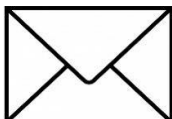


Adult and Community Services Transport Policy Survey

Your views are important to us.

You can complete the questionnaire in two ways.

Either complete the **paper questionnaire**:



1. Complete the paper questionnaire
2. Return it in the freepost envelope by 17th February 2020

Or you can complete the **questionnaire online**:



1. Go to the survey website:
www.suffolk.gov.uk/acstransportpolicy

Following the end of the consultation we will publish the results, and this may include quotes or comments which will be anonymous. If you reply to an anonymous survey, then no personal details will be captured.

Information you provide in any additional correspondence to our surveys and consultations, including personal information, may be disclosed in accordance with the Freedom of Information Act 2000 and the Data Protection Act 2018. If you want the information that you provide to be treated as confidential, including your contact details, please tell us why, but be aware that under the Freedom of Information Act, we cannot always guarantee confidentiality.

If you would like further information, or an **easy read** copy, phone our Customer Service Centre (free) on 0345 606 6067 or visit our website: **www.suffolk.gov.uk/acstransportpolicy**

If you need help to understand this information in another language please call 03456 066 067.

Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo. 03456 066 067

Portuguese

Jeigu jums reikia šios informacijos kita kalba, paskambinkite 03456 066 067

Lithuanian

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer. 03456 066 067

Polish

Dacă aveți nevoie de ajutor pentru a înțelege această informație într-o altă limbă, vă rugăm să telefonați la numărul 03456 066 067

Romanian

এই লেখাটি যদি অন্য ভাষাতে বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন 03456 066 067

Bengali

Если для того чтобы понять эту информацию Вам нужна помощь на другом языке, позвоните, пожалуйста, по телефону 03456 066 067

Russian

If you would like this information in another format, including audio or large print, please call **03456 066 067**.



Suffolk County Council (SCC) is consulting on the proposed Adult and Community Services (ACS) Transport Policy for Adult Social Care customers with planned implementation on 1st May 2020. The revised policy will apply to all new customers from this date. The policy for existing customers will take effect from their next annual review following this date.

The revised transport policy for ACS will bring SCC into line with current statutory requirements under the Care Act 2014. It will introduce an assessment of needs for assistance with transport which takes account of the national social care eligibility criteria introduced by the Care Act 2014.

The consultation is seeking views on the proposed policy from current transport customers and their carers, day services customers and their carers, young people in transition to adult services and their carers and the general public.

The consultation feedback will be used to inform the final version of the policy.

1. In what capacity are you responding to the consultation?

☐ Someone who uses ACS services (a customer)

☐ A carer of a customer

☐ Family member of a customer

☐ Other (please specify)

2. Suffolk County Council provides assisted transport (bus, taxi or any other) to access services such as a day centre, social activities in the community or respite care.

Is this a service that you, someone you care for or a family member currently receive?

☐ Yes

☐ No

☐ Other (please specify)

3. How do you or the person you care for/your family member travel to the day centre, social activities or respite care?

Please tick all the options that apply.

- ☐ Public transport
- ☐ Private vehicle driven by you
- ☐ Private vehicle owned by the person receiving care and driven by someone else e.g. a family member/ friend/neighbour
- ☐ Motability vehicle
- ☐ Walk
- ☐ Lift from a family member/ friend/neighbour
- ☐ Not applicable
- ☐ Other (please specify in the box below):

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To what extent do you agree or disagree that as part of the new Policy transport *will* be provided by the Council in the following circumstances? Please tick one box for each statement.

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't Know / not applicable
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4. When a customer's strengths and skills, family and community resources (including travel training) have been considered and there are no other means of travelling to their destination.

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5. When the individual care and support planning process has established the need for a customer to be supported and accompanied on their journey.

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6. When a customer has specialised transport arrangements for specific health and safety needs.



7. When a customer has no access to transport and cannot use assisted mobility (wheelchair/aids) or public transport, either independently or with support.

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8. When activities at the nearest community resource do not meet a customer's assessed need, they may have transport provided temporarily until an appropriate solution is found.

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To what extent do you agree or disagree that as part of the new Policy customers may *not* be provided with transport or transport costs in the following circumstances?

Please tick one box for each statement

Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't Know / not applicable
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9. When a customer is assessed as able to travel safely to their destination, either independently or with support.

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10.When a customer is using and assessing public transport, voluntary transport, or similar services either independently or with support.

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11.When a customer has access to a private car, including a car leased through the Motability Scheme.

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12 When a customer uses their own vehicle or Motability car, they would not have petrol costs or other expenses funded by The Council.

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13.When choosing to attend an activity not at the nearest location meeting their assessed eligible need, a customer would be expected to travel independently and meet any additional cost of transport.

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14. A customer attending a secondary health care medical appointment will be assessed against the NHS Healthcare Travel System. This means that some customers will not receive assistance.

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15. A customer attending primary care medical appointments, that do not fall within the NHS scheme, will be assessed for eligible support. This means that some customers will not receive assistance.

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16.When a customer with an Education Health Care Plan attends school or college, they will be assessed against the Council's School and Post-16 Travel policies. This means that some customers will not receive assistance.

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17. Please use the space below to provide us with any other comments relevant to this consultation.

Equality Monitoring Information

Please note that this section is optional, and you don't have to complete these questions if you don't want to.

If you choose not to answer these questions, please tick the 'Prefer Not to Disclose' option so that we are aware of your choice.

By providing this information it allows us to see which groups of people are responding to our consultations and which groups are underrepresented. We can then make extra efforts to reach underrepresented groups so that we can consider the views of all groups who may be affected by our plans. It also helps us ensure that everyone is treated fairly and equitably in everything we do. Without your information, we can't always spot trends and issues which enable us to make appropriate changes or improvements.

All responses to these questions are anonymous; responses are added together and no individuals are identified. Any information provided is governed by the Data Protection Act 2018 which will be treated as strictly confidential.

18. If you choose not to answer any of these questions, please tick the 'Prefer not to disclose' option below so that we are aware of your choice.

☐ Prefer not to disclose

19 Are you:

☐ Female

☐ Male

☐ Prefer to self-describe (please specify):

☐ Prefer not to say

20. Which age group do you fit into?

- ☐ Under 16
- ☐ 16-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+
- ☐ Do not want to say

21. The provision for disability within Equalities legislation defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities. Do you consider yourself to have a disability according to the terms given in the Equality legislation?

- ☐ Yes ☐ No

22. If you have answered yes to the above question, please indicate the type of impairment which applies to you from the list below.

People may experience more than one type of impairment, in which case please select all that apply. If your disability does not fit any of these types, please mark 'Other'.

- ☐ Mobility
- ☐ Hearing
- ☐ Vision
- ☐ Learning
- ☐ Mental Health
- ☐ Communication
- ☐ Long standing health condition
- ☐ Other (Please state below):

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23. To which of these groups do you consider you belong?

- ☐ Asian or Asian British: Indian
- ☐ Asian or Asian British: Pakistani
- ☐ Asian or Asian British: Bangladeshi
- ☐ Any other Asian background - please specify in the box below.
- ☐ Black or Black British: Caribbean
- ☐ Black or Black British: African
- ☐ Any other Black background - please specify in the box below.
- ☐ Chinese
- ☐ Mixed: White and Black Caribbean
- ☐ Mixed: White and Black African
- ☐ Mixed: White and Asian
- ☐ Any other Mixed background - please specify in the box below.
- ☐ White: English
- ☐ White: Irish
- ☐ White: Scottish
- ☐ White: Welsh
- ☐ White: British
- ☐ Gypsy or Irish Traveller
- ☐ Other white background - please describe
- ☐ Do not want to say
- ☐ Other (specify if you wish)

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24. Your religion or belief - what group do you most identify with?

- ☐ No religion
- ☐ Baha'i
- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jain
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other (specify if you wish)

25. What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay man
- ☐ Gay woman/Lesbian
- ☐ Heterosexual
- ☐ No sexuality
- ☐ Prefer not to say
- ☐ Same sex relationship with a man
- ☐ Same sex relationship with a woman
- ☐ Other (specify if you wish)

Thank you.

Please return your questionnaire in the pre-paid envelope provided.

If you cannot find, or did not receive, the pre-paid envelope, please contact us on 0345 606 6067
and we will send you one.

**Adult and Community Services
Floor 3, Endeavour House,
Suffolk County Council
Russell Road
Ipswich IP1 2BX**