

# The Survey



Consultation on a New Model of Day Opportunities for People with Learning Disability in the Royal Borough of Greenwich

**Have Your Say!**

## Introduction

The survey below asks a number of questions about some proposed changes to Day Opportunities. We are proposing a model called the “Hub and Spokes.” The Hub will be used for different things, and we are calling it “The Multi-Use Hub.”

This model arose as a recommendation from our 9-month engagement work in 2020/21. During this we talked to people with learning disabilities, their family carers and professionals who work with them. We are now asking for your ideas about the best way to implement this proposed model of day opportunities.

In this model, there will be a day centre managed by Day Opportunities Service (The Multi-Use Hub) for people who find it very difficult to access other services in the community. For others, there will be opportunities to get involved in activities out in the community (The Spokes).

These might be through:

- another specialist service like the Riverwood Project, Index Care and Brighter Futures.
- support to access “mainstream” activities such as shopping, doing hobbies, going to museums, playing sports, and meeting up with friends
- access to training and help to finding work or volunteering placements
- accessing evenings and weekend activities by a care provider

We are keen to hear what you think about the idea of the Hub and the Spokes. When answering the questions please think about both parts of the model.

We know that you might have some concerns about the proposed changes. It is important that we understand those concerns. We also know that some people are optimistic about the opportunities that this new approach will offer. We are very keen to hear about your ideas for supporting people to have a fulfilling and meaningful life.

## Question 1

Do you agree that the proposed model for Day Opportunities will increase people's choice?

Yes

I am not sure

No

## Question 2

Please explain your answer

## Question 3

Do you agree that the proposed model for Day Opportunities will support people to be more independent?

Yes

I am not sure

No

## Question 4

Please explain your answer

## Question 5

Please list what you like about the proposed Multi-Use Hub part of the model with your reasons.

## Question 6

Please list ideas that would improve the proposed Multi-Use Hub part of the model with your reasons.

## Question 7

Please list things that you like about the proposed community-based services (The Spokes) with your reasons.

## Question 8

Please list things that would improve the proposed community-based services (The Spokes) with your reasons.

## Question 9

We would like more people to use Personal Budgets to buy their services. Personal budgets can be:

- Taken as Direct Payments where people (or their carers) are in charge of their own money. Direct Payments are where people are 'supported' to be in charge of their money.
- Managed for people by the council
- Managed for people by a provider organisation. (This is called an Individual Service Fund.)

Which one of these 3 options do you think would be best for you or your cared-for person?

A Direct Payment?	<input type="checkbox"/>
The Council to manage people's money?	<input type="checkbox"/>
A provider organisation to manage your money on your behalf?	<input type="checkbox"/>

## Question 10

Please explain the reason for your decision

## Question 11

The Council would like to support more people to use different options for travelling to services, including travelling independently and using community travel services. We think this will help people to be more independent.

We will review who is offered transport services from GS Plus and propose to give priority to people with the highest level of need who don't have alternative ways of travelling to services.

What suggestions do you have for supporting people to travel to services or to activities in the community?

## Question 12

Please tick the **three** things that are most important for users of Day Opportunities.

Choosing what to do	<input type="checkbox"/>
Choosing when to do activities during the day	<input type="checkbox"/>
People can do things in the evenings and at weekends	<input type="checkbox"/>
Choosing where to do activities (a range of indoors and outdoors)	<input type="checkbox"/>
Being able to do things with friends	<input type="checkbox"/>
Being able to use different services at different times	<input type="checkbox"/>
Being able to change your activities if you wish	<input type="checkbox"/>
Doing the same things every week, if this suits you best	<input type="checkbox"/>
Being supported to get a job or volunteering activity	<input type="checkbox"/>
Support to become more independent	<input type="checkbox"/>
Support to be active and have a healthy lifestyle	<input type="checkbox"/>
Support to take part in cultural and religious activities	<input type="checkbox"/>
Having control over the things they do by deciding how they wish to spend their personal budget	<input type="checkbox"/>
Being able to try new things	<input type="checkbox"/>
Carers have a real break from their caring role	<input type="checkbox"/>
Services providers knowing who is coming so they can plan ahead	<input type="checkbox"/>

Other – please specify

### Question 13

The Council may need to meet crisis or urgent care needs, which may need to be outside the Hub and Spokes model.

Please tell us what ideas you have on how this could work? What would you like to have available in a crisis?

### Question 14

How would you like the Council and providers of services to communicate with you to help you to feel supported and well informed? Choose your top 3 options.

Email	<input type="checkbox"/>
-------	--------------------------

Phone	<input type="checkbox"/>
-------	--------------------------

Zoom or Microsoft Teams (face to face virtual meeting)	<input type="checkbox"/>
--	--------------------------

A dedicated Learning Disability News page on the Council's website including easy read content	<input type="checkbox"/>
--	--------------------------

Letters or leaflets posted to your home	<input type="checkbox"/>
---	--------------------------

Letters or leaflets addressed to your cared for person in easy read format or with visual content	<input type="checkbox"/>
---	--------------------------

Information from the service providers that we use	<input type="checkbox"/>
--	--------------------------

A carers' forum or group who represent a wider group of family carers	<input type="checkbox"/>
---	--------------------------

Home visit from a social worker or other professional	<input type="checkbox"/>
---	--------------------------

Other – please specify	
------------------------	--

## Question 15

Is there anything else you'd like to say about the proposed model?

For example, please tell us if you learned anything during the Covid-19 period which you would like us to consider when implementing our new service model. (Please continue using a separate sheet if you need to)

## Question 16

### About You

Please tick all that apply.

A user of day services?	<input type="checkbox"/>
- I use Sherard Road Day Centre	<input type="checkbox"/>
- I use other day services (e.g., Riverwood, TOPS, Tall Trees, Brighter futures)	<input type="checkbox"/>
- I do activities in the community	<input type="checkbox"/>
- I use a combination of adult social care services	<input type="checkbox"/>
- I am not currently using any adult social care services	<input type="checkbox"/>
A carer of someone who uses services?	<input type="checkbox"/>
A young person who expects to need adult care services in future?	<input type="checkbox"/>
A parent or family carer of a young person that expects to need adult care services in the future?	<input type="checkbox"/>
A care worker?	<input type="checkbox"/>
A service provider?	<input type="checkbox"/>
- Statutory provider	<input type="checkbox"/>
- Voluntary & Community Sector provider	<input type="checkbox"/>
- Private provider	<input type="checkbox"/>
Health and social care at the Council?	<input type="checkbox"/>
Health and social care at South East London Clinical Commissioning Group	<input type="checkbox"/>
Health and social care at Oxleas NHS Foundation Trust	<input type="checkbox"/>
Another stakeholder? Please specify	

## Question 17

Which of the below groups do you most identify most with? Please select one option only.

White – English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
White – Gypsy or Irish Traveller	<input type="checkbox"/>
White – Any other background	<input type="checkbox"/>
Mixed / Multiple Ethnic Groups – White and Asian	<input type="checkbox"/>
Mixed / Multiple Ethnic Groups – White and Black African	<input type="checkbox"/>
Black / Black British – African	<input type="checkbox"/>
Black / Black British – Caribbean	<input type="checkbox"/>
Black / Black British – Any other background	<input type="checkbox"/>
Mixed / Multiple Ethnic Groups – White and Black Caribbean	<input type="checkbox"/>
Mixed / Multiple Ethnic Groups – Any other background	<input type="checkbox"/>
Asian / Asian British – Bangladeshi	<input type="checkbox"/>
Asian / Asian British – Chinese	<input type="checkbox"/>
Asian / Asian British – Indian	<input type="checkbox"/>
Asian / Asian British – Pakistani	<input type="checkbox"/>
Asian / Asian British – Any other background	<input type="checkbox"/>
Arab	<input type="checkbox"/>
Any other background (Please specify)	
Unknown	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

### Question 18

What best describes your gender? Please select one option only.

Woman/Female

Man/Male

I use another term (for example non-binary).  
Please specify.

Prefer not to say

### Question 19

Do you consider yourself to have a disability? Please select one option only.

Yes

No

Prefer not to say

## Question 20

Do you consider yourself to be a disabled person, please indicate which types of impairment apply to you.

Please tick all that apply.

Physical impairment (eg. mobility issues such as using a wheelchair or crutches)	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>
Mental health condition (eg. long term depression, schizophrenia)	<input type="checkbox"/>
Learning disability (eg. Down's syndrome, dyslexia)	<input type="checkbox"/>
Long-standing illness or health condition (eg. cancer, HIV, diabetes)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other	<input type="checkbox"/>
I do not have a disability	<input type="checkbox"/>

## Question 21

What is your religious belief? This question is used for monitoring purposes. You may prefer not to respond.

Please select one option only.

No religion	<input type="checkbox"/>
Buddhism	<input type="checkbox"/>
Christian	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

## Question 22

Contact Details

Address

Post town

Post code

### Question 23

Email Address

Email Address

### Question 24

Telephone

Telephone Number

### Question 25

Houw would you like to be involved?

Please tick all that apply.

Take part in meetings

Telephone survey

Written survet (by post)

Written survey (by email)

## Thank you

You have now finished the survey