# **Autism Strategy**

### **Consultation questions**

1. Do you agree with the overall approach of the plan?
(Please tick ( $$ ) one of the boxes) Yes $\Box$ No $\Box$ I am not sure $\Box$
Tell us what we can do to make our plan better?
2. Do you agree with our plans to raise awareness and improve training? (This relates to page 4 of the consultation document)
Yes □ No □
Tell us what we can do to make our plan better?

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ell us what we	can do to make our plan better?
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	gree with our plans to improve opportunities for employment
	gree with our plans to improve opportunities for employment on? (This relates to page 6 of the consultation document)
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3. Do you agree with our plans to implement pathways for diagnosis?

	agree with our plans to improve access to services? (This relate f the consultation document)	es
Yes □ No □		
Tell us what w	e can do to make our plan better?	
	agree with our plans to improve transitions from childhood? es to page 8 of the consultation document)	
∕es □ No □		
ell us what w	e can do to make our plan better?	

Yes □					
No □					
Tell us what	we can do to make	our plan better?			
8. Is there	anything else yo	ou think should	d be included	in the strategy	
(please ac	ld your comment	ts below)?			
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7. Do you agree with our plans to improve interactions with the criminal

## Part 2: About you

We would like you to tell us some things about you.

You do not have to tell us if you do not want to, but if you do, it will help us to plan our services.

1.		you? ase tick (√) one of the boxes)
		A person with autism
		A carer (paid or unpaid) for a person with autism
		The parent or guardian of someone with autism
		A family member of someone with autism
		I do not want to answer this question
		Someone else (please give details)
	How old are you? My age group is: (Please tick (v) one of the boxes)	
2.		
2.		
2.	My a	age group is: (Please tick (√) one of the boxes)
2.	My a	age group is: (Please tick (V) one of the boxes)  0 -17 years
2.	My a □	age group is: (Please tick (√) one of the boxes)  0 -17 years  18 - 49 years

3.	you? ase tick (√) one of the boxes)
	Female
	Male
	Transgender – someone who is born as one sex and want to live as the other sex
	I do not want to answer this question
4.	you have any of the following health problems? I can tick (V) one or more box)
	Deafness or severe hearing impairment
	Blindness or a severe sight impairment
	Difficulty with walking, climbing stairs, lifting or carrying things
	Autism, including Asperger Syndrome
	A mental health problem
	A learning difficulty
	A long standing illness
	None of these things
	I do not want to answer this question

	☐ Asian or Asian British		ase tick (v) one of the boxes)
ck or Black British			Asian or Asian British
	□ Black or Black British		Black or Black British
ed			Mixed
ite	□ Mixed		White
er ethnic group			Other ethnic group
	□ White		I do not want to answer this question
not want to answer this question	<ul><li>□ White</li><li>□ Other ethnic group</li></ul>		· · · · · · · · · · · · · · · · · · ·
your sexual orientation?	<ul><li>□ White</li><li>□ Other ethnic group</li></ul>		
your sexual orientation? ck (v) one of the boxes)	<ul> <li>White</li> <li>Other ethnic group</li> <li>I do not want to answer this question</li> </ul> 6. What is your sexual orientation?	Ш	Bisexual
your sexual orientation? ck (v) one of the boxes) exual	<ul> <li>□ White</li> <li>□ Other ethnic group</li> <li>□ I do not want to answer this question</li> </ul> 6. What is your sexual orientation? (Please tick (√) one of the boxes)		
your sexual orientation? ck (v) one of the boxes) exual v or Lesbian	<ul> <li>□ White</li> <li>□ Other ethnic group</li> <li>□ I do not want to answer this question</li> </ul> 6. What is your sexual orientation? (Please tick (v) one of the boxes) □ Bisexual		Gay or Lesbian
your sexual orientation? ck (V) one of the boxes) exual or Lesbian erosexual or straight	<ul> <li>□ White</li> <li>□ Other ethnic group</li> <li>□ I do not want to answer this question</li> <li>6. What is your sexual orientation? (Please tick (√) one of the boxes)</li> <li>□ Bisexual</li> <li>□ Gay or Lesbian</li> </ul>		Gay or Lesbian Heterosexual or straight
your sexual orientation? ck (v) one of the boxes) exual y or Lesbian erosexual or straight er	<ul> <li>□ White</li> <li>□ Other ethnic group</li> <li>□ I do not want to answer this question</li> </ul> 6. What is your sexual orientation? (Please tick (v) one of the boxes) □ Bisexual □ Gay or Lesbian □ Heterosexual or straight		Gay or Lesbian  Heterosexual or straight  Other
your sexual orientation? ck (v) one of the boxes) exual y or Lesbian erosexual or straight er	<ul> <li>□ White</li> <li>□ Other ethnic group</li> <li>□ I do not want to answer this question</li> </ul> 6. What is your sexual orientation? (Please tick (v) one of the boxes) □ Bisexual □ Gay or Lesbian □ Heterosexual or straight □ Other		Gay or Lesbian  Heterosexual or straight  Other
	□ Mixed		Other ethnic group
ck or Black British			Asian or Asian British
	□ Asian or Asian British		
□ <b>W</b> hi			(Ple

7.	t is you religion? se tick (v) one of the boxes)
	Christian
	Buddhist
	Hindu
	Jewish
	Muslim
	Sikh
	Other religion (please write in the box below)
	No religion
	I do not want to answer this question

#### **Data Protection Act 1998**

The personal information on this form will be kept safe and is protected by law.

You can see more information about data protection on our website at: www.birmingham.gov.uk/privacy

#### **HOW YOU CAN GET INVOLVED**

We want to know what you think about our Autism Strategy 2013 – 2016 Please tell us what you think by visiting:

- Website: www.birminghambeheard.org.uk/
- Sending us an email to JointCommissioningTeam@birmingham.gov.uk
- Writing to us at:

Autism strategy Consultation Freepost RSYS-HKBC-XBLA PO Box 16465 Birmingham B2 2DG

• Phoning us on 0121 303 3893

Thank you for taking part in our consultation