

# Transforming Care Partnerships



## Questionnaire Answer Sheet

# About You

Please tell us as much of this information as you want to

<b>Email address:</b>	
<b>Phone number:</b>	
<b>Are you a self advocate?</b>	
<b>Self Advocates: Your name or your groups name:</b>	
<b>Are you a self advocate with lived experience of mental health services?</b>	
<b>Are you a carer? What is your name?</b>	
<b>Do you care for someone with experience of mental health services</b>	

Please write your answers on this sheet and send it back to:

Email: [londonforum@advocacyingreenwich.org.uk](mailto:londonforum@advocacyingreenwich.org.uk)

Address: Advocacy in Greenwich, The Forum at Greenwich, Trafalgar Road, SE10 9EQ

Please send it back to us by the 21<sup>st</sup> April 2016.



# 1. Have you/your group heard about Transforming Care Partnerships?



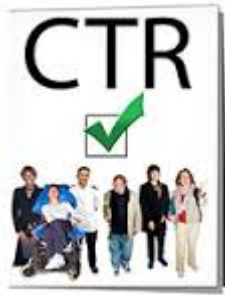
**2. Have you seen the Transforming Care Plan for your area?**



**3. Has there been an event for self advocates and family carers to talk about Transforming Care in your area?**



**4. How should Transforming Care Partnerships be including people with a learning disability or autism and mental health problems when making Transforming Care Plans?**



## 5. Do you know about Care and Treatment Reviews?



**6. Do Care and Treatment reviews in your borough include Experts by Experience?**





**7 Do you know about your local Safeguarding Board and what they do?**



## 8. Does your local Safeguarding Board keep people safe?



**9. Do you have any examples of things that are going well?**



**10. Do you have any examples of things that are not going well?**

---

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above.