

Warrington Your Way Consultation - Questionnaire

Your response will be confidential and the survey process complies with the principles of the Data Protection Act 1998.

If you have any concerns or questions about the survey, require the questionnaire in another language or format including large print, Braille, audio or British Sign Language or simply require assistance in completing the form please call 01925 44 3322 and we will be happy to help.

Please complete the following:

1. Do you know what the Warrington Your Way Service is? Please select one option.	<input type="checkbox"/> Yes	<input type="checkbox"/> No (<i>Go to Q5</i>)
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2. In the past 12 months have you used the Warrington Your Way Service, otherwise known as the Allen Street Day service? Please select one option.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2.1 If no, have you used in the past? Please select one option.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Please let us know what you think is particularly valuable about the Warrington Your Way Service, otherwise known as the Allen Street Day service? Please write in the space below.

4. Have you ever been referred to the day centre but then never attended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4.1 If yes why was it that you never attended? Please write in the space here.		
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5. Have you used other day services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5.1 If yes, please let us know which ones. Please write in the space here.		
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6. Do you attend other local community support groups or group activities within the community?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6.1 If yes, please let us know which ones. Please write in the space here.		
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7. Are you in touch with any of the following professionals to support your mental health and wellbeing? Please select all that apply.	<input type="checkbox"/> GP <input type="checkbox"/> Mental Health Outreach <input type="checkbox"/> North West Boroughs <input type="checkbox"/> Social worker	<input type="checkbox"/> Other
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The Council is considering three options for the future of the Warrington Your Way Service. You can read about these options [in more detail here](#).

8. To what extent do you **agree** or **disagree** with the following options:

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
Option 1 The service to continue as is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 2 As a result of the consultation, a different type of service is specified and tendered which compliments and integrates with existing local services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Option 3 The service is to end as it is, and the funds reinvested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8.1 Option 1 - If you selected **strongly agree** or **agree** to option 1 then please let us know why by writing in the space below

Option 2 - As a result of the consultation, a different type of service is specified and tendered which compliments and integrates with existing local services.

8.2 With reference to Option 2 what changes do you think would make the service even better? Please write in the space below.

8.3 If you selected strongly agree or agree to option 3 then what do you think would be the right use of the funding? Please write in the space below

9. Overall, what is important to you in a day service? For example what would you like to see? How would you need supporting?

10. If you would like add any further comments then please write in the space below.

About You

Warrington Borough Council is committed to promoting equality of opportunity and respect for diversity in the services we provide.

The following questions are to help us understand how this consultation would impact different groups of people. It is not compulsory to answer the questions but providing this information will help us to monitor how effectively we are talking to a range of people right across the communities we serve.

All information is held in accordance with the Data Protection Act.

11. Are you...? Please select one option

- Male
- Female

12. Is your gender identity the same as you were assigned at birth? Please select one option

- Yes
- No

13. What is your age? Please select one option

- | | | |
|-----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Below 16 | <input type="checkbox"/> 16 - 24 | <input type="checkbox"/> 25 - 34 |
| <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 45 - 54 | <input type="checkbox"/> 55 - 64 |
| <input type="checkbox"/> 65 - 74 | <input type="checkbox"/> 75 - 84 | <input type="checkbox"/> 85 or over |

14. How would you describe yourself? Please select one option

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Heterosexual or straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Gay Man |
| <input type="checkbox"/> Prefer not to say | |

15. Do you consider yourself to have a disability, or a long-term illness, physical or mental health condition? Please select one option

- Yes
- No (go to q17)

16. What is the nature of your disability, long-term limiting condition or health problem?

Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Hearing disability |
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Visual disability |
| <input type="checkbox"/> Mental ill health | <input type="checkbox"/> Other (please state) |

17. Which group do you most identify with? Please select one option

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Muslim | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh | <input type="checkbox"/> Other religion |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not to say |

18. To which of these groups do you consider you belong? Please select one option

White

- a. English/ Welsh/ Scottish/
Northern Irish/ British
- b. Irish
- c. Gypsy or Irish Traveller
- d. Eastern European
- e. Other White background
(please describe)

Mixed / multiple ethnic group

- a. White and Black Caribbean
- b. White and Black African
- c. White and Asian
- d. Any other mixed / multiple
ethnic background
(please describe)

Black / African / Caribbean / Black British

- a. African
- b. Caribbean
- c. Any other Black / African /
Caribbean background
(please describe)

Other ethnic group

- a. Arab
- b. Any other ethnic group
(please describe)

Asian / Asian British

- a. Indian
- b. Pakistani
- c. Bangladeshi
- d. Chinese
- e. Any other Asian background
(please describe)

Thank you for completing the survey