



# **Sensory support services**

Tell us what you think



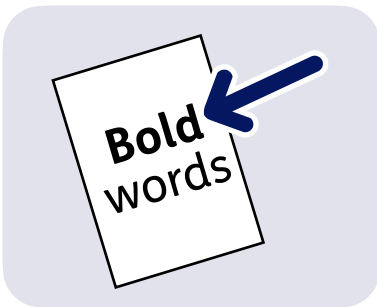
# Easy Read



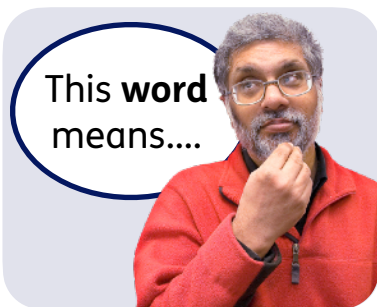
This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.



This Easy Read booklet uses easier words and pictures. You may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker.



These are words that some people will find hard. When you see a bold word, we will explain it in the next sentence.



Blue and underlined words show links to websites and email addresses. You can click on these links on a computer.

# What is in this booklet

About this survey .....	4
How to give us your answers .....	6
Questions for you to answer .....	8
Questions about you .....	17
Information you give us .....	27

# About this survey



City of York Council is asking people about the services we provide to support adults with **sensory loss**.



**Sensory loss** is when you have lost part of your senses, like you cannot see or hear fully.

We are looking at:



- What services adults with sensory loss use now.



- What we can do to make these services better in the future.



We want to hear from:



- People who are living with sensory loss.



- Friends and family of people with sensory loss.



- People who care for someone with sensory loss.

# How to give us your answers



You can give us your answers in different ways.



You can fill in the survey online at:  
[www.york.gov.uk/  
SensorySupportServicesSurvey](http://www.york.gov.uk/SensorySupportServicesSurvey)



Remember, the questions online will not be in Easy Read.



You can use this QR code to go to the survey online.



You can scan or take pictures of your answers in this booklet and email them to:

[allageconsultation@york.gov.uk](mailto:allageconsultation@york.gov.uk)



You can drop off your answers at any Explore library or West Offices on Station Rise.



You can also get help to fill in the survey at any Explore library or West Offices.



You can ask us for an envelope to post your answers back to us by calling 01904 551 550.



You can send this survey back to us by post to:

All Age Commissioning Team  
FREEPOST RTEG-TYYU-KLTZ  
City of York Council  
West Offices, Station Rise  
York  
YO1 6GA

# Questions for you to answer



**Question 1:** Please tick one box to tell us about you.

I am:

- Someone with sight loss
- Someone with hearing loss
- Someone with sight and hearing loss or who is Deafblind
- A carer for someone with sensory loss
- A parent of a child with sensory loss
- A friend or family member of someone with sensory loss
- I do not want to say
- Other - please tell us:



**Question 2a:** Have you or the person you support had any of this support?

Please tick all the support you have had.

The answers for this question go over the next 2 pages

- Having your needs checked (called an **assessment**)
- Support with registering with services
- Information and advice about which services you can use
- Rehabilitation services** - these help you to get better after an illness
- Support for Deafblind people
- Getting equipment to support your daily living needs





**Outreach services** - these are services for people who find it hard to use usual services

Education or training

**Volunteering** - this is when you give your time to help with something for free

**Befriending** - this is when someone supports you by being a friend

**Counselling** - this is when you talk to someone about your life

Support with your emotions

Being shown how to use equipment or getting new equipment

Support with finding a job, or when you are at work



Fun activities with others

**Eye Clinic Liaison Officer (ECLO) services**

If you ticked any of these, please tell us which organisation or service you got the support from, if you know:



**Question 2b:** Please tell us about any other sensory support you have had.

Please tell us:

- What type of support you had.
- The organisation or service that gave you the support, if you know.

A large, empty rectangular box with a dark blue border, intended for the respondent to provide their answer to the question.



**Question 3:** Please tell us the 3 types of sensory service support that help you (or the person you support) the most:

1:

2:

3:



**Question 4a:** To do with your sensory loss, what is the one thing that would most make your life better?

Empty response box for Question 4a.



**Question 4b:** How would this help you (or the person you support)?

Empty response box for Question 4b.





**Question 5:** How do you like to get information from the services that support you?

Please tick how you like to get the information. You can tick more than one box.

The answers for this question go over to the next page.

Newsletters

Easy Read

Noticeboards

Talking to someone on the telephone

Visiting a service

Website

Email

Large print

British Sign Language (BSL)

Braille

**Audio** - information being read aloud and recorded

Other - please tell us:

# Questions about you



These questions help us to know what is affecting different groups of people.



You do not have to answer any question if you do not want to - you can tick the box that says 'I do not want to say'.



You can choose not to answer any of the questions in this section by ticking the 'no' box below.



**Question 6:** Would you like to fill in these questions about you?

Yes

No



**Question 7: What is your age?**

Under 18

18 to 24

25 to 34

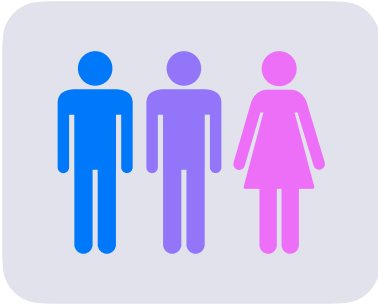
35 to 44

45 to 54

55 to 64

Over 65

I do not want to say



**Question 8:** What gender are you?

Male

Female

**Non-binary or gender variant** -  
this means you are not male or  
female

I do not want to say



**Question 9:** Is your gender the same  
as the one given to you when you  
were born?

Yes

No

I do not want to say





**Question 10:** What is your sexual orientation - this is who you are attracted to.

**Bisexual** - you are attracted to more than one gender

**Gay or Lesbian** - you are attracted to people of the same gender as you

**Heterosexual or straight** - you are attracted to people of a different gender

Other

I do not want to say



**Question 11:** Do you look after or support anyone who has a long-term health condition or problems to do with old age?

Do not tick yes if you are paid to do this.

Yes

No

I do not want to say



## Question 12: What is your **ethnic background**?

Your **ethnic background** is your race and the country that your family comes from.

The answers for this question go over the next 2 pages.

I do not want to say



### **White**

English, Welsh, Scottish, Northern Irish or British

Irish

Gypsy or Irish Traveller

Roma

Any other White background



### Mixed ethnic background

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed ethnic background



### Asian

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background



### Black

- African
- Caribbean
- Any other Black background



### Other ethnic background

Arab

Any other ethnic background



**Question 13:** Do you have any health conditions or illnesses that have lasted more than 12 months?

Yes

No

I do not want to say





**Question 14:** If you ticked yes on Question 13, do your conditions or illnesses make it hard to do daily activities?

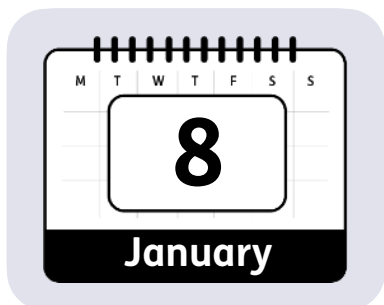
- A lot
- A little
- Not at all



**Question 15:** What is your religion or belief?

- I do not want to say
- Muslim
- Buddhist
- Sikh
- Christian
- Hindu
- Jewish
- No religion
- Other - please tell us if you would like to:

# Information you give us



You need to send us your answers by 8 January 2024.



We will look at all of the answers everyone sends us.



We will include the information we find out in reports and presentations.



Your answers will be **anonymous** - this means no one will know your answers came from you.



When you send us your answers and personal information, you are saying we can keep it.

If you decide that you do not want us to keep your information anymore, you can contact us by:



- Email:  
[allageconsultation@york.gov.uk](mailto:allageconsultation@york.gov.uk)



- Phone: 01904 551 550



- Talking to a member of staff at:  
West Offices  
Station Rise  
York  
YO1 6GA

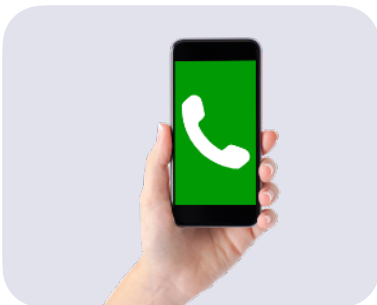


We keep your information safe and private.

If you want to complain about how we keep your information, please contact us by:



- Email:  
[information.governance@york.gov.uk](mailto:information.governance@york.gov.uk)



- Phone: 01904 554 145



- Post:  
Data Protection Officer  
City of York Council  
West Offices  
Station Rise  
York  
YO1 6GA

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