**Financial Assessments – Customer Feedback Survey**

**Bury Council is looking at reviewing and refreshing their current financial assessments process.**

Healthwatch will be contributing to improving understanding of current financial assessments process in Bury and are asking local service users for their views. We want to find out about people’s real experiences to find out how the process can be improved and using that to make recommendations to Bury Council how to do this.

Ultimately your views will be used when considering how to plan and improve this service in the future.

**What are care costs and financial assessments?**

Everyone who receives care services is required to pay for those services and each service has its own charging policy.

Some services are charged a flat rate where everyone pays the same amount however, some charges (or potential reductions to flat rates) are calculated based on the individual financial circumstance of the customer. For these charges you will need a financial assessment to determine how much you will need to contribute.

**A Financial Assessment** is part of the overall assessment process for adult social care and you will need to contact Bury Council’s Adult Care Connect and Direct. This also applies to reassessments of your circumstances.

Healthwatch Bury is independent from the local health and social care services and wants to hear about your experiences of the current financial assessments process. Our aim is to support the Bury Council to review and refresh the current local service provision.

**Thank you for taking the time to complete this survey, your views are important to us.**

**All questions are optional and anonymous. We will ensure your responses are kept secure and confidential and nothing that could identify you would be published or passed onto anyone.**

**Before the financial assessment**

1. **What information were you/the person you care for given prior to your financial assessment?**

Leaflets by post

Website link by email

Information was given over the phone

Information was given in an in-person appointment

I/The person I care for was not given any information

Other (please specify below)

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1. **Please give more details about the information provided below. What did you like about it? What could have been improved?**

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1. **Did you feel you/the person you care for was given enough information before your Financial Assessment?**

Yes

No

I/The person I care for was not given any information

1. **How do you prefer to be contacted regarding your financial assessment? / What is your preference when dealing with assessment?**

☐ Telephone

☐ Virtual meeting (e.g. Zoom. Teams etc.)

☐ Email

☐ Letter/Post

☐ In person/Face to face visit

☐ Other (please specify below)

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**During the financial assessment**

1. **Did you feel that you/the person you care for were given enough information at the financial assessment stage?**

**☐Yes**

**☐ No**

**☐ I was not given enough information**

1. **Did you feel you were listened to during the financial assessment?**

☐Yes

☐ No

☐ Partly

1. **Did you feel that you/the person you care for were fully involved in the financial assessment?**

☐Yes

☐ No

☐ Partly

1. **Did you feel that you/your carers views were considered by the financial assessor?**

☐Yes

☐ No

☐ Partly

1. **Were you provided any guidance to complete the financial assessment form?**

☐Yes

☐ No

☐ Partly

1. **What financial support do you currently receive through the Bury MBC?** ☐Residential care

☐ Non-residential care

☐ Direct payment of cash personal budget

☐ I prefer not to say

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| Other (please specify) |

1. **Did you feel that relevant people contributed to the financial assessment of you/the person you care for?**

☐Yes

☐ No

☐ Partly

1. **What did you like about the financial assessments process? What went well?**

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1. **Did you have any concerns regarding financial assessments process? What could have been done better?**

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**After the assessment**

1. **Do you feel the decision about the financial support offered was explained to you clearly?**

☐Yes

☐ No

1. **Were you informed and supported of your right for the review and appeal of the final decision (e.g. if you think your assets were overvalued)?**

☐Yes

☐ No

1. **Do you know where to go for support if you have any further enquiries?**

☐Yes

☐ No

1. **Please rate the support you currently receive through the Bury Council for any enquiries you might have?**

☐ Excellent

☐ Good

☐ Satisfactory - Not good nor poor

☐ Poor

☐ Very poor

☐ Other

1. **Have you got any further comments you would like to add regarding your experience regarding the financial assessments?**

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1. We are also planning to look at how **direct payments** are working in Bury. Please add your email address in the box below if you would like to take part in that survey. Your email address will not be used for any other purpose.

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## Tell us a bit more about you

By telling us more information about yourself, you can help us better understand how people's experiences may differ depending on their personal characteristics. However, if you do not wish to answer these questions you do not have to.

Your answers will be treated as strictly confidential.

1. **Please tell us which age category you/the person you care for fall into:**

13 – 17 years

18 – 24 years

25 – 34 years

35 – 44 years

45 – 54 years

55 – 64 years

65 – 74 years

75+ years

I’d prefer not to say

1. **Please tell us which gender you/the person you care for identify with:**

Woman

Man

Non-binary

Other

I’d prefer not to say

1. Please select your/the person you care for ethnic background:

Arab

Asian / Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Indian

Asian / Asian British: Pakistani

Asian / Asian British: Any other Asian / Asian British background

Black / Black British: African

Black / Black British: Caribbean

Black / Black British: Any other Black / Black British background

Gypsy, Roma or Traveller

Mixed / Multiple ethnic groups: Asian and White

Mixed / Multiple ethnic groups: Black African and White

Mixed / Multiple ethnic groups: Black Caribbean and White

Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background

White: British / English / Northern Irish / Scottish / Welsh

White: Irish

White: Any other White background

Another ethnic background

I’d prefer not to say

1. **Do you consider yourself to be a carer, have a disability or a long-term health condition? (Please select all that apply):**

Yes, I consider myself to be a carer

Yes, I consider myself to have a disability

Yes, I consider myself to have a long-term condition

None of the above

I’d prefer not to say