

Bucks Good Neighbour Scheme Research Questionnaire

Our experience of working with and in the community means that we are very aware of a growing need to support individuals who still live in their own homes, but who find it a struggle to manage many things that younger, mobile and healthy people take for granted.

We have been researching a scheme which is run in other parts of the country and which is highly valued by older people, those with mobility and health problems, and those living alone and isolated. These schemes are generally called Good Neighbour Schemes, where volunteers help to provide that extra level of support and information.

To help us to develop our project we would be very grateful if **(a)** those over 60 years of age who may need support and **(b)** anyone who may like to volunteer as a 'good neighbour', would kindly complete this questionnaire and return to us. *This is internal research only and no personal information is disclosed or passed on to third parties.*

Please tick the 'yes' box if this is a service which you would find beneficial; with some services, where transport by car is provided by a volunteer, they would expect to be reimbursed for their petrol costs and any car parking charges. Volunteers, please tick any box where you may be willing to help to set up a Good Neighbour Scheme in the future.

Help with Transport

- | | <u>Over 60s</u> | | <u>Volunteers</u> |
|--|------------------------------|-----------------------------|--------------------------|
| 1) Be taken shopping | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 2) Have your prescription or pension collected | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 3) Lift to doctor, dentist or hospital | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Social Outings

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| 4) Be taken out, for example garden centre, coffee morning, pub lunch, lunch club | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 5) Do you have access to a library? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6) Would you like to have access to a library service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Household Help

- | | | | |
|---|------------------------------|-----------------------------|--------------------------|
| 7) Help with grass cutting or gardening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 8) Help with light housework / ironing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |

Caring

- | | | | |
|--|------------------------------|-----------------------------|--------------------------|
| 9) More help for you as a carer, such as a sitting service / relief care | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
|--|------------------------------|-----------------------------|--------------------------|

Crime Prevention

- 10) Help to make your home secure, for example locks on doors & windows, key safes, etc. Yes No
- 11) Help with DIY tasks around your home Yes No

Information & Advice

- 12) One Contact Point when you want help or need to know where to go to get help Yes No
- 13) A Contact Point in your own community where you can get direct help or information Yes No

Home Safety

- 14) A check to make sure your home is safe and secure, for example smoke alarms, electrical equipment etc. Yes No
- 15) Look at equipment you might need, for example grab rails, bath lifts. Yes No

Are there any additional services you may need to help you to live independently in your own home?

Name: _____

Address: _____

Telephone _____ Email: _____

What age group are you?

- | | | | | | |
|-------------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| 20 – 29 yrs | <input type="checkbox"/> | 30 – 39 yrs | <input type="checkbox"/> | 40 – 49 yrs | <input type="checkbox"/> |
| 50 – 59 yrs | <input type="checkbox"/> | 60 – 69 yrs | <input type="checkbox"/> | 70 – 79 yrs | <input type="checkbox"/> |
| 80 – 89 yrs | <input type="checkbox"/> | Over 90 yrs | <input type="checkbox"/> | | |

Do you live alone? Yes No

Are you a carer? Yes No

When you have completed this form return to Age Concern Bucks, 145 Meadowcroft, Aylesbury, Bucks HP19 9HH

Thank you for your help – we hope in turn to be able to help you in the future.