* Good support is important.

It helps people with learning disabilities lead happier, healthier lives.



* Speak Out wants to hear what you have to say!

Tell us what you think of the support you get.



* You can fill in this form

Or contact

[emmalopez@bhspeakout.org.uk](mailto:emmalopez@bhspeakout.org.uk)



Emma

**01273 421 921**



* We will keep your information confidential.

This means we will not share your details with anyone else.

** Where do you live?**

Residential home

Independent

With family

Supported living

Shared lives

I do not know

Other

|  |
| --- |
| Click or tap here to enter text. |



**Do you go to day services, activities or groups?**

No

Yes

Grace Eyre

Spiral

Carousel

Amaze

Speak Out

I do not know

Other

|  |
| --- |
| Click or tap here to enter text. |



**What sort of support do you get?**

Family

Shared Lives Carer

Community Support worker

Supported living outreach

Support living house staff

Staff at group home

Social worker

Partner

Respite

None

I do not know

|  |
| --- |
| Click or tap here to enter text. |

**What do you get support with?**

Personal care

Cooking

Cleaning

Shopping

Money

Benefits

Going out

Practising my faith

Things like prayer or going to mosque, church or different religious groups

Doing activities

Medical appointments

Keeping healthy

I do not know

Other

|  |
| --- |
| Click or tap here to enter text. |



**Who provides your support?**

Grace Eyre

Frances Taylor

Southdown

Community support team

I do not know

Other

|  |
| --- |
| Click or tap here to enter text. |

**Do you know who to contact about your support?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |



**If there is a problem can you tell them about it?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |

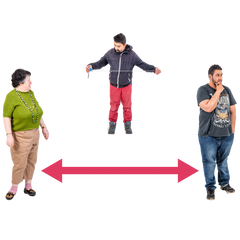
**Has your support changed since Covid19?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |

**Have your activities or day services changed since Covid19?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |



**Do you think that people really understand what support you need?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |



**What would you change about the support you get?**

More time

Less time

More choice

Support with different things

Better communication

Different support worker

I would not change anything

I do not know

Other

|  |
| --- |
| Click or tap here to enter text. |

**Do you have enough money to pay for the support you need?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |

**Have you had to stop doing something you like because you don’t have support?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |



**Is there anything you cannot do because you do not have support?**

Yes

No

I do not know

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| Click or tap here to enter text. |

**Tell us what support works well for you**

**Tell us what support does not work for you**

|  |
| --- |
| Click or tap here to enter text. |

**What worries you about support in the future?**

|  |
| --- |
| Click or tap here to enter text. |



**Is there anything else you’d like to tell us?**

|  |
| --- |
| Click or tap here to enter text. |



**Would you like Speak out to contact you?**

Yes

No



**Name**

|  |
| --- |
| Click or tap here to enter text. |

**Address**

|  |
| --- |
| Click or tap here to enter text. |



**Phone**

|  |
| --- |
| Click or tap here to enter text. |



**Email**

|  |
| --- |
| Click or tap here to enter text. |