



CYDWEITHREDFA GWELLA GWASANAETHAU  
GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

# North Wales Population Needs Assessment

## About the survey

Do you use or provide care and support services in North Wales? We would like to know what you think about the care and support available at the moment and how it could be improved.

Care and support includes help with day-to-day living because of physical or mental illness or disability for people of all ages. It includes children and young people with experience of foster care or adoption as well as unpaid carers who provide support to family or friends.

The information you provide will be used to improve health and social care services and a summary of findings will be published on the Regional Partnership Board website. We plan to publish a list of organisations that took part in the consultation but we won't include people's names or any other information that could identify individuals.

For more information and/or to fill in this questionnaire online please visit:  
[www.northwalescollaborative.wales/north-wales-population-needs-assessment/](http://www.northwalescollaborative.wales/north-wales-population-needs-assessment/)

View our General Data Protection privacy notice: [www.denbighshire.gov.uk/privacy](http://www.denbighshire.gov.uk/privacy)

Please return any completed questionnaires to:  
Ffion Davies,  
PO Box 62,  
Ruthin,  
LL15 9AZ.

**This consultation closes on 17 September 2021**

If you have any questions, please contact  
[northwalescollaborative@denbighshire.gov.uk](mailto:northwalescollaborative@denbighshire.gov.uk)

# About you

1 Name (optional)

2 Which counties do you live and work in? You can tick more than one.

Isle of Anglesey

Denbighshire

Gwynedd

Flintshire

Conwy

Wrexham

3 Which care and support services are you filling in this questionnaire about? You can tick more than one.

Services for:

Children and young people

People with mental health needs

Older people

Autistic people

People with physical and/or sensory impairments

Carers

People with learning disabilities

Other

If '**other**' please tell us more

4 Do you work for an organisation involved in commissioning or providing care and support services? For example, a local council, the NHS, third sector organisation or housing association.

Yes

No

If 'no', please go to **question 9**.

5 Your job title

6 Your organisation name

7 Please describe briefly what your organisation does

- 8 Please describe any plans for new services or activities that your organisation is developing to meet gaps in care and support provision that you have identified.

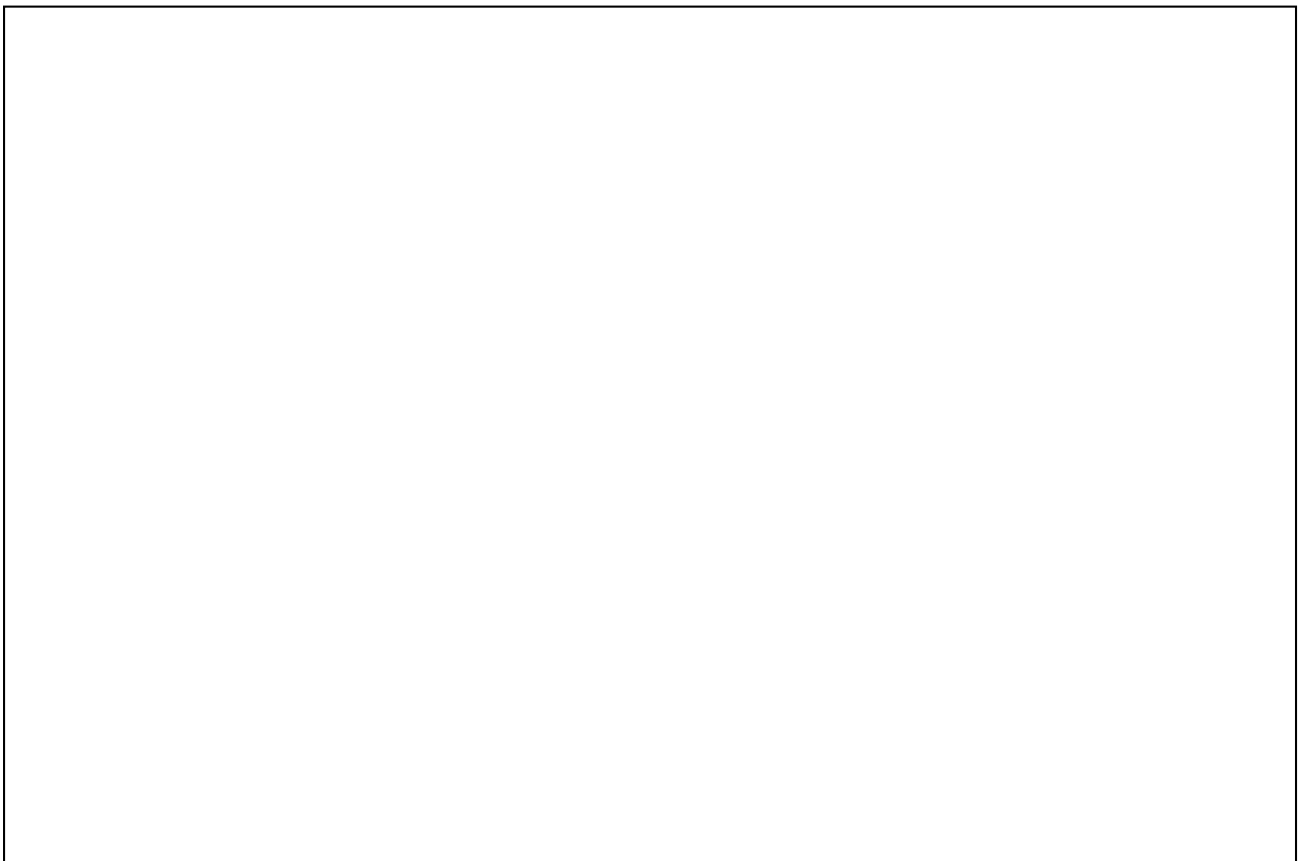
## **About care and support services**

- 9 What do you think works well at the moment?

10 What do you think could be improved?



11 How has support changed due to Covid-19 and what do you think the long-term impact of this will be?



## Welsh language

All care and support services should provide an 'Active Offer'. This means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. For more information, please visit [Social Care Wales: Using Welsh at work webpages](#).

We would like to hear your experiences of using and/or providing services in Welsh, including:

- the 'Active Offer'
- opportunities for people to use Welsh and,
- on treating the Welsh language no less favourably than English

12 Please tell us about what is working well at the moment and what needs to be improved.

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

Thank you for taking the time to complete the survey. The information you provide will be used to improve health and social care services and a summary of findings will be published on the Regional Partnership Board website.

If you have any questions contact [northwalescollaborative@denbighshire.gov.uk](mailto:northwalescollaborative@denbighshire.gov.uk)

Please return any completed questionnaires to:

Ffion Davies,  
PO Box 62  
Ruthin  
LL15 9AZ

**This consultation closes on 17 September 2021**

# 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.

View our General Data Protection privacy notice: [www.denbighshire.gov.uk/privacy](http://www.denbighshire.gov.uk/privacy)

## 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 |                             |

If 'yes', please provide more details

- |   |   |
|---|---|
| <input type="checkbox"/> Learning disability / difficulty | <input type="checkbox"/> Mental health condition                  |
| <input type="checkbox"/> Physical impairment              | <input type="checkbox"/> Long standing illness / health condition |
| <input type="checkbox"/> Sensory impairment               | <input type="checkbox"/> Other                                    |
|   | <input type="checkbox"/> Prefer not to say                        |

If 'other' please tell us more

Do any of your conditions or illnesses reduce or limit your ability to carry out day-to-day activities?

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Yes, a lot | <input type="checkbox"/> Yes, a little |
| <input type="checkbox"/> Not at all |  |

## 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 |                             |

If **'yes'** please tell us how many hours of care you provide each week

- 1-19 hours       20-49 hours  
 50 hours or more

**National identity** (Tick all that apply)

- Welsh       British  
 English       Other  
 Scottish       Prefer not to say  
 Northern Irish

If **'other'** please tell us more

### Ethnic group

White

- Welsh, English, Scottish, Northern Irish or British  
 Irish  
 Gypsy or Irish Traveller  
 Roma  
 Any other White background

If **'other'** please tell us more

Mixed or multiple ethnic groups

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed or multiple background

If **'other'** please tell us more

Asian, Asian Welsh or Asian British

- Indian       Chinese  
 Pakistani       Any other Asian background  
 Bangladeshi

If **'other'** please tell us more

Black, Black Welsh, Black British, Caribbean or African

- Caribbean       Any other Black background  
 African background

Please tell us more

Other ethnic group

- Arab       Any other ethnic group

If **'other'** please tell us more

Prefer not to say

**Preferred language (spoken)**

- Welsh       British Sign Language (BSL)  
 English       Other  
 Both English and Welsh

If **'other'** please tell us more

**Preferred language (written)**

- Welsh       Braille  
 English       Other  
 Both English and Welsh

If **'other'** please tell us more



### Religion

- |  |  |
|--|--|
| <input type="checkbox"/> No religion                   | <input type="checkbox"/> Muslim            |
| <input type="checkbox"/> Christian (all denominations) | <input type="checkbox"/> Sikh              |
| <input type="checkbox"/> Buddhist                      | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Hindu                         | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Jewish                        |  |

If **'other'** please tell us more

### Sexual orientation

Which term best describes your sexual orientation?

- |  |  |
|--|--|
| <input type="checkbox"/> Heterosexual / straight | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Gay or Lesbian          | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bisexual                |  |

If **'other'** please tell us more

### Marital status

- Never married and never registered a civil partnership
- Married
- In a registered civil partnership
- Separated, but still legally married / in a civil partnership
- Divorced / formally in a civil partnership which is now dissolved
- Widowed / surviving partner from a registered civil partnership
- Prefer not to say

Who is (was) your legal marriage or registered civil partnership to?

- |  |  |
|--|--|
| <input type="checkbox"/> Someone of the opposite sex | <input type="checkbox"/> Someone of the same sex |
|--|--|