

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  | **PROPOSED NEW MODEL FOR DELIVERING DAY OPPORTUNITIES** |

|  |  |  |
| --- | --- | --- |
|  | **Do you like the idea of expanding the hub and spoke model across Pembrokeshire?** (please tick only one) | |
|  |  | Yes |
|  |  | No |

|  |  |  |
| --- | --- | --- |
|  | **What changes to the hub and spoke model would you like to see?** | |
|  | |  | | --- | |  | | |
|  | **Which is your preferred option?** (please tick only one) | |
|  |  | Option A - up to 4 hubs with supporting spokes |
|  |  | Option B - two hubs one situated North and one in the South of the County supported by hubs |

|  |  |
| --- | --- |
|  | **Please tell why you prefer this option** |
|  | |  | | --- | |  | |

|  |  |
| --- | --- |
|  | **What do you think would well in relation to the supporting spokes?** |
|  | |  | | --- | |  | |
|  | **What do you think would not work so well in relation to supporting spokes?**   |  | | --- | |  | |
|  | **Please use this space to put forward any alternative options** |
|  | |  | | --- | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **What ideas do you have around making better use of Council and community resources**   |  | | --- | |  | | |
|  | |  | |
|  | | **What have you seen or experienced that works well in other places?**   |  | | --- | |  | | |
|  | |  | |
|  | **ABOUT YOU** | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Are you a** (please tick all that apply) | | |
|  |  | Customer | |
|  |  | Parent | |
|  |  | Carer | |
|  |  | Service Provider | |
|  |  | Support Worker / Staff Member | |
|  |  | Advocate | |
|  |  | Other | |
|  | Other, please specify ……………………………………………………………………… | | |
|  |  | | |
|  | **How old are you?** (please tick only one) | |
|  |  | 16 or under |
|  |  | 17 - 24 |
|  |  | 25 - 64 |
|  |  | 65 - 74 |
|  |  | 75+ |
|  |  | Prefer not to say |

|  |  |  |
| --- | --- | --- |
|  | **Are you?** (please tick only one) | |
|  |  | Male |
|  |  | Female |
|  |  | Prefer another term |
|  |  | Prefer not to say |

|  |  |  |
| --- | --- | --- |
|  | **Do you have a physical disability?** (please tick only one) | |
|  |  | Yes |
|  |  | No |

|  |  |  |
| --- | --- | --- |
|  | **Do you have a learning disability?** (please tick only one) | |
|  |  | Yes |
|  |  | No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Where do you live? …………………………………………………………….** | | |
|  | **Do you / the person you care currently attend day opportunities / a day centre in Pembrokeshire?** (please tick only one) | |
|  |  | Yes |
|  |  | No |

|  |  |
| --- | --- |
|  | **Which day opportunities or day opportunities / day centre do you go to at the moment?**  **……………………………………………………………………………………..** |
|  |  |

Once complete, please return to [surveys@pembrokeshire.gov.uk](mailto:surveys@pembrokeshire.gov.uk) or post to:

Pembrokeshire County Council, Policy, 2D County Hall, Haverfordwest,

Pembrokeshire, SA61 1TP

The deadline for responses is **Monday 21st October 2019**

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |