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|  | Survey Software |  |
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|  | **Thurrock Coalition Survey on how the**  **Partnership Boards, Groups & Forums are working for people in Thurrock** |  |
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|  | Thurrock Coalition wants hear about your experiences and views on how you currently find out about what's happening with Health and Social Care in Thurrock and how you take part and make your voice heard.  We hope that by sharing experiences and views we can influence the improvement of services in the future.  Your answers will help us to identify issues and to help increase the numbers and range of people taking part and feeling able to speak up about important local topics in consultations and events by visiting new and existing groups.   The Survey should only take 5-7 minutes to complete. You can also complete the Survey online via:  <https://goo.gl/forms/D2l76dJ2z1tKSKAF3>  Many thanks for taking part. | |
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|  | 1. **Name** |  |
| |  | | --- | |  | | | |
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|  | **2.** **​Email Address/contact** (So we can contact you to let you know about the results of the survey and next steps) |  |
| **3. Consent**  I give my permission (please tick) for my contact details (my name, email address, or telephone number) to be stored securely by Thurrock Coalition in order to contact me to let me know about the results of the survey).  If you would like a copy of the Thurrock Coalition Privacy Notice, please email: [ian@thurrockcoalition.co.uk](mailto:ian@thurrockcoalition.co.uk) or call 01375 389 864.  The Privacy Notice is also available online: <http://www.thurrockcoalition.co.uk/wp-content/uploads/2018/05/Thurrock-Coalition-GDPR-Privacy-Notice.docx>)      **Signed:**    **Print Name:**    **Date:** | | |
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|  | **4.** **Do you live in Thurrock?**   |  | | --- | | Yes | | No | |  |
| |  | | --- | |  | | | |
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|  | **5.** **Do you consider yourself to be a disabled person?**   |  | | --- | | Yes | | No | |  |
| |  | | --- | |  | | | |
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|  | **6.** **Do you consider yourself to be a carer?**   |  | | --- | | Yes | | No | |  |
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|  | **7.** **Which of the following best describes your impairment?**   |  | | --- | | Learning Difference | | Physical | | Sensory | | Mental Health Issue | | Other | |  |
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|  | **8.** **We may wish to publish your name in a report to help to improve and shape the Thurrock Partnership Boards, would this be ok?**   |  | | --- | | Yes | | No | | Quote me anonymously | |  |
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|  | **9.** **How would you want to find out about things that are happening in Thurrock that affect peoples’ health and wellbeing?** For example: from updates, new services, proposed changes, strategies or reviews and consultations?     |  | | --- | | To come to a big meeting 4 times a year with individual people and professionals to talk about topics that are coming up and to listen and gather your feedback | | For people to come to your group/forum to talk to you about topics that are coming up and to listen and gather your feedback | | To hear about the changes by post, email, or online | | Other (Please Specify) | |  |
| |  | | --- | |  | | | |
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|  | **10.** **How would you like the various topics to be decided or chosen?**   |  | | --- | | To come to a big meeting 4 times a year with individual people and professionals to talk to you and you decide the topics | | For people to come to your group/forum to talk to you and you decide the topics | | To vote on the topics by post, email, or online | | Other (Please Specify) | |  |
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|  | **11.** **How often would you like to contribute your feedback on the topics that are chosen**   |  | | --- | | 4 times a year | | As part of the agenda of the group(s) that I already attend | | Via an online bulletin or newsletter (monthly / quarterly) | | Less frequently – please provide details |    Other (Please Specify\_   |  | | --- | |  | |  |
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|  | **12.** **Where would you like to contribute your feedback on the topics that are chosen?**   |  | | --- | | At one venue in Grays each time | | At Community venues across Thurrock | | At Community venues across Thurrock as part of the agenda of the group(s) that you already attend | | Via an online bulletin or newsletter (monthly / Quarterly) | | Less frequently – Please provide details   |  | | --- | |  | |    Other (Please specify)   |  | | --- | |  | |  |
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|  | **13. When would you like to contribute your feedback on the topics that are chosen?**   |  | | --- | | At a meeting in the morning | | At a meeting in the afternoon | | At a meeting in the evening | | At a meeting that alternates between the morning/afternoon/evening each time | | Other (Please Specify)   |  | | --- | |  | |   **14. Which “Top 3” topics would you like to see discussed at any future groups, forums or meetings:**   |  | | --- | | 1.  2.  3. | |  |
| |  | | --- | |  | | | |
| **15.** **What is the main issue or barrier that prevents you from attending groups, or forums or contributing your views?**   |  | | --- | | Transport/Travel | | Not enough interesting topics | | Timing of meeting | | The place where the meetings are held (the venue) | | Other (Please Specify) | | | |
| **16.** **Do you have anything else to add?**   |  | | --- | |  | | | |
| **Many thanks for taking the time to complete this survey.**    **What happens next?** | | |
| Thurrock Coalition will use the responses from the survey to learn more about your experiences and views on how you currently find out about what's happening with Health and Social Care in Thurrock and how you take part and make your voice heard.  We will visit lots of groups and forums between November 2018 and February 2019 and then we will write a Report and make some recommendations to the Boards, groups and Forums about how increase  accessibility and make it easier for people to make their views and voices heard.  We will recommend that any changes and improvements start to happen from April 2019 onwards. | | |
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