

## Consultation survey

### A big plan for people with a learning disability in Ealing 2022 to 2027

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|   | <p>We are writing a new learning disability strategy.</p> <p>It will be a joint plan between Ealing Council and North West London CCG.</p> <p>It will be for children and adults with a learning disability.</p>                  |
|  | <p>A strategy is a big plan for what we will do in the next five years to improve things for people with a learning disability.</p>                                                                                               |
|  | <p>We want to ask you some questions to help us to decide what will be in the plan.</p> <p>For most questions, please tick the box for your answer.</p> <p>For some questions, there is a space for you to write your answer.</p> |

|                                                                                                                                                                                                                                                                                                                      |                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
|  A man in a dark shirt is pointing towards a whiteboard. On the whiteboard, there are four colored squares (red, blue, yellow, green) arranged in a 2x2 grid, each containing a white question mark.                                | <p>You do not have to answer all the questions</p>                            |
|  A woman is shown from the chest up, looking upwards with a thoughtful expression. She has her hand near her chin. Above her head are two thought bubbles, one of which is empty.                                                   | <p>You might want to think about your answers</p>                             |
|  Two women are sitting at a table, facing each other and engaged in conversation. One woman is wearing a black top and the other is wearing a red and white striped top. There are papers and a pen on the table.                  | <p>You might want to talk to someone else before you answer the questions</p> |
|  A woman is shown from the chest up, holding her index finger up to her lips in a 'shh' gesture. A red rectangular stamp with the word 'CONFIDENTIAL' in bold, black capital letters is overlaid on the bottom left of the image. | <p>Any personal information that you give you give will be kept private</p>   |

## About you



What kind of disability do you have?

Please tick the box if it describes you

- ☐ Learning disability
- ☐ Physical disability
- ☐ Sensory disability
- ☐ A mental health condition
- ☐ Downs syndrome
- ☐ Autism
- ☐ An illness you have had for a long time
- ☐ Other – please tell us about if you want to

## Where you live



Please tell us about your home by ticking one of the following

- ☐ I live with in my family's home
- ☐ I live in my own flat or house
- ☐ I live in supported living in a shared house
- ☐ I live in supported living in my own flat
- ☐ I live in a care home
- ☐ I live somewhere else – please tell us here:



My House

How happy are you with your home?

- ☐ Very happy 😊
- ☐ It is ok
- ☐ Not happy 😞



Do you have support in your home from someone who is not your family?

- ☐ Yes
- ☐ No
- ☐ Not sure



Is there anything else you would like to tell us about your home?



Do you receive any services that are arranged by the Council?

- ☐ Yes
- ☐ No
- ☐ Not sure

## Friends and family

|                                                                                     |                                                                                                                                                                                                                                                    |
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|                                                                                     | Thinking about friends and family how important are the following?                                                                                                                                                                                 |
|    | <p>Support to stay in touch with family and friends</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                     |
|   | <p>Information about social events for people with a learning disability</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                |
|  | <p>Support to make some new friends</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                                     |
|  | <p>To be able to have a romantic relationship. This could be a girlfriend, boyfriend, or being married.</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |



Do you have access to a computer, a tablet, or a smartphone?

- ☐ Yes
- ☐ No
- ☐ Not sure

Are you aware of how to use social media to stay in touch with friends and family?  
Social media is apps like Facebook and TikTok.

- ☐ Yes
- ☐ No
- ☐ Not sure

Please write here if there anything else you would like to tell us about friends and family

## Daytime activities

|                                                                                     |                                                                                                                                                                    |
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|                                                                                     | Thinking about what you do during the day, how important are the following to you?                                                                                 |
|    | Having a choice of different things to do<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure |
|   | Attending a day centre<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                    |
|  | Taking part in ordinary activities<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure        |
|  | Spending the day with other people<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure        |



Activities near where you live

- ☐ Important
- ☐ Not important
- ☐ Not sure

Please write here if there anything else  
you would like to tell us about what you do  
during the day

## Employment

|                                                                                     |                                                                                                                                                               |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     | Thinking about work, how important are the following to you?                                                                                                  |
|    | Having work experience opportunities<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure |
|   | Being able to do voluntary work<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure      |
|  | Apprenticeships<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                      |
|  | Having a paid job<br><br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                    |

|                                                                                    |                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | <p>Having support to find voluntary work or a paid job</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>  |
|   | <p>Having support when at work</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                          |
|  | <p>Knowing who to talk to if there is a problem at work</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |
|                                                                                    | <p>Please write here if there anything else you would like to tell us about work</p>                                                                                                               |

## Lifelong learning

|                                                                                                    |                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                    | Thinking about lifelong learning, how important are the following to you?                                                                                                                                                            |
|                   | <p>Special schools for children and young people</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul> |
|                  | <p>Teaching assistants in mainstream schools</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>     |
|  <p>College</p> | <p>Adult education and vocational training</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>       |
|                 | <p>Life skills training</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>                          |
|                 | <p>Understanding welfare benefits</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>                |



Awareness of changes in the law or policy that affects people with a learning disability

- ☐ Important
- ☐ Not important
- ☐ Not sure

Please write here if there anything else you would like to tell us about lifelong learning

## Feeling and keeping safe

|                                                                                     |                                                                                                                                                                                                                                      |
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|                                                                                     | Thinking about feeling and keeping safe, how important are the following to you?                                                                                                                                                     |
|    | <p>Reduce anti-social behaviour and hate crime aimed at people with a learning disability</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |
|   | <p>Support for people with a learning disability experiencing domestic violence or abuse</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>  |
|  | <p>Safeguarding training for people with a learning disability, their families, and staff</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |
|  | <p>Making it easier to report and find help when something goes wrong</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                     |



Teaching people who work for the police and the fire brigade about learning disabilities

- ☐ Important
- ☐ Not important
- ☐ Not sure



Drug and alcohol awareness and support

- ☐ Important
- ☐ Not important
- ☐ Not sure

Please write here if there anything else you would like to tell us about feeling and keeping safe

## Travel

|                                                                                     |                                                                                                                                                                        |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                     | Thinking about when you travel, how important are the following to you?                                                                                                |
|    | Using public transport<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                            |
|   | Using taxis<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                                       |
|  | Information about travel options<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                  |
|  | Knowing how funding decisions for travel are made<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure |
|  | Travel training and support<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                       |

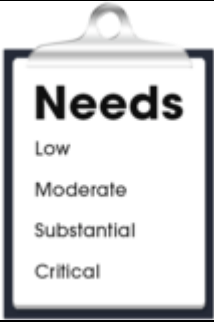
|                                                                                     |                                                                                                                                                                                                                                                            |
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|    | <p>Training for taxi drivers and public transport staff in communication with people with a learning disability</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |
|    | <p>Being able to find a changing places toilet</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                                  |
|   | <p>Accessible pavements and streets</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                                             |
|  | <p>Accessible buildings</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                                                         |
|                                                                                     | <p>Please write here if there anything else you would like to tell us about travel</p>                                                                                                                                                                     |

## Improving health and lives

|                                                                                     |                                                                                                                                                                                            |
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|                                                                                     | Thinking about health, how important are the following to you?                                                                                                                             |
|    | Having a healthy diet<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                                                 |
|   | Physical activity and exercise<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                                        |
|  | Support with mental health<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                                            |
|  | Positive behaviour support<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure                                            |
|  | Preventing long-term hospital stays for people with mental ill health<br><input type="checkbox"/> Important<br><input type="checkbox"/> Not important<br><input type="checkbox"/> Not sure |

|                                                                                     |                                                                                                                                                                                                                                     |
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|    | <p>Specialist learning disability health care</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                            |
|    | <p>Having an annual health check</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                         |
|   | <p>Improving the experience in general healthcare services like hospitals and the doctor</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |
|  | <p>Support with feelings when someone you know dies</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                      |
|                                                                                     | <p>Please write here if there anything else you would like to tell us about your health</p>                                                                                                                                         |

## Transitions from children's to adults' services

|                                                                                     |                                                                                                                                                                                                                                                               |
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|    | <p>In this part of the questionnaire, we would like to hear from young people aged 25 or under. If you are over 25 you can still answer this question if you want to.</p> <p>When as a young person you become an adult, how important are the following?</p> |
|    | <p>Having a plan for transition from children's to adults' services</p> <p><input type="checkbox"/> Important</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Not sure</p>                                                      |
|   | <p>Information about assessment processes for adults</p> <p><input type="checkbox"/> Important</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Not sure</p>                                                                     |
|  | <p>Information about services for young people</p> <p><input type="checkbox"/> Important</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Not sure</p>                                                                           |
|  | <p>Support to find paid work</p> <p><input type="checkbox"/> Important</p> <p><input type="checkbox"/> Not important</p> <p><input type="checkbox"/> Not sure</p>                                                                                             |

|                                                                                   |                                                                                                                                                                                                          |
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|  | <p>Activities for young people<br/>(day, evening, weekdays, and weekends)</p> <p><input type="checkbox"/> Important<br/><input type="checkbox"/> Not important<br/><input type="checkbox"/> Not sure</p> |
|  | <p>Is there anything else that you think is important when a young person with a learning disability becomes an adult?</p>                                                                               |

## Good information and communication

|                                                                                     |                                                                                                                                                                                                                                |
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|                                                                                     | Thinking about information and communication, how important are the following to you?                                                                                                                                          |
|    | <p>Information and advice services</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                  |
|   | <p>Advocacy</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                                         |
|  | <p>A directory of services</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p>                                                          |
|  | <p>Signposting for people who are not eligible for adult social care funded support</p> <p> <input type="checkbox"/> Important<br/> <input type="checkbox"/> Not important<br/> <input type="checkbox"/> Not sure         </p> |

|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|    | <p>Accessible websites</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>                                                                                                                                                                                                                                                      |
|    | <p>Guidance to help local organisations to write Easy Read documents</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>                                                                                                                                                                                                        |
|   | <p>People with a learning disability having choice and control in decisions made about them</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>                                                                                                                                                                                 |
|  | <p>Carrying out assessments of services to identify opportunities to improve them</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul>                                                                                                                                                                                           |
|  | <p>Having information in other languages</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul> <p>Having staff that can speak other languages</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Important</li> <li><input type="checkbox"/> Not important</li> <li><input type="checkbox"/> Not sure</li> </ul> |

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                        |
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|  | <p>Are you aware of the Learning Disability Partnership Board?</p> <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Not sure         </p> <p>Would you like more information about the Learning Disability Partnership Board?</p> <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> Not sure         </p> |
|                                                                                   | <p>Please write here if there anything else you would like to tell us about information, and communication</p>                                                                                                                                                                                                                                                                                         |

|                                                                                     |                                                                                                                                                              |
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|  | <p>Please use the space below for any other thoughts or suggestions on how we could better meet the needs of people with a learning disability in Ealing</p> |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Equalities Monitoring

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say
- ☐ Prefer to self-describe \_\_\_\_\_

What is your age? \_\_\_\_\_

Which ethnic group do you belong to?

- ☐ White – English, Welsh, Scottish, Northern Irish, British
- ☐ White – Irish
- ☐ White – Gypsy/ Irish Traveller
- ☐ Any other White background
- ☐ Mixed/ multiple ethnic groups – White and Black Caribbean
- ☐ Mixed/ multiple ethnic groups – White and Black African
- ☐ Mixed/ multiple ethnic groups – White and Asian
- ☐ Any other Mixed/ multiple ethnic background
- ☐ Asian/ Asian British - Indian
- ☐ Asian/ Asian British - Pakistani
- ☐ Asian/ Asian British - Bangladeshi
- ☐ Asian/ Asian British - Chinese
- ☐ Any other Asian background
- ☐ Black/ African/ Caribbean/ Black British – African
- ☐ Black/ African/ Caribbean/ Black British – Caribbean
- ☐ Any other Black/ African/ Caribbean background
- ☐ Other ethnic group – Arab
- ☐ Any other ethnic group

|                                                                                     |                                                                                                                                                                                                                                  |
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|    | <p>That is all the questions.</p> <p>Thank you for telling us what you think.</p>                                                                                                                                                |
|    | <p>Your answers will be stored securely.<br/>This means that all the information that you provide as part of this consultation will be used and stored in accordance with the Data Protection Act 2018 (incorporating GDPR).</p> |
|   | <p>If you have completed this form on a computer, please email it to</p> <p><a href="mailto:hiscutta@ealing.gov.uk">hiscutta@ealing.gov.uk</a></p>                                                                               |
|  | <p>If you have completed a paper copy of this form, please post it to:</p> <p>Ealing Council<br/>Alan Hiscutt – Integrated Commissioning<br/>Perceval House<br/>14-16 Uxbridge Road<br/>London<br/>W5 2HL</p>                    |