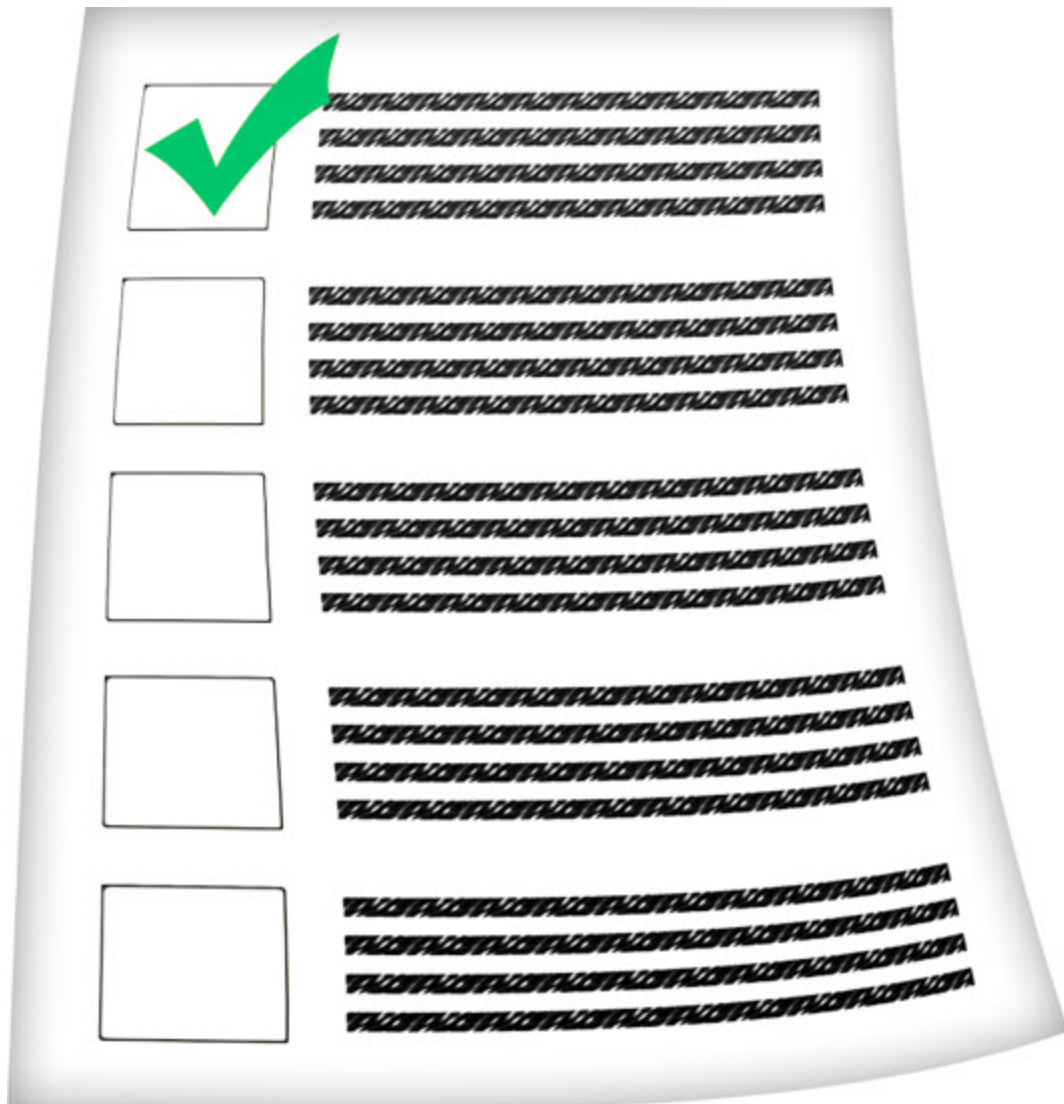


Independence and choice policy survey



[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]



This is an EasyRead version of the Independence and Choice Policy Consultation Questionnaire

Who we are



We are the Adult Services
Department of Hampshire County
Council.



What this survey is about

This survey is about our
independence and choice policy.



Before you start

Please read the papers “Take part in our survey about independence and choice” and “Our policy to help people to have independence and choice”.



Online survey

You can get this survey online at:

www.surveymonkey.com/S/SH5TMC5



Keeping your name secret

We will not print your name when we write our report.



Question 1

Is there anything we can do to help people understand our policy?

Yes

No

If you said yes, please tell us what we can do to help:





Question 2

How can we work with people who use our services to make sure our policy works?

Please write your answer here:





Question 3

How can we make sure that people are safe when we support them to make choices and live independently?

Tell us here:





Question 4

Which services will help make our policy work?

Tell us here:





Question 5

Do you think our policy will help everyone, no matter what their age, gender, race, religion, whether they have a disability or whether they are gay or lesbian?

Yes

No

If you said no, please tell us what we should change so that it will:





Question 6

What would help people to use our services? What would make our services better?

Tell us here:





Question 7

Do you want to say anything else about our policy?

Yes

No

Tell us here:



Question 8



Are you:

a service user or carer

a group of service users or carers

someone speaking for a service user

an independent group

a voluntary group

working for the NHS

working for Hampshire County Council

someone else (please tell us):



Question 9

Which parts of our work are your thoughts about?

Please pick as many answers as you want.



physical disability

learning disability

older people



Mental health

blindness

deafness

all areas



Question 10

If you are a group, do you want us to use your name in the report?

Yes

No

If you said yes, please tell us about your group:





Name of your group:

Address:



Telephone number:



Who we should talk to:



Thank you for filling in our survey.

March 2010

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

The survey should be sent to us by Tuesday 2nd March 2010.

Where you should send this survey

By post to:



**Jan Hoggarth
Independence and Policy
Consultation
Adult Services
Ell West Floor 3
Hampshire County Council
The Castle
Winchester
SO23 8UQ**



Contact us

Telephone:

01962 845 692



Email:

**independenceandchoiceconsultation
@hants.gov.uk**



Credits

This paper has been designed and produced for Hampshire County Council by the EasyRead service at Inspired Services Publishing Ltd. Ref ISL351/09. November 2009.

To contact Inspired Services:



www.inspireservices.co.uk

