# Sensory Support Services Survey

Sensory support services in York provide a wide range of support for adult customers with sight and / or hearing loss. This includes putting people in contact with other specialist services.

City of York Council (CYC) are looking at what services people with sensory needs use now, and what can be done to improve services in the future.

## We welcome your feedback if you:

* are living with sensory loss, or
* are a friend or family member of someone with sensory loss; or
* care for someone with sensory loss.

## Please help us by answering the questions below.

We produced this survey with the help of people with sensory loss and partner organisations.

## What happens to my information?

Our survey asks for some personal information which you may choose not to give. We do not publish or share any information which can identify you. Please read the enclosed privacy notice to find out more about how we protect your personal information. We will ask for your consent to this at the start of the survey.You can withdraw your consent at any time by contacting [allageconsultation@york.gov.uk](mailto:allageconsultation@york.gov.uk)

## Thank you for completing our survey.

The results will help us better understand the needs of people in York with sensory loss, and how we can improve services.

## Closing date: 8 January 2024.

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| --- |
| QR code for York Open Data |

## Publishing the results:

We will publish the results of this survey online at:  <https://www.yorkopendata.org>

## Privacy Notice

Please confirm that you have read and understood the privacy notice at the end of this document. You must select ‘Yes’ to take the survey.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

# Different ways to complete and return this survey:

You can complete and return to us in a number of ways:

|  |  |  |
| --- | --- | --- |
| Complete this form online | You can complete this survey at:  [www.york.gov.uk/SensorySupportServicesSurvey](http://www.york.gov.uk/SensorySupportServicesSurvey) | |
| Or use this QR code: | You can use the camera on your smart device to scan the QR code which will take you to the online survey. | QR code to take you to the survey |
| Scan and email | Complete, scan and email the survey to:  [allageconsultation@york.gov.uk](mailto:allageconsultation@york.gov.uk) | |
| Access to a computer | Visit any Explore library or West Offices where staff can assist. | |
| Help to complete over the phone | Call Customer Services on **01904 551550** and leave your number and we will call you back. | |
| Drop off | Hand in your completed survey at West Offices. | |
| Return by freepost | All Age Commissioning Team  FREEPOST RTEG-TYYU-KL TZ  City of York Council  West Offices, Station Rise, York YO1 6GA | |

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| Alternative formats | | |
| If you require this document in an alternative format (e.g. large print, braille, BSL, audio or Easy Read) you can: | | |
| Two computers with email sign in between. | Email us at: [cycaccessteam@york.gov.uk](mailto:cycaccessteam@york.gov.uk) | |
| A close-up of a telephone | Call us on: **01904 551550** and customer services will pass your request onto the Access Team | |
| A blue and black sign with two hands which describes our video relay services | Use our BSL **Video Relay Service**:  [www.york.gov.uk/BSLInterpretingService](http://www.york.gov.uk/BSLInterpretingService)  Select ‘Switchboard’ from the menu | A qr code with black squares |

# Questionnaire

1) How would you describe yourself?

|  |  |
| --- | --- |
| Someone with sight loss |  |
| Someone with hearing loss |  |
| Someone with sight and hearing loss / Deafblind |  |
| A carer for someone with sensory loss |  |
| A parent of a child with sensory loss |  |
| Family member or friend of someone with sensory loss |  |
| Prefer not to say / Other |  |

2a) Have you (or the person you support) received any of the following support? Which organisation / service provided the support?

If you have never used sensory support services, please skip to question 4 below.

|  |  |  |
| --- | --- | --- |
| Support Type | Tick all that apply | Specify organisation / service name (if known) |
| Assessment of your needs |  |  |
| Support with registration |  |  |
| Information, advice, and guidance about relevant services |  |  |
| Rehabilitation services |  |  |
| Support specifically for deafblind people |  |  |
| Access to equipment to support daily living |  |  |
| Outreach Services |  |  |
| Education and training |  |  |
| Volunteering |  |  |
| Befriending |  |  |
| Counselling |  |  |
| Emotional support |  |  |
| Equipment demonstration and resource centre |  |  |
| Employment and welfare support |  |  |
| Social and leisure activities |  |  |
| Eye Clinic Liaison Officer (ECLO) services |  |  |

2b) Please specify any other sensory service support you’ve received below:

|  |  |  |
| --- | --- | --- |
| Support Type | | Specify organisation / service name (if known) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

3) Please list the 3 types of sensory service support that help you (or the person you support) the most:

|  |  |
| --- | --- |
| No | Service |
| 1 |  |
| 2 |  |
| 3 |  |
| Not Applicable |  |

4a) Thinking about your sensory loss, what is the one thing that would improve your life the most?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

5) How do you prefer to access information about these services?

|  |  |  |
| --- | --- | --- |
| Suggestions | | Tick all that apply |
| Newsletters | |  |
| Easy Read | |  |
| Noticeboards | |  |
| Telephone conversation | |  |
| Visiting the service | |  |
| Website or weblink | |  |
| Email | |  |
| Large print | |  |
| British Sign Language (BSL) | |  |
| Braille | |  |
| Audio | |  |
| Other (please specify) |  | |

# Equality monitoring information

## About You

Any information you share may help us identify themes in specific groups to aid any future support and will not be used to identify you. You may choose not to answer or select ‘prefer not to say’ to any question. If you would prefer to opt out of this section, please select the relevant option below.

Would you like to complete the ‘About You’ section?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1) Age

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 18 |  | 18 to 24 |  | 25 to 34 |  |
| 35 to 44 |  | 45 to 54 |  | 55 to 64 |  |
| 65+ |  | Prefer not to say | | |  |

2) What gender do you identify as?

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |
| Non-binary / Gender variant |  | Prefer not to say |  |

3) Is the gender you identify with the same as your sex registered at birth?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

4) Which of the following best describes your sexual orientation?

|  |  |  |  |
| --- | --- | --- | --- |
| Bisexual |  | Gay or Lesbian |  |
| Heterosexual / straight |  | Other |  |
| Prefer not to say |  |

**5) Do you look after, or give any help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age? (excluding anything which is part of paid employment)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

6) What is your ethnic group?

|  |  |  |  |
| --- | --- | --- | --- |
| Prefer not to say |  | Asian - Indian |  |
| White – English / Welsh / Scottish / Northern Irish / British |  | Asian - Pakistani |  |
| White – Irish |  | Asian – Bangladeshi |  |
| White – Gypsy or Irish Traveller |  | Asian – Chinese |  |
| White – Roma |  | Any other Asian background |  |
| Any other White background |  | Black African |  |
| Mixed – White and Black Caribbean |  | Black – Caribbean |  |
| Mixed – White and Black African |  | Any other Black / Black British / African / Caribbean background |  |
| Mixed – White and Asian |  | Other – Arab |  |
| Any other Mixed / multiple ethnic background |  | Any other ethnic background |  |

7) Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Prefer not to say |  |

8) If you answered ‘Yes’ above, do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A lot |  | A little |  | Not at all |  |

9) What is your religion or belief?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Prefer not to say |  | Muslim |  | Buddhist |  |
| Sikh |  | Christian |  | Hindu |  |
| Jewish |  | No religion |  | Other |  |
| If ‘other’ please tell us what your religion or belief is, or leave blank if you prefer not to say | | | |  | |

**Privacy Notice**

## Privacy Notice for Sensory Support Service Survey

This privacy notice was completed in October 2023 and will be regularly reviewed. When we use your personal data, CYC complies with data protection legislation and is the registered ‘Controller’. Our data protection notification is registered with the Information Commissioner’s Office (ICO) – reference **Z5809563**.

## Why is information being collected:

We are inviting you to take part in a survey to understand how we can improve our sensory support services.

## Your feedback will help us:

1. Provide ongoing support through comprehensive advice and information.
2. Communicate in a better way about the service.
3. Improve assessments for those with sensory loss.

## What information will be collected:

We are collecting your feedback, such as:

1. What type of support you have received from sensory support services.
2. Improvements you want us to make.
3. Suggestions on how support could be provided differently.

We will also ask for information about you, including your age range, what gender you identify as, sexual orientation and ethnic group. This will help us understand how different groups experience the services and supports our aim to improve equality, diversity and inclusion.

Participation is voluntary and you can choose not to take part at all or not to answer any of the questions during the survey.

## What will we do with the information:

We are using the information you give us in the survey with your consent. You can withdraw your consent at any time by contacting:

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

|  |
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| QR code for survey monkey privacy notice |

The information we collect will be included in presentations, statistics and reports. Any presentations, reports and statistics for publication or use outside of the authorised council staff, will be anonymised and cannot be linked back to you or individuals. Reports containing anonymous information may also be shared with the general public and other organisations.

Where we use Survey Monkey to process responses, you can find out how they use your information, at <https://www.surveymonkey.co.uk/mp/legal/privacy/>

If you have completed a paper survey, once you complete and return it to us, we will transfer the information you have given us onto the council’s secure network and then destroy confidentially the paper copy.

We will not use the information for any other purpose than set out in this privacy notice and will not disclose to a third party i.e. other companies or individuals, unless we are required to do so by law for the prevention of crime and detection of fraud, or, in some circumstances, when we feel that you or others are at risk.

## Storage of information

We will keep the information you give us in CYC’s secure network drive and make sure it can only be accessed by authorised staff.

## How long will we keep the information:

We will keep the information you give us for up to three years and then will securely and confidentially destroy it.

Where required or appropriate, at the end of the retention period we will pass onto the City Archives any relevant information.

## Further processing

If we wish to use your personal information for a new purpose, not covered by this Privacy Notice, we will provide you with a new notice explaining the purpose prior to commencing the processing and the processing conditions. Where and whenever necessary, we will seek your consent prior to the new processing.

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| QR code for Information Commissioners Office |

## Your rights

To find out about your rights under data protection law, you can go to the Information Commissioners Office (ICO): <https://ico.org.uk/for-the-public/>

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| --- |
| QR code for City of York's privacy notice |

You can also find information about your rights at

<https://www.york.gov.uk/privacy>

If you have any questions about this privacy notice, want to exercise your rights, or if you have a complaint about how your information has been used, please contact us at [information.governance@york.gov.uk](mailto:information.governance@york.gov.uk) or on 01904 554145 or write to: Data Protection Officer, City of York Council, West Offices, Station Rise, York YO1 6GA.