

# Learning Disability Strategy Survey

69

Responses

23:13

Average time to complete

Closed

Status

## 1. Your Information

**As part of the Big Plan we want to make sure you know about things that affect you and that you know where to get help and support.**

● Agree	54
● Don't know	7
● Disagree	3



## 2. Your Home

**As part of the Big Plan we want to make sure that you can live in a home where you can be as independent as possible and also get the care that you need.**

● Agree	55
● Don't know	7
● Disagree	4



### 3. Your Health

As part of the Big Plan we want to support you to make choices to help you be healthy and make sure you know the reason why if you need to change any of your medicines.

● Agree	55
● Don't know	6
● Disagree	4



### 4. Your Care

As part of the Big Plan we want to make sure you have as much say as possible on who gives you care and support, and when and where you get your care and support.

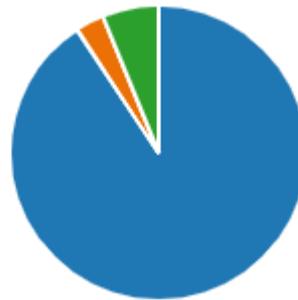
● Agree	56
● Don't know	4
● Disagree	5



### 5. Your safety

As part of the Big Plan we want to make sure that you are safe and that you know who to tell if you do not feel safe. We also want you to feel safe in your local community.

● Agree	59
● Don't know	2
● Disagree	4



6. **Your family, friends and carers**

As part of the Big Plan we want to make sure that family, friends and carers of people with Learning Disabilities have the information and support they need to manage their own wellbeing and can take part in activities in their community.

● Agree	55
● Don't know	6
● Disagree	4



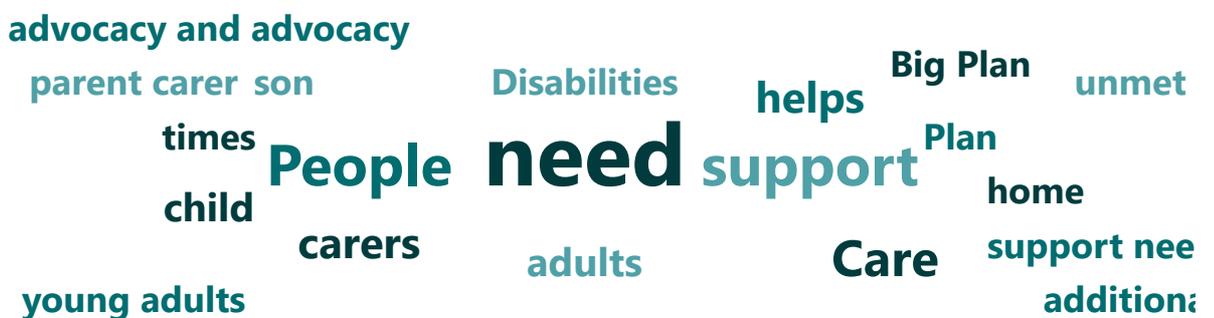
7. **Is there anything else you would like to tell us about?**

31

Responses

Latest Responses

13 respondents (42%) answered **need** for this question.



8. **Why are you interested in this subject? Please tick one box. Are you:**

● - Someone who has Le...	10
● - Someone who works i...	9
● - A Carer for someone ...	28
● Other	8



## 9. How old are you?

61  
Responses

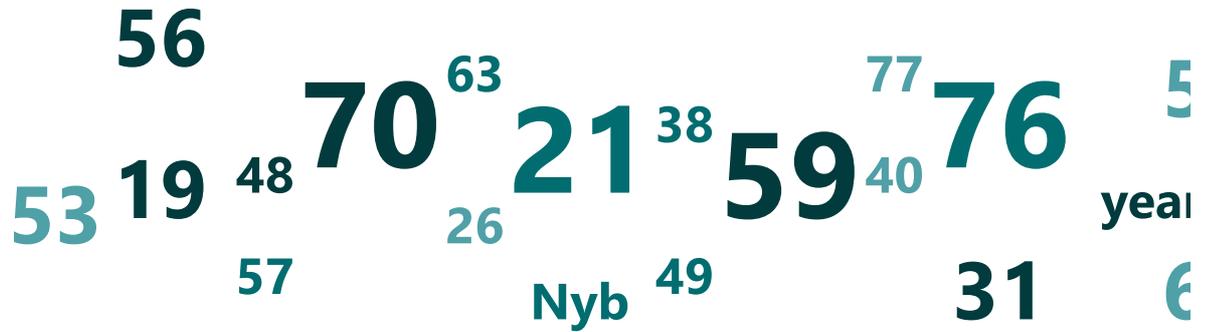
Latest Responses

"86"

"59"

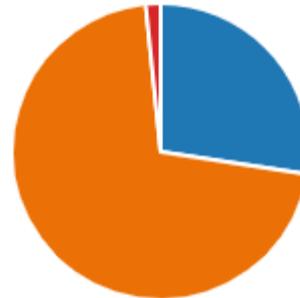
"Old"

3 respondents (5%) answered 21 for this question.



## 10. What is your gender identity?

● - Male	17
● - Female	44
● - You identify in anoth...	0
● - Prefer not to say	1



## 11. Do you think of yourself as disabled?

● Yes	21
● No	40



## 12. If you answered yes, how does it affect you?

- - It affects my mobility 13
- - It affects my vision 3
- - It affects my hearing 2
- - It affects me another ... 18

