**Joint Learning Disability Commissioning Strategy (Big Plan)**

 **Easy read Consultation questions**

**The Big Plan** (The big ideas for Learning Disabilities)

Question 1: Please use the box below to tell us what you think about the Big Plan.

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**Personalisation (**Having more control over the support you get)

Question 1: Do you agree with what we have said about **Personalisation**?

Yes No

Question 2: Is there anything else you would like to say about **Personalisation**?

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**Accommodation** (where you live)

Question 1: Do you agree with what we have said about **Accommodation**?

Yes No

Question 2: Is there anything else you would like to say about **Accommodation**?

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**Healthcare**

Question 1: Do you agree with what we have said about **Healthcare**?

Yes No

Question 2: Is there anything else you would like to say about **Healthcare**?

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**Employment, Education and Daytime Activities**

Question 1: Do you agree with what we have said about **Employment, Education and Daytime Activities?**

Yes No

Question 2: Is there anything else you would like to say about **Employment, Education and Daytime Activities**?

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**Preparing for Adulthood** (Moving from children’s to adult’s services)

Question 1: Do you agree with what we have said about **Preparing for Adulthood**?

Yes No

Question 2: Is there anything else you would like to say about **Preparing for Adulthood**

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**Support for Carers**

Question 1: Do you agree with what we have said about **Support for Carers**?

Yes No

Question 2: Is there anything else you would like to say about **Support for Carers**?

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**Making it Happen**

Question 1: Do you agree with what we have said about **Making it Happen**?

Yes No

Question 2: Is there anything else you would like to say about **Making it Happen**?

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|  |

**About you**

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| --- |
| Question 1: Who is filling in this questionnaire? Service user Carer Professional Other  |

|  |
| --- |
| Question 2: Do you live in Leicester City? Yes No |

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| --- |
| Question 3: Your ageYour date of birth - …………………………………………………How old are you? - …………………………………………………  I don’t want to say  |

|  |
| --- |
| Question 4: Gender  Female Male Trans woman   Trans man Other ……………. …… Prefer not to say |

Question 5: Disability

Do you consider yourself to be a disabled person?

 Yes No Prefer not to say

Question 6: Sexual Orientation how would you describe yourself?

 Bisexual Gay/Lesbian Heterosexual/ or straight

 Prefer not to say other (please write in) …………………………………

Question 7: Ethnicity (your family background)

**a) Asian or Asian British**

 Bangladeshi Indian Pakistani

 Any other Asian background (please write in) ……………………………….

**b) Black or Black British**

 African Caribbean Somali

 Any other Black background (please write in) ………………………………..

**c) Chinese**

 Any other Chinese background (please write in) ……………………………

**d) Dual / Multiple Heritage**

 Asian & White Black African & White Black Caribbean & White

 Any other Heritage background (please write in) ……………………………

**e) White**

 British European Irish

 Any other White background (please write in) ……………………………….

**f)**  **Other ethnic group**

 Gypsy/Romany/Irish traveller

 Any other ethnic group (please write in) ………………………………………

**g)**  **Prefer not to say**