



## HAVE YOUR SAY...

### Review of Child Disability Services

We are inviting you to have your say on our proposals for Child Disability Services

As part of this consultation, we will also be providing a range of different opportunities for people who may be affected, to share their views about our proposals. We will advertise the dates and times of these events on our web page and at other suitable county wide locations.

Information gathered during the consultation process will be used to influence final decisions which are taken.

#### Confidentiality

Unless you are responding on behalf of an organisation, you do not have to give us your name and if you do decide to provide your name, you will not be personally identified in any future documentation.

#### About You

**To help us to understand the feedback you give us, please tick the most appropriate box below. Please tick one box only.**

- I am someone who receives a child disability service from the City and County of Swansea
- I am someone who receives a child disability service from an external organisation in Swansea
- I am a relative, carer and/or friend of someone who receives a child disability service from the City and County of Swansea
- I am a relative, carer and/or friend of someone who receives a child disability service from an external organisation in Swansea
- My job involves working with children in Swansea
- I do voluntary work with children in Swansea
- I am interested in child disability Services in Swansea for other reasons

Other reasons - please write in

**If you are replying on behalf of an organisation, please provide:-**

Name of the Organisation:

Contact Name:

Your position in the organisation:

Email Address:

Telephone Number:

Type of organisation\*: e.g. Domiciliary care agency / advice / advocacy

**\*Please note that organisations completing questionnaires will be identified by type in the final analysis and not by name. This is so that we can identify which groups you represent which will help us to determine the different needs within the County.**

**Unless you are replying on behalf of an organisation, please complete the equalities monitoring section at the end of this questionnaire. This will help us to prevent people being adversely affected by the decisions we make.**

## **Our proposals**

**Please read the document entitled 'Have your say - Review of Child Disability Services for more detail about the proposals  
Category 1: Play and Leisure Opportunities including Community Short-breaks**

Preferred Option 3 - The Council develops a grant scheme to give money or vouchers to eligible families which they can then use to help the disabled child to access the play/leisure activities/ a community short break of their choice.

**Do you agree that the City & County of Swansea should proceed with option 3?**

- Yes
- No
- Don't know

**If we did proceed with option 3 how would this impact you?**

**Is there anything else that we should take into consideration regarding our decision to redesign our Play and Leisure Opportunities including Community Short-breaks?**

**You may use this space to provide any concerns or suggestions that you may have in relation to our existing Play and Leisure Opportunities including Community Short-breaks services.**

## **Category 2: Parent/Carer Participation**

Preferred Option 2 - Fund an independent Parent Carer Council to perform two key roles:

- 1) Provide a single information, advice and assistance service for families with a child / young person with a disability.
- 2) Energising and managing the development of a more active parent / carer forum. The Parent Carer Council would be expected to capture the views of greater numbers of parent/carers in turn for a greater voice in decision-making. This new Council would need to have good working relations with the local authority and other partners.

As the central point of contact, a well-resourced Parent Carer Council would be ideally placed to keep the information on the needs of children with a disability and families accurate and up-to-date. The Parent Carer Council would be expected to advise parent / carers on the various services and processes they may encounter and provide a comprehensive list of 'what's going on' in Swansea for children and young people with a disability. We also want to make sure parent / carers to have the opportunity to play a more active role in decision making regarding the future shape of services.

**Do you agree that the City & County of Swansea proceed with option 2?**

- Yes
- No
- Don't know

**If we did proceed with option 3, how would this impact you?**

**Is there anything else that we should take into consideration regarding our decision to proceed with option 2?**

**You may use this space to provide any concerns or suggestions that you may have in relation to how we review the ways parent/carers can get information, advice and support and have a say in services**

**Do you have any other comments about any of the proposed options?**

### **Category 3: Home Care**

Preferred Option 2 - Expand the Flexible Home Support Service and change their criteria so it can support more families and potentially for a longer period of time. We know that by doing this it will address the issues of reliability and consistency of carer.

**Do you agree that the City & County of Swansea proceed with option 2?**

- Yes
- No
- Don't know

**If we did proceed with option 2, how would this impact you?**

**Is there anything else that we should take into consideration regarding our decision to proceed with option 2?**

**You may use this space to provide any concerns or suggestions that you may have in relation to how we review the domiciliary care?**

**Do you have any other comments about any of the proposed options?**

**Are you ...**

- Male
- Female
- Prefer not to say

**Is your gender identity the same as you were assigned at birth (i.e. born male and currently living as a man or born female and currently living as a woman)?**

- Yes
- No
- Prefer not to say

**How old are you ...**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 56 - 65           |
| <input type="checkbox"/> 16 - 25  | <input type="checkbox"/> 66 - 75           |
| <input type="checkbox"/> 26 - 35  | <input type="checkbox"/> 76 - 85           |
| <input type="checkbox"/> 36 - 45  | <input type="checkbox"/> Over 85           |
| <input type="checkbox"/> 46 - 55  | <input type="checkbox"/> Prefer not to say |

**What is your sexual orientation?**

- Bisexual
- Gay/Lesbian
- Heterosexual/Straight
- Other
- Prefer not to say

**Would you describe yourself as... (Please cross all that apply or write in)**

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> British  | <input type="checkbox"/> Other British (please write in)                                |
| <input type="checkbox"/> Welsh    | <input type="checkbox"/> Non-British (please write in)                                  |
| <input type="checkbox"/> English  | <input type="checkbox"/> Refugee (please write in current/last nationality below)       |
| <input type="checkbox"/> Irish    | <input type="checkbox"/> Asylum Seeker (please write in current/last nationality below) |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Prefer not to say  |

**What is your ethnic group? (Please cross one box)**

- White - British, any other White background
- Mixed - White & Black Caribbean, White and Black African, White & Asian, any other Mixed background
- Asian or Asian British - Indian, Pakistani, Bangladeshi, Chinese any other Asian background
- Black or Black British - Caribbean, African, any other Black
- Other ethnic group - Gypsy or traveller, Arab, any other
- Prefer not to say

**What is your religion or (non) belief, even if you are not currently practising?**

- |  |  |
|--|--|
| <input type="checkbox"/> No religion/belief  | <input type="checkbox"/> Jewish            |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Muslim            |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> Hindu   | <input type="checkbox"/> Prefer not to say |

**Do you consider that you are actively practising your religion or belief?**

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No  |  |

**Can you understand, speak, read or write Welsh?**

Please mark all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Understand spoken Welsh | <input type="checkbox"/> Learning Welsh    |
| <input type="checkbox"/> Speak Welsh             | <input type="checkbox"/> None of these     |
| <input type="checkbox"/> Read Welsh              | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Write Welsh             |  |

**Which languages do you use from day-to-day**

- |  |  |
|--|--|
| <input type="checkbox"/> English               | <input type="checkbox"/> Other (please write in) |
| <input type="checkbox"/> Welsh                 | <input type="checkbox"/> Prefer not to say       |
| <input type="checkbox"/> British Sign Language |  |

**Do you have any long-standing illness, disability or infirmity?**

By long-standing we mean anything that has affected you over a period of time or that is likely to affect you over time.

This could also be defined Under the Equality Act 2010 as: "Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities."

- |  |
|--|
| <input type="checkbox"/> Yes               |
| <input type="checkbox"/> No                |
| <input type="checkbox"/> Prefer not to say |

**Does this illness or disability limit your normal day-to-day activities in any way?**

- |  |
|--|
| <input type="checkbox"/> Yes               |
| <input type="checkbox"/> No                |
| <input type="checkbox"/> Prefer not to say |

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.**