

Service User Experience of SW CARS

Introduction

Healthwatch Worcestershire finds out what people think about health and care services. We use this information to tell those who run the services how they can be improved.

The purpose of this questionnaire is to find out what service users think about SW CARS (the South Worcestershire Community Assessment and Recovery Service). We will use your answers to provide anonymous feedback to the people responsible for running the service.

The information you provide is confidential, except that anonymised quotes may be used. Personal identifying information will not appear in any publications resulting from this survey.

Thank you for taking a few minutes to fill this in.

Suzy James
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* 1. I agree that I understand the purpose of this survey and consent to the use of the data as indicated above.

I agree

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2. Have you got a Care Coordinator?

Yes

No

3. If Yes, how long did you wait for one to be allocated?

- Up to 2 weeks
- 2 - 6 weeks
- 6 - 12 weeks (up to 3 months)
- 12 - 18 weeks (up to 4.5 months)
- 18 - 24 weeks (up to 6 months)
- Longer than 6 months
- I am not sure/ can't remember

4. Have you got a written Care Plan?

- Yes
- No

5. Did you talk about your total Care Plan with the team?

- Yes
- No

6. Did you feel able to have your views heard in the planning of your treatment?

- Fully
- Partially
- A little
- Not at all

7. Do you have a Crisis Plan?

- Yes
- No

8. Do you know who to contact if you were to feel very unwell again?

- Yes
- No

9. Do you have have a partner/family member/friend or carer supporting you?

- Yes
- No

10. If Yes – was that person able to make their views known when making the Care Plan?

- Yes
- No

11. Does your Care Plan just talk about your treatment?

- Yes
- No

If your care plan talks about more than your treatment, please tell us what else it talks about:

12. Whilst you have been with CARS have you been asked if you need support with any of the following?
Please tick all those you have been able to talk about with the team:

- Finance
- Physical health
- Housing
- Employment
- Diet
- Fitness
- Hobbies
- Volunteering
- If you had support with anything else please tell us what:

13. Do you think you are treated with dignity and respect by the CARS team?

- Yes
- No

14. Were you made aware of your rights as a service user?

- Yes
- No
- Not sure

15. If you wanted to make a complaint, would you know who to contact?

- Yes
- No
- Not sure

16. Were you transferred into CARS from another service?

- Yes
- No
- Not sure



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17. If you answered Yes please tell us which service you transferred from:

18. Who referred you to CARS

- GP
- Social Worker
- Support Worker
- Other health professional

19. How long did you wait for your first appointment with CARS?

- Up to 1 week
- 1 - 2 weeks
- 2 - 4 weeks
- 4 - 6 weeks
- Longer than 6 weeks

20. After your first appointment with CARS, how long did you wait for your treatment to start?

- Up to 1 week
- 1 - 2 weeks
- 2 - 6 weeks
- 6 - 12 weeks (up to 3 months)
- 12 - 18 weeks (up to 4.5 months)
- 18 - 24 weeks (up to 6 months)
- Longer than 6 months

21. Was group therapy part of your treatment with CARS?

- Yes
- No

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22. If you did go to group therapy, how helpful was it for you?

- Very helpful
- Helpful
- Slightly helpful
- Not at all helpful

23. When your group therapy sessions ended, were you offered more treatment with CARS?

- Yes
- No

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24. If Yes, how long did you have to wait for your next treatment?

- Up to 1 week
- 1 - 2 weeks
- 2 - 6 weeks
- 6 - 12 weeks (up to 3 months)
- Longer than 3 months

25. If you were not offered more treatment from CARS after group therapy, were you referred anywhere else for support?

- Yes
- No
- If Yes - where were you referred to?

26. Were you satisfied with that course of action?

- Yes
- No

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27. How satisfied are you with your experience of South Worcestershire CARS?

- Extremely satisfied
- Very satisfied
- Satisfied
- Not very satisfied
- Extremely dissatisfied

28. Is there anything else you would like to share with us about your experience of South Worcestershire CARS?



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About You

29. About you - please tell us about yourself to help with our research. Which district of Worcestershire do you live in?

- Bromsgrove
- Redditch
- Worcester City
- Wychavon

30. How do you identify?

- Male
- Female
- Trans Female
- Trans Male
- Non Binary
- I prefer not to say
- I prefer to self describe

Other (please specify)

31. What is your sexual orientation?

- Bi
- Straight/Heterosexual
- Gay man
- Gay woman/Lesbian
- Prefer not to say
- Prefer to self describe

Other (please specify)

32. Which age range?

- | | | |
|--------------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> Under 18 | <input type="radio"/> 35-44 | <input type="radio"/> 65-74 |
| <input type="radio"/> 18-24 | <input type="radio"/> 45-54 | <input type="radio"/> 75 + |
| <input type="radio"/> 25-34 | <input type="radio"/> 55-64 | |

33. Please select your ethnic background:

- | | | |
|---|--|---------------------------------------|
| <input type="radio"/> White British | <input type="radio"/> White and Asian | <input type="radio"/> Any other Asian |
| <input type="radio"/> Irish | <input type="radio"/> Any other mixed race | <input type="radio"/> African |
| <input type="radio"/> Gypsy/Irish Traveller | <input type="radio"/> Indian | <input type="radio"/> Caribbean |
| <input type="radio"/> Other White | <input type="radio"/> Pakistani | <input type="radio"/> Any other Black |
| <input type="radio"/> White and Caribbean | <input type="radio"/> Bangladeshi | <input type="radio"/> Arab |
| <input type="radio"/> White and Black African | <input type="radio"/> Chinese | |
| <input type="radio"/> Any other group please specify: | | |

34. Do you consider yourself to have a permanent disability or long-term condition?

- Yes
 No

35. If Yes - please select from the following:

- | | |
|--|--|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Autism Spectrum Condition | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Long term medical condition e.g. Diabetes |
| <input type="checkbox"/> Physical disability | |

Other (please specify)

36. Do you consider yourself to be an unpaid carer?

- Yes
 No
 Not sure