



DERBY CITY COUNCIL CORPORATE AND ADULT SOCIAL SERVICES

CONSULTATION ON THE MODERNISATION OF LEARNING DISABILITY DAY AND RESIDENTIAL SERVICES

Questionnaire

We would like you to let us know what you think about our 5-year plan by ticking the boxes and answering the questions. Once we have your views we will look at what you have said and make sure that the plan reflects your comments.

For questions 3 – 11, please tick the box, which is closest to how you feel and use the space underneath to tell us what you think.

If you have a learning disability and would like help to complete this questionnaire please contact

Dave Goss

Southern Derbyshire Advocacy Service

College Business Centre

Uttoxeter New Road

Derby

DE22 3WZ

01332 206505

1 What is your interest in learning disability services?

a. Person with a learning disability

☐

b. Family carer

☐

c. Paid carer

☐

d. I use the service

☐

e. Volunteer carer

☐





f. Employee of organisation providing health or social care (please state organisation and role)

g. Other (please state)

2 Which of the services outlined in the consultation document do you currently use, provide or have an interest in?





	Use	Provide	Interest In
Day Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Break Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state)	<input type="text"/>		

3. If you use or you are a carer of somebody who uses any of the above services are you satisfied with the services they / you receive?

Very 	Its OK 	Not Sure 	No 
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Please tell us what you think:

4. If you provide or work in any of the above services do you think they could be improved?

Very 	Its OK 	Not Sure 	No 
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>





Please tell us what you think:

5. Do you agree with the principle that we need to modernise and improve our learning disability services?

Very 	Its OK 	Not Sure 	No 





Please tell us what you think:

6. Would you like to see any new services being developed for people with learning disabilities in Derby City?

Very 	Its OK 	Not Sure 	No 

If yes what services do we need to develop:

7. Do you think Valuing People are right when they say people with learning disabilities should be supported to go to work?

Very 	Its OK 	Not Sure 	No 





Please tell us what you think:

- 8. Do you think Valuing People are right when they say people with learning disabilities should use community resources instead of attending large style 'traditional' day centres?**

Very 	Its OK 	Not Sure 	No 


Please tell us what you think:

- 9. Do you think that we need new buildings for day and short break services?**

Very 	Its OK 	Not Sure 	No 

Please tell us what you think:

- 10. Do you agree with the ideas we have made in the consultation document?**

Very 	Its OK 	Not Sure 	No 

Please tell us what you think:

11. Please add any further thoughts, comments or suggestions that you would like to make about our proposals.

Thank you for taking the time to complete this questionnaire.
Please return your completed questionnaire to:

Kate Wilson
Project Manager
Derby City Learning Disability Service
St Paul's House
Enterprise Way
Jubilee Business Park
Stores Road
Derby
DE21 4BB

By Friday 16 June 2006

If you would like to receive feedback on the outcome of this consultation please let us have your name and address.

Name
Address
E-mail address