

An online version of this questionnaire is available at
<https://online1.snapsurveys.com/kdzqex>



BWRDD PARTNERIAETH RHANBARTHOL
GOGLEDD CYMRU
NORTH WALES
REGIONAL PARTNERSHIP BOARD

Care and support in North Wales – tell us what matters

Tell us about your experiences of care and support services in North Wales and how we could make them better. This survey is always open, there's no closing date planned.

We will use your feedback to help shape our regional work. It will be used as we review our Population Needs Assessment and Regional Plan, and we will pass on comments and ideas to people and organisations who will find them useful.

Denbighshire County Council privacy notice: <https://www.denbighshire.gov.uk/en/privacy>.
Denbighshire County Council hosts our regional team, though we work across North Wales.

If you have any questions, please contact nwrich@denbighshire.gov.uk.

Are you responding as: You can tick more than one

- someone who has experience of using social care and support services?
- a family member or friend of someone who uses social care and support services?
(including unpaid carers and people who receive Carers Allowance)
- a paid social care worker (someone directly providing social care services, including home care workers and support workers)?
- another type of health or social care professional (working in the sector in a different capacity)?
- a member of the local community?
- in a different role?

Which area you telling us about? You can tick more than one

- North Wales as a whole
- Isle of Anglesey
- Gwynedd
- Conwy County Borough
- Denbighshire
- Flintshire
- Wrexham
- Other
- Not related to a particular area

Please tell us about your experiences of using or providing social care, and how we could make them better.

Is there anything else you'd like to tell us about how we can improve social care in North Wales?

If you would like to be kept informed about this work, please share your email address below.

Thank you for completing the survey. Please return completed surveys to:

RPB Team,
Denbighshire County Council
PO Box 62
Ruthin
LL15 9AZ

Equality questionnaire

These questions are voluntary and are separate from the rest of the questionnaire/consultation.

We want to check how well we are engaging with different groups, to help us make sure we are being as fair and free from bias as possible. You can help us do this by answering the questions in this section.

The information we collect is confidential and anonymous. It will only be used for these statistical monitoring purposes. We will not use it to identify anyone.

Please tell us your home postcode

This information helps us check the consultation is reaching people from across North Wales

Age group

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 0-15 | <input type="checkbox"/> 55-64 |
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 65-74 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 75 and over |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45-54 | |

Sex

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| <input type="checkbox"/> Prefer not to say | |

Gender identity

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

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

If 'no' please tell us your gender identity

Disability

Do you have a physical or mental health condition or other impairment that has lasted or is likely to last at least 12 months, or is of a progressive nature?

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

Caring responsibilities

Do you look after or give any help or support to family members, friends, neighbours or others because of:

- learning disability / difficulty
- long term physical or mental ill-health / disability; or
- problems related to old age

Do not count anything you do as part of your paid employment.

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Prefer not to say | |

National identity (you can tick more than one)

- | | |
|---|--|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> British |
| <input type="checkbox"/> English | <input type="checkbox"/> Other |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Northern Irish | |

If 'other' please tell us more

Ethnic group

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black, Black Welsh, Black British, Caribbean or African |
| <input type="checkbox"/> Mixed or multiple ethnic groups | <input type="checkbox"/> Other ethnic group |
| <input type="checkbox"/> Asian, Asian Welsh or Asian British | <input type="checkbox"/> Prefer not to say |

If 'other' please tell us more

Thank you for taking time to complete this survey.