

Ceredigion Dementia Action Plan - Public Engagement Survey

Ceredigion is conducting a Public Engagement Survey to establish how we are doing and what we can do to improve the lives of people with dementia and those that care for them.

We want to know your views. You don't have to fill in everything, but we'd like to know about what matters to you.

Please answer these questions so you can tell us where we need to improve our service to you. The survey will provide an insight of progress to date.

The form can be completed in 10 -15 minutes depending how long you spend on each question, can be completed in paper form or completed on-line.

Thank you for taking the time to provide us with this information.

If you need this consultation in any other format, (for example large print or Easy Read), please contact us on 01545 570881 or clic@ceredigion.gov.uk.



Cyngor Sir
CEREDIGION
County Council

This survey consists of a multiple choice question, which does not contain personally identifiable data. Questions provide free-text options for written answers. We ask participants not to use these fields to provide personal information, only information or opinions that pertain to the question.

CLOSING DATE 31st March 2023

1. About You

Please select the option that best applies to you:

- I am a person living with a diagnosis of dementia
- I am worried I may have some dementia symptoms, but I do not have a diagnosis
- I am an unpaid carer with experience of caring for a person living with dementia
- I am a paid carer/care worker/personal assistant completing this survey on behalf of a person living with dementia
- I am a professional completing this survey on behalf of a person living with dementia
- I am completing the survey on behalf of a family member living with Dementia.
- Interested Resident of Ceredigion
- Other:

Where do you live?

- North Ceredigion
- Mid Ceredigion
- South Ceredigion
- Please enter your postcode

How Old are you: now when you were diagnosed?

- | | | |
|-----------------|--------------------------|--------------------------|
| Younger than 30 | <input type="checkbox"/> | <input type="checkbox"/> |
| 31-50 | <input type="checkbox"/> | <input type="checkbox"/> |
| 51-65 | <input type="checkbox"/> | <input type="checkbox"/> |
| 65+ | <input type="checkbox"/> | <input type="checkbox"/> |
| No diagnosis | <input type="checkbox"/> | <input type="checkbox"/> |

If undiagnosed which of the following best describes your situation: -

- Not discussed memory concerns with any other
- Family members have noticed
- Discussed with GP
- Waiting Diagnosis

Other



2. Your knowledge

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have knowledge and understanding of dementia and how to get a diagnosis					
I know what steps can be taken with respect to lifestyle to reduce the risk or delay the onset of dementia					
I recognise the early signs of dementia.					
I know what types of dementia there are and would recognise the symptoms.					
I have personal choice and control and influence over decisions about me					

Where should we improve to increase knowledge and/or awareness for People Living with Dementia?

3. Local Community and Services

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I know what services are available in Ceredigion.					
I know that services are designed around me and my needs					
I have support that helps me live my life					
I live in an enabling and supportive community where I feel valued and understood (ie Dementia or Age Friendly Communities).					
There are a range of services that support me with any aspect of daily living and enable me to stay at home and in my community enjoying the best quality of life					
I have a sense of belonging and of being a valued part of community and civic life					

What is the most important thing that your local community could do to help you live well with dementia?

4. Me and my future

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I have control over my life and support to do the things that matter to me					
I have received an early diagnosis which was sensitively communicated					
I have access to adequate accommodation, that can adjust to my changing needs.					
I have access to adequate specialist accommodation with care that will adjust to my changing needs					
I can make decisions now about the care I want in my later life					
I will be cared for by people who are trained in dementia and supported in high quality palliative care in my final years					
I have knowledge of the practical and legal considerations for planning for life with dementia.(including Lasting Power of Attorney)					

What is the most important aspect of the care you receive in Ceredigion and how can it be improved?

5. Your Support

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel supported and understood by the GP					
I have enough information and advice to make decisions about today and the future.					
My carer has access to further information relevant to them and understands which benefits they are entitled to					
I have information, support and access with other networks including people in similar position as me					
Carers have their own support network that suits their needs					
I can choose what support suits me best, so I don't feel a burden					

What is the most important aspect of the information available regarding dementia care in Ceredigion and how can it be improve?

6. Community Support

Question	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel it easy to use public transport in my area					
I find it easy to make housing and adaptations requests					
I feel safe and supported in my home and community in shops, pubs, sporting, cultural, or any other activities.					
My carer and I continue to have the opportunity to develop new interests and new social networks					
The importance of helping me to sustain relationships is well recognised					
I am listened to and I have good community support and health services around me					

What is the most important support provided for dementia service users and the carers in Ceredigion and how can it be improved?

7. Are there are any other comments you would like to make?



These questions are optional, but we need to ask them to understand if our consultation has reached the right people (in accordance with the requirement of the Equality Act 2010) and to understand how different groups may be affected by the proposal allowing us to address this if we can.

In accordance with the Data Protection Act, any information requested on the following questions is held in the strictest confidence for data analysis purposes only.

Welsh Language Considerations

1. We would like to know your views on the effects that this proposal would have on the Welsh language, specifically on:

- opportunities for people to use the Welsh language
- on treating the Welsh language no less favourably than the English language

What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

2. Please also explain how you believe this proposed proposal could be formulated so as to have:

- positive effects or increased positive effects on opportunities for people to use the Welsh language and not to treat Welsh language less favourably than English language
 - so that there are no adverse effects on opportunities for people to use the Welsh language and not to treat Welsh language less favourably than English language
-

Age

3. What is your age group?

- | | |
|-------------------------------------|---|
| <input type="radio"/> Under 16 | <input type="radio"/> 45 – 64 years |
| <input type="radio"/> 16 – 24 years | <input type="radio"/> 65+ |
| <input type="radio"/> 25 – 44 years | <input type="radio"/> Prefer not to say |

Gender

4. What is your gender?

Female

Male

Other

Prefer not to say

5. Is your gender the same now as when assigned at birth?

Yes

No

Prefer not to say

Sexual Orientation

6. Which of the following options best describes how you think of yourself?

* Note - this question should only be answered by people aged over 16.

Bisexual

Heterosexual / Straight

Gay Man

Gay Woman / Lesbian

Prefer not to say

Other _____

Partnership

7. Which of the following options describes your partnership status?

Civil Partnership

Divorced

Living with Partner

Married

Separated

Single

Widowed

Prefer not to say

Other _____

National Identity

8. How would you describe your national identity?

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

Race

9. What is your ethnic group? Choose one option that best describes your ethnic group or background:

- | | |
|--|---|
| <input type="radio"/> Asian | <input type="radio"/> Black / African / Caribbean |
| <input type="radio"/> Gypsy Travellers | <input type="radio"/> Mixed |
| <input type="radio"/> White | <input type="radio"/> Prefer not to say |
| Other _____ | |

Language

10. What is your preferred language?

- | | |
|---|-----------------------------|
| <input type="radio"/> English | <input type="radio"/> Welsh |
| <input type="radio"/> Prefer not to say | Other _____ |

11. Can you understand, speak, read or write Welsh?

- | | |
|---|---|
| <input type="radio"/> Understand spoken Welsh | <input type="radio"/> Speak Welsh |
| <input type="radio"/> Read Welsh | <input type="radio"/> Write Welsh |
| <input type="radio"/> None of the above | <input type="radio"/> Prefer not to say |

Disability

12. Do you have a long term physical or mental health condition or illness that reduces your ability to carry out day to day activities?

- Yes No
- Prefer not to say

13. If you answered 'Yes', please indicate which applies to you:

- Hearing Impairment Learning Difficulties
- Mental Health Issues Physical / Mobility Impairment
- Speech Impairment Visual Impairment
- Other _____

Caring Responsibilities

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

- Long term physical or mental ill-health/disability; or
- Problems related to old age

- Yes No
- Prefer not to say

Religion or Belief

15. What is your religion?

- | | |
|-------------------------------|-------------|
| Atheist | Buddhist |
| Christian (all denominations) | Hindu |
| Jewish | Muslim |
| No religion | Sikh |
| Prefer not to say | Other _____ |

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www.ceredigion.gov.uk/privacy