Interview schedule
-
for interviewing people with learning disabilities

IF A SUPPORT PERSON PRESENT
What is your relationship to (name of the participant). Are you a...

- parent
- partner
- other family member, please state……
- friend
- paid support worker
- independent advocate
- other, please state……

PART I About you [card 1]

Before we start, it would be helpful to know just a little more about you.

1. How old are you?
2. Code: male / female
3. Code: name of village/town/city of residence
4. What is your ethnicity? Are you… **[card 2]**
5. How do you describe your nationality?
   In what way are you …
6. What is your country of birth?
7. Is English your main language/dialect?
   IF YES - q. 11
   IF NOT - q. 8
8. What is your main language/dialect?
9. How well can you speak English? **[card 3]**
10. Do you have a religion? If yes, what is your religion? **[card 4]**

PART II. Understanding a learning disability condition

1. Can you tell me a little bit about yourself?
   [prompt] How would you describe yourself?
2. Do you have … **[card 5]**
3. Are you able to cope independently or do you need someone's help?
4. Looking at this card ... do you need help when: **[card 6]**

PART III. Support received and satisfaction with it [card 7]

Now, I want us to talk about help you receive and people who help you

Language

ASK ONLY IF ANSWERED NO TO Q.7, Part I

5. You said that English is not your main language.
   Who helps you to communicate in English?

Access to support

Let's think about things that you need help with (like dressing, bathing, cooking, washing, spending money, going out, ordering something in a café, going to a bank or post office, making an appointment, filling a form)

6. Is there anybody who helps you apart from members of your family?
   IF YES – q.7
   IF NO – q.9
7. Is your life better or worse since they have started helping you? **[card 8]**
8. In what ways is it better/worse?
   GO TO – q.12

9. Would you like someone else to help you?
10. Why nobody else is helping you?

People who help you

11. Do you have a support worker or a care manager? **[card 9]**
    IF YES – q.12
    IF NO – q. 16
12. Do you understand what the social worker/care manager says to you or do you need help with understanding what is said to you? **[card 10]**
13. Does your social worker/care manager come to visit when you ask?
14. Does your social worker/care manager listen to what you have to say?
15. In what ways do you feel that the social worker/care manager listens/doesn't listen to you?

A place you live in [card 11]

Next, we're going to talk about where you live.

16. Where do you live? Do you live in a flat, a house, a mobile house, a room in a residential home, or a hospital? **[card 12]**
17. Do you like living here? **[card 13]**
    IF YES – q. 19
    IF NOT – q.18
18. What don't you like about it?
19. Do you feel safe when you are at home at night?
20. And do you feel safe in the area where you live?

Your job [card 14]

I am now going to ask you some questions about jobs and working.

21. Do you have a job at the moment?
    IF YES – q.25
    IF NO – q. 22
22. Would you like a job?
    IF YES – q.23
    IF NO – q.24
23. Why don't you have a job?
    GO TO - q.26
24. Why don't you want a job?
    GO TO - q.26
25. Do you like your job? **[card 15]** Why yes/not?

Your education and training

School [card 16]

26. Did you go to a school in England?
    IF YES – q.27
    IF NO – q.28
27. Did you like it at school? **[card 17]**
    Why yes/not?
28. Why didn't you go to a school in England?

Training [card 18]

29. Are you doing any courses or training at the moment?
    IF YES – q.31
    IF NO –q.30
30. Would you like to do a course or training?

Your health [card 19]

I am now going to ask you some questions about your health

31. How is your health? Is it very good, quite good or not good? **[card 20]**
32. Are you registered with a doctor?
    IF YES – q.33
    IF NO – q.36
33. Do you get on well with your doctor?
34. Do you have health checks? A health check, done annually, can pick up on health problems so people can get the right treatment.[card 21]
35. Do you have a health action plan? [card 22]
36. Why aren't you registered with a doctor?
37. Have you received health advice from a dietitian? [card23]
38. Are you registered with a dentist? [card24]
    IF YES – q.39
    IF NOT – q.40
39. Do you go to the dentist for checkups?
    GO TO Q.41
40. Why aren't you registered with a dentist?
41. Do you have your eye sight tested regularly? [card25]
    IF YES – q.43
    IF NOT – q.42
42. Why not?
43. Do you have your hearing tested regularly? [card26]
    IF YES – q.44
    IF NOT – q.45
44. Why not?

WOMEN ONLY

45. Have you had a cervical smear test? [card27]
46. Have you had your breasts checked for lumps by a doctor or nurse? [card28]

47. All of us feel a bit unhappy or worried at times. Do you ever feel sad or worried? **[card 29]**
48. Do you have someone you can ask for help if you are feeling down or sad? **[card 30]**

Your time [card 31]

Now thinking about what you do.

49. Usually, what do you do and where do you go on each day of the week? **[a weekly day schedule-please fill in with the interviewee]**

Ask accordingly to each activity:

50. Do you like going to … ? **[card 32]**
    Why yes/no?
51. Are the staff there nice and polite to you?
52. Is there anything else that you would like to do in the daytime?
53. Is there anything else that you would like to do in the evenings?

When you want to get somewhere [card 33]

I want you to think now about when you want to get somewhere

54. When you want to get somewhere, do you usually need someone to go with you?
    IF YES – q.55

IF NO – q.56

55. Is there usually someone around who can help you when you want to go somewhere or do you usually have to wait until some other time?
56. When you want to go somewhere can you usually get there?
57. If you use public transport, do you ever get problems?
58. Do you feel safe using public transport?
    IF YES – q.60
    IF NO – q.59
59. In what ways do you feel unsafe?
60. So, how easy is it for you to use public transport? **[card 34]**
61. How helpful do you usually find the staff on public transport? **[card 35]**

Caring for children [card 36]

62. Do you have children?
    IF YES – q.63
    IF NO – q.70
63. How many children do you have?
64. Do you look after your children/child?
    IF YES – q.65
    IF NOT – q.69
65. Does anyone help you to look after them/it?
66. Who is it?
67. How happy are you with help you receive? **[card 37]**
68. Would you like (more) help looking after your child / children?
69. Why don't you look after your children/child?

PART IV Improving access to the services and its appropriateness

I want you to think about all support you receive.

70. What is the best thing about help given to you by people who are not members of your family?
71. Is there any bad thing?
72. Is there anything that would make support you get better?
73. Are there any services that you would like to use but you don't?
    IF YES – q.74
    IF NO – q.75
74. Why don't you use them?
75. Are there any new services that you would like there to be?

Closing questions:

76. Is there anything else that you would you like to add to what you said?
77. Is there anything else that you would like us to talk about?