

Vision for Disability Day Services

Consultation Questionnaire

We want to know what is important to you as we plan for the future, this questionnaire is just one way you can get involved.



You will need to read the document which explains the 'Vision' it makes suggestions about what might change and says what this could mean for existing services **BEFORE** you fill in this Questionnaire.

✦ Please complete questions which are relevant to you ✦



1. Please tell us what you/your family/your Organisation like and don't like about the current day services.

Like ✓	Don't Like ✕

2. Please tell us what you/your family/your Organisation like and don't like about Service(s) provided in the community?

Like ✓	Don't Like ✕

3. After reading the information do you understand what the proposed changes might be?

Yes ✓

No ✗

4. Have you attended a consultation meeting or talked to someone about the proposals?

Yes ✓

No ✗

If 'Yes', which one/who? _____

5. Please tell us how you think the proposals for changing services may affect you/your family/your Organisation?



6. What worries you/your family/your Organisation about the proposed changes?















7. What could be done to make you/your family/your Organisation feel better about the proposed changes?



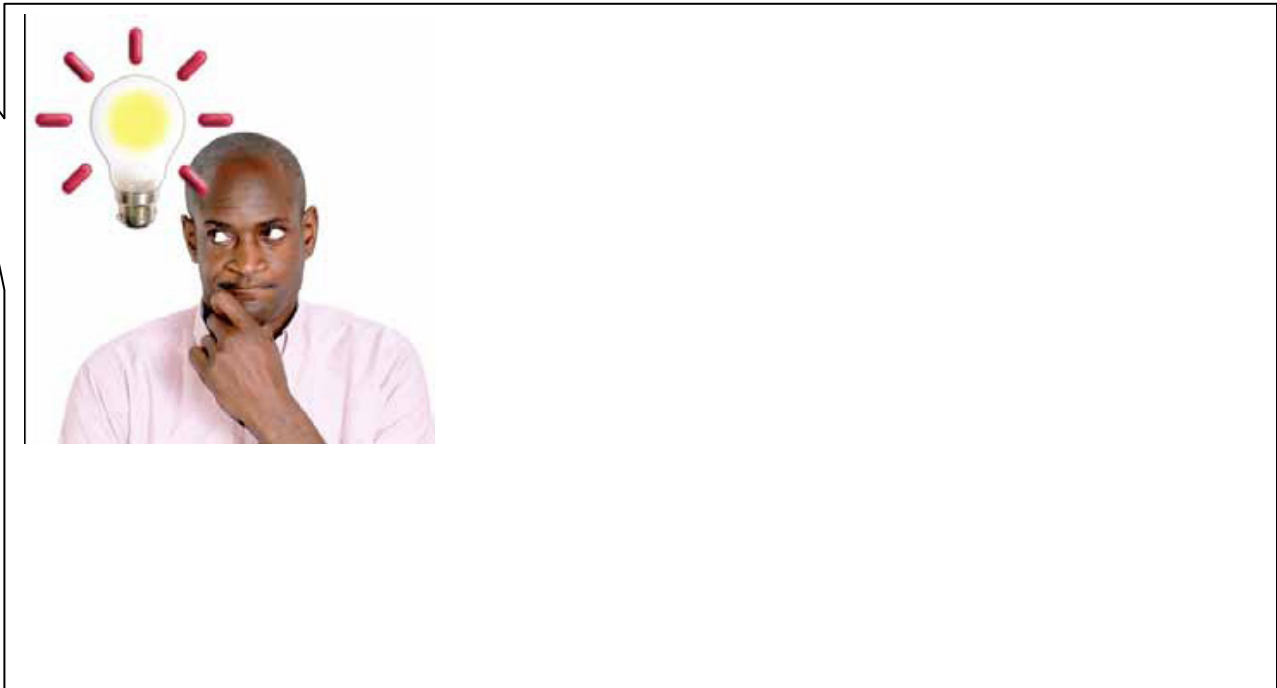
8. The proposed 3 key themes might cover activities like these. Please tick the box(es) for those that are important to you



Activity/Service		Already do	Would like to do
	Computing		
	Cookery		
	Reading and Writing		
	Bowling, swimming, sports (Leisure Centre)		
	Gardening/allotments		
	Volunteering		

Activity/Service		Already do	Would like to do
	Being part of a user enterprise (employment, volunteering & work experience with other people with a learning disability)		
	Singing		
	Art and craft		
	Drama		
	Being Healthy eg diet, exercise, seeing a Doctor		
	Partnership Board/Area Forums		
	Travel training		
	Meeting friends		
	Access to library, museums and other places		
	Speaking up Groups, Telling People who make decisions what you think		
	Help to get a qualification		
	Advice on local resources eg benefits, education, housing		
	Finding a paid job		
	Work experience placements		
	Sensory and therapeutic sessions		
	Cycling		
	Budgetting & learning about money		
	Walking		

9. Please tell us if there is anything else you would like to do or feel is important?



10. Work.

The proposed changes could help people in getting ready for work. Please tick the boxes that apply to you.



Work	Yes	No
Would like to work		
Would like to do voluntary work		
Would be interested in hearing more about supported employment and work		
Am interested in volunteering/work but scared I can't do it or people won't help me.		

11. Direct Payments

Direct Payments help you to control your own life, so you can have more choice - just like everyone else.



A Direct Payment is money your Adult Social Services Department can give you to buy the personal assistance (or other service) agreed during the assessment of your needs.

Direct Payments	Yes	No
I already have a direct payment		
I would be interested in hearing more about direct payments		

12. Is there one key message you/your family/your Organisation would like to tell the Council about the changes we are proposing?



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13. About You

It would be useful if you would please let us know (by putting a tick in the box) if you are a:

	<p>Person with a disability – Which service(s) do you attend/use?</p> <p>.....</p>	<input type="checkbox"/>
	<p>How long have you been going there?</p> <p>.....</p>	
	<p>If you needed help to fill in this form please tell us who helped you:</p> <p>.....</p>	
	<p>Parent/Carer - Which service(s) does the person you care for attend/use?</p> <p>.....</p>	<input type="checkbox"/>
	<p>How long have they been going there?</p> <p>.....</p>	
	<p>If you needed help to fill in this form please tell us who helped you:</p> <p>.....</p>	
	<p>Member of staff – Which service do you work for:</p> <p>.....</p>	<input type="checkbox"/>
	<p>Group or Organisation – The name of your Group or Organisation:</p> <p>.....</p>	<input type="checkbox"/>
	<p>Other - If you live in Gateshead and want to give us your feedback</p>	<input type="checkbox"/>

14. If you would like us to send you a copy of feedback after the Consultation please provide your contact details below:



Name:

.....



Address:

.....

.....



Telephone:

.....



Email:

.....

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire by 28 October 2011 – see details on Page12.

Some of the ideas for this Questionnaire were from Kent County Council. They are also asking people about Day Services. They were happy to share some of their ideas with us.

15. Equalities Monitoring

In order to meet your needs and improve our services we need to know a bit more about you. Please help us by completing this form. You will not be disadvantaged in any way. This information is confidential and is really important to us.

A) Ethnic Background

a) Asian or Asian British

Bangladeshi Indian Pakistani

Any other Asian background (please write in)

b) Black or Black British

African Caribbean

Any other Black background (please write in)

c) Chinese

Any other Chinese background (please write in)

d) Dual / Multiple Heritage

Asian & White Black African & White Black Caribbean & White

Any other Heritage background (please write in)

e) White

British European Irish

Any other White background (please write in)

f) Other ethnic group

Gypsy/Romany/Irish traveller

Any other ethnic group (please write in)

g) Prefer not to say

B) Gender

Female Male Prefer not to say

C) Age

Date of birth (day/month/year)/...../.....

Age in years Prefer not to say

D) Disability

The Disability Discrimination Act (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. Since 2005 people with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are covered by the DDA.

Do you consider yourself to be a disabled person?

Yes No Prefer not to say

If you have answered YES to the question above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

- Head injury
- Hearing (deafness, severe hearing impairment)
- Learning difficulty or disability (e.g. Down's syndrome, dyslexia)
- Autism
- Mental health (e.g. depression, schizophrenia)
- Mobility (e.g. using a wheelchair)
- Physical impairment (e.g. difficulty using your arms)
- Visual (blindness, severe visual impairment)
- Long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy)

Other (please write in)

E) Sexual Orientation

Bisexual Gay (female)/Lesbian Gay (male)

Heterosexual/straight

Prefer not to say

Other (please write in)

F) Religion & Belief

How would you define your religion or belief?

Christian Muslim Hindu
Jewish Sikh Buddhist
Atheist No religion Prefer not to say

Other (please write in)

Thank you for completing this monitoring form. Please return it with your completed questionnaire. The information you have provided will be kept in accordance with terms of the Data Protection Act 1998 and will only be used for the purpose of monitoring. Your details will not be passed on to any other individual, organisation or group. Gateshead Council is the data controller for the information on this form for the purposes of the Data Protection Act.

If you are submitting this questionnaire by post please send it to:

**Andi Parker
Development Officer - Involvement
Community Based Services
Gateshead Civic Centre
Regent Street
Gateshead NE8 1HH**

**Telephone: 0191 433 2346
Fax: 0191 477 9141**

**Text/SMS: 077667 48915
Minicom: 0191 433 26**