female	I prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Is your gender the same as your birth? <i>Please select one option.</i>		
	Yes	No	I prefer not to say
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Which of these age groups applies to you? <i>Please select one option.</i>		
	<input type="checkbox"/> 0-15	<input type="checkbox"/> 25-34	<input type="checkbox"/> 50-59
	<input type="checkbox"/> 16-24	<input type="checkbox"/> 35-49	<input type="checkbox"/> 60-64
		<input type="checkbox"/> 65-74	<input type="checkbox"/> 75-84
			<input type="checkbox"/> 85 + over
			<input type="checkbox"/> I prefer not to say

13	Do you regard yourself as belonging to a particular religion or holding a belief? <i>Please select one option.</i>																	
	Yes	No	I prefer not to say															
13a	If you answered 'Yes' to Q13, which of the following applies to you? <i>Please select one option.</i>																	
	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>Christian</td> <td><input type="checkbox"/></td> <td>Hindu</td> <td><input type="checkbox"/></td> <td>Muslim</td> <td><input type="checkbox"/></td> <td>I prefer not to say</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Buddhist</td> <td><input type="checkbox"/></td> <td>Jewish</td> <td><input type="checkbox"/></td> <td>Sikh</td> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table> <p><i>Please write in the box below</i></p> <div style="border: 1px solid black; width: 200px; height: 20px; margin-left: auto; margin-right: auto;"></div>			<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
<input type="checkbox"/>	Christian	<input type="checkbox"/>	Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	I prefer not to say											
<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Sikh	<input type="checkbox"/>	Other											
14	<p>A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.</p> <p>Are you a carer? <i>Please select one option.</i></p>																	
	Yes	No	I prefer not to say															

15	<p>The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.</p> <p>Do you consider yourself to be disabled as set out in the Equality Act 2010? <i>Please select one option.</i></p> <table border="1" data-bbox="286 427 2087 592"> <tr> <td data-bbox="286 427 896 496">Yes</td> <td data-bbox="896 427 1503 496">No</td> <td data-bbox="1503 427 2087 496">I prefer not to say</td> </tr> <tr> <td data-bbox="286 496 896 592"></td> <td data-bbox="896 496 1503 592"></td> <td data-bbox="1503 496 2087 592"></td> </tr> </table>	Yes	No	I prefer not to say																		
Yes	No	I prefer not to say																				
15a	<p>If you answered ‘<u>Yes</u>’ to Q15, please tell us the type of impairment that applies to you.</p> <p>You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select ‘Other’, and give brief details of the impairment you have.</p> <table border="1" data-bbox="286 783 2087 1364"> <tr> <td data-bbox="304 826 416 895"><input type="checkbox"/></td> <td data-bbox="416 826 801 895">Physical impairment</td> <td data-bbox="801 826 1503 895"></td> </tr> <tr> <td data-bbox="304 895 416 963"><input type="checkbox"/></td> <td data-bbox="416 895 801 963">Sensory impairment (hearing, sight or both)</td> <td data-bbox="801 895 1503 963"></td> </tr> <tr> <td data-bbox="304 963 416 1032"><input type="checkbox"/></td> <td data-bbox="416 963 801 1032">Longstanding illness or health condition, or epilepsy</td> <td data-bbox="801 963 1503 1032"></td> </tr> <tr> <td data-bbox="304 1032 416 1101"><input type="checkbox"/></td> <td data-bbox="416 1032 801 1101">Mental health condition</td> <td data-bbox="801 1032 1503 1101"></td> </tr> <tr> <td data-bbox="304 1101 416 1169"><input type="checkbox"/></td> <td data-bbox="416 1101 801 1169">Learning disability</td> <td data-bbox="801 1101 1503 1169"></td> </tr> <tr> <td data-bbox="304 1169 416 1238"><input type="checkbox"/></td> <td data-bbox="416 1169 801 1238">I prefer not to say</td> <td data-bbox="801 1169 1503 1238"></td> </tr> <tr> <td data-bbox="304 1238 416 1342"><input type="checkbox"/></td> <td data-bbox="416 1238 801 1342">Other (please specify)</td> <td data-bbox="801 1238 1503 1342"><input type="text"/></td> </tr> </table>	<input type="checkbox"/>	Physical impairment		<input type="checkbox"/>	Sensory impairment (hearing, sight or both)		<input type="checkbox"/>	Longstanding illness or health condition, or epilepsy		<input type="checkbox"/>	Mental health condition		<input type="checkbox"/>	Learning disability		<input type="checkbox"/>	I prefer not to say		<input type="checkbox"/>	Other (please specify)	<input type="text"/>
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<input type="checkbox"/>	I prefer not to say																					
<input type="checkbox"/>	Other (please specify)	<input type="text"/>																				

16

To which of these ethnic groups do you feel you belong? *Please select **one** option.*
(Source: 2011 Census)

White English	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
White Scottish	<input type="checkbox"/>	Mixed White & Black African	<input type="checkbox"/>
White Welsh	<input type="checkbox"/>	Mixed White & Asian	<input type="checkbox"/>
White Northern Irish	<input type="checkbox"/>	Mixed Other*	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Black or Black British Caribbean	<input type="checkbox"/>
White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African	<input type="checkbox"/>
White Irish Traveller	<input type="checkbox"/>	Black or Black British Other*	<input type="checkbox"/>
White Other*	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Asian or Asian British Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British Pakistani	<input type="checkbox"/>	I prefer not to say	<input type="checkbox"/>
Asian or Asian British Bangladeshi	<input type="checkbox"/>		
Asian or Asian British Other*	<input type="checkbox"/>		

***Other Ethnic Group –**

If your ethnic group is not specified on the list, please describe it here:

17

Are you...? Please select one option.

- | | |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Heterosexual/Straight |
| <input type="checkbox"/> | Bi/Bisexual |
| <input type="checkbox"/> | Gay man |
| <input type="checkbox"/> | Gay woman/Lesbian |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | I prefer not to say |

Please complete this questionnaire by the 4 March 2018 and return to:

Homelessness Consultation, Community Support, Strategic Commissioning
3rd Floor Invicta House, County Road, Maidstone ME14 1XX by 4 March 2018

**Thank you for taking the time to complete this questionnaire,
your feedback is important to us.**

Your views and opinions will help to shape the future of this service.