



Older people's survey 2009

Dear Westminster Resident,

Age Concern Westminster (ACW) is committed to the belief that the services that we provide belong to the people who use them. We welcome comments, from the over 50's particularly, on the services that you receive or may receive in future. These comments will help us to understand what you like, or do not like about our services.

You do not need to put your name on this form and the information will be used to look at what improvements can be made within the organisation.

We thank you for your time and co-operation. This survey is important to us and will help inform decisions we take on the services we offer as well as giving us valuable information on the level of service and support we are providing at present.

Surveys released on 1st September 2009.

Please ensure the completed form is returned to the Operations Manager by Friday 16th October 2009

If you have any questions please contact us using the details below, or check our website for more details and an electronic copy of the form.

A handwritten signature in black ink, appearing to read 'Alex Dalton'.

Alex Dalton
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Age Concern Westminster
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A. Home and Community

1. Do you live alone? Yes No

2. When you are alone in your own home, do you feel safe?

Yes No

If no, then please explain:

3. Do you feel safe going out alone?

during the day at night both neither

4. What services do you think would help you feel safer?

B. Wants and Needs

1. What areas of your life do you feel as though you need the most help?

2. Who currently helps you to meet your needs?

3. What further support would be helpful to you?

4. Do you like to participate in social activities? Yes No

5. Are you involved in your local community? Yes No

If yes, then in what way?

6. If there is one thing that would improve your dignity what would it be?

C. Knowledge of Age Concern Westminster

1. Have you previously heard of Age Concern Westminster (ACW)?

Yes No

2. Which of these ACW services have you previously heard of? (please tick all that you have heard of)

Information Service	<input type="checkbox"/>	Leonora Club	<input type="checkbox"/>	Covent Garden	<input type="checkbox"/>
Advice	<input type="checkbox"/>	Pensions	<input type="checkbox"/>	Handyperson	<input type="checkbox"/>
Befriending	<input type="checkbox"/>	Escorting	<input type="checkbox"/>	Direct Payments	<input type="checkbox"/>
Individual Budgets	<input type="checkbox"/>	Reaching U	<input type="checkbox"/>	Will Writing	<input type="checkbox"/>
Cathay Club	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Trips for Older People	<input type="checkbox"/>

3. Which of these services have you previously used? (please tick all that you have used)

Information Service	<input type="checkbox"/>	Leonora Club	<input type="checkbox"/>	Covent Garden	<input type="checkbox"/>
Advice	<input type="checkbox"/>	Pensions	<input type="checkbox"/>	Handyperson	<input type="checkbox"/>
Befriending	<input type="checkbox"/>	Escorting	<input type="checkbox"/>	Direct Payments	<input type="checkbox"/>
Individual Budgets	<input type="checkbox"/>	Reaching U	<input type="checkbox"/>	Will Writing	<input type="checkbox"/>
Cathay Club	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Trips for Older People	<input type="checkbox"/>

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4. How did you first hear about services offered by Age Concern Westminster?

- | | | | | | |
|------------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|
| Word of Mouth | <input type="checkbox"/> | Websites | <input type="checkbox"/> | Council Referral | <input type="checkbox"/> |
| Reaching U Class | <input type="checkbox"/> | Club | <input type="checkbox"/> | Leaflet | <input type="checkbox"/> |
| Senior Passport | <input type="checkbox"/> | | | Social Services | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | Please state..... | | | |

5. If you have decided not to use or you have stopped using ACW's services, please state the reason you have chosen not to use these services.

D. Clubs

If you attend one of ACW's Clubs please answer this section, if not, please move on to section E

1. Which club do you attend?

- Covent Garden Club Leonora Club Cathay Club

2. What do you like about attending the Club ?

3. What do you not like about attending the club?

4. Which mode of transport do you use to get to the club?

- Dial a Ride Bus Train Walk Taxi Card

5. Please rate your mode of transport?

- | | | | | | | |
|---------------|----------|--------------------------|----|--------------------------|--------------|--------------------------|
| Comfortable | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> |
| On time | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Hit and miss | <input type="checkbox"/> |
| Journey | Too long | <input type="checkbox"/> | Ok | <input type="checkbox"/> | Not sure | <input type="checkbox"/> |
| Staff helpful | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> |

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Do you have any other comments about transport?

6. Please rate the Club premises in terms of;

Comfort	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
Access	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
Cleanliness	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
Displays / Signs	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>

Do you have any other comments about the premises or environment?

7. Please rate the Club meals in terms of;

Choice	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
Value for money	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
Diversity	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>
Menu Planning	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Not Good	<input type="checkbox"/>

Do you have any other comments about the meals at the club?

8. Does the Club that you attend meet your needs? (please tick one box)

- a. The club fully met my needs
- b. The club mostly met my needs
- c. The club satisfactorily met my needs
- d. The club poorly met my needs
- e. The club did not meet my needs

E. Activities

If you have attended any of ACW's activities please answer this section, if not, please move on to section F

1. Do you think that there is a good choice of activities and adult education classes available through ACW either at your club or at other venues?

Yes No Not sure

2. What do you enjoy doing?

3. What do you not like doing?

4. Do staff ask what you would like to do or want at the club / venue?

Yes No

5. Which other activities would you like to see? (This can include activities outside of the clubs e.g. going to the cinema, theatre etc).

6. Do you have any other comments about activities or Adult Education?

7. Do the activities that you attend meet your needs? (please tick one box)

- a. The activity fully met my needs
- b. The activity mostly met my needs
- c. The activity satisfactorily met my needs
- d. The activity poorly met my needs
- e. The activity did not meet my needs

F. Home Services

If you have used ACW's Home Services please answer this section, if not, please move on to section G

1. Which of ACW's Home Services have you used?

Befriending Escorting Handyperson

Gardening

2. How regularly do you use these services? Please tick all that apply:

Once a week Once a month When needed Other

3. How did you hear about ACW's Home Services?

4. When the co-ordinator spoke to you, did he/she explain the service to you and the kind of things our volunteers are allowed/not allowed to help with?

Yes No

5. Was the co-ordinator friendly and polite

Yes No

If 'No' please explain.

6. How satisfied were you with the volunteer who came to help you?

a. Very satisfied

b. Mostly satisfied

c. Satisfied

d. Partially satisfied (please explain below)

e. Not satisfied (please explain below)

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7. Did the Home Services service (s) in question meet your needs (please tick one)

- a. The service fully met my needs
- b. The service mostly met my needs
- c. The service satisfactorily met my needs
- d. The service poorly met my needs
- e. The service did not meet my needs

G. Information & Advice

If you have used ACW's Information & Advice service please answer this section, if not, please move on to section H

1. Which of the following Information & Advice services have you used through ACW?

- | | | | |
|--|--|--|-------------------------------------|
| Direct Payments <input type="checkbox"/> | Individual Budgets/Care Brokerage <input type="checkbox"/> | Advice Surgery <input type="checkbox"/> | Home Visit <input type="checkbox"/> |
| Westminster Benefit Advice Team <input type="checkbox"/> | OneStop <input type="checkbox"/> | Information Service <input type="checkbox"/> | |

2. How did you hear about the Information & Advice service?

3. How satisfied are you with the service you received?

- | | | |
|--|--|---|
| Fully satisfied <input type="checkbox"/> | Satisfied <input type="checkbox"/> | Mostly satisfied <input type="checkbox"/> |
| Partially satisfied <input type="checkbox"/> | Not satisfied <input type="checkbox"/> | |

4. How happy are you that the Information & Advice provided was easy to understand?

- | | |
|-------------------------------------|---------------------------------------|
| Very happy <input type="checkbox"/> | Fairly happy <input type="checkbox"/> |
| Unhappy <input type="checkbox"/> | Very Unhappy <input type="checkbox"/> |

5. Did ACW Information & Advice services assist you with an increased benefit package?

- | | |
|------------------------------|-----------------------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|------------------------------|-----------------------------|

H. Your involvement: Has ACW consulted you properly?

1. Have you been consulted about the development of any of ACW's services?

Yes

No

2. Have you ever attended a committee, forum or meeting convened by ACW?

Yes

No

3. If so, did you feel your views were taken into account properly?

Yes

No

4. Do you feel that you have any say in the style and quality of the services offered by ACW?

Yes

No

5. Are you aware of your rights when taking up services offered by ACW?

Yes

No

6. Do you know how to make a complaint about the service you receive from ACW?

Yes

No

I. Conclusion: Questions to answer if you have used any ACW services.

1. Do you have any complaints about our services?

2. Are there any things we could do better?

About Yourself (Please tick the box applicable)

1. Are you male or female?

Male Female

2. How old are you?

50-64 65-74 75-89 90+

3. Please tick one below which describes you best:

a) White British

b) White Other
(Irish, White European and other white background)

c) Asian or Asian British
(Indian, Pakistani, Bangladeshi, any other Asian background)

d) Black or Black British
(Caribbean, African or any other Black background)

f) Mixed
(White and Black Caribbean, White and Black African, White and Asian, any other mixed Background)

e) Chinese

g) Any other ethnic group
Please state.....