

HAVE YOUR SAY

Accommodation and care needs for older people in the Porthmadog catchment area

There are major changes afoot in the way that Gwynedd Council will provide care, accommodation and support for older people. To ensure that we invest in the right services and that appropriate care is available, we would ask you to share your experiences and comments by filling in the following questionnaire.

Please return the completed questionnaire by 30 November 2012. We ask that people fill in the questionnaire individually, not as a couple or household.

Please send completed questionnaires to the following address:

Dafydd Williams, Project Assistant, Social Services, Gwynedd Council, Caernarfon LL55 1SH.

Should you, or anyone you know, need help to fill in the questionnaire or want more information on Gwynedd Council's care services, please contact **01286 679549** or [gcbc@gwynedd.gov.uk](mailto:gcgc@gwynedd.gov.uk)

Or, if you would rather give your opinion in a different way, write a letter to **Dafydd Williams, Project Assistant, Social Services, Gwynedd Council, Caernarfon LL55 1SH** or send an email to assessment@gwynedd.gov.uk

ABOUT YOU

1. Age	
49 or younger	<input checked="" type="checkbox"/>
50 – 64	<input checked="" type="checkbox"/>
65 – 74	<input checked="" type="checkbox"/>
75 – 84	<input checked="" type="checkbox"/>
85 or older	<input checked="" type="checkbox"/>

2. Gender	
Male	<input checked="" type="checkbox"/>
Female	<input checked="" type="checkbox"/>

3. What is your home's postcode?
<input type="text"/>

4. How long have you lived in the area?	
(a) I was born here and have lived here all my life	<input checked="" type="checkbox"/>
(b) I was born and raised here, have spent time living / working away, and have returned here to retire	<input checked="" type="checkbox"/>
(c) I moved here as an adult and have since retired	<input checked="" type="checkbox"/>
(d) I have moved to the area since I retired	<input checked="" type="checkbox"/>
If you selected (c) or (d) above, please state how long you have lived in this area	<input type="text"/>

5. In general, how would you describe your health?	
Very poor	<input checked="" type="checkbox"/>
Fairly poor	<input checked="" type="checkbox"/>
Fair	<input checked="" type="checkbox"/>
Fairly good	<input checked="" type="checkbox"/>
Very good	<input checked="" type="checkbox"/>

6. Do you currently receive a care service because of your health? If so, please note what type of service.

Yes	<input checked="" type="checkbox"/>
No	<input checked="" type="checkbox"/>
What type of service you use:	
Telecare	<input checked="" type="checkbox"/>
Enablement scheme	<input checked="" type="checkbox"/>
Home care	<input checked="" type="checkbox"/>
Respite care	<input checked="" type="checkbox"/>
Day care	<input checked="" type="checkbox"/>
A member of the family looks after you	<input checked="" type="checkbox"/>
Residential or nursing care	<input checked="" type="checkbox"/>
Other (please note)	

7. Where do you currently live? (please tick)

At home	<input checked="" type="checkbox"/>
In sheltered housing	<input checked="" type="checkbox"/>
In a care home	<input checked="" type="checkbox"/>
Other (describe where)	

8. Is your current home suitable for your condition – today and looking to the future?

Today	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
The Future	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Don't Know	<input checked="" type="checkbox"/>		

9. If your home is not suitable, please state why not?

Too big	<input checked="" type="checkbox"/>
Too expensive to maintain	<input checked="" type="checkbox"/>
Too expensive to heat	<input checked="" type="checkbox"/>
Garden is too big	<input checked="" type="checkbox"/>
Isolated location	<input checked="" type="checkbox"/>
You have difficulty moving about the house /climb stairs	<input checked="" type="checkbox"/>
Other (please state)	

10. Do you worry about the following costs, either today or for the future?

Cost of living				
Today	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
The Future	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Cost of fuel/ heating				
Today	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
The Future	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Care costs				
Today	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
The Future	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

11. If your home is suitable for you at the moment, and you do not have any care needs, what would be your priorities as you get older?

Please indicate your score as follows:
 1 – first choice
 2 – second choice
 3 – third choice
 4 – fourth choice
 5 – fifth choice

Stay in your own home with support as needed (details on page 10-11)	<input checked="" type="checkbox"/>
Move to a bungalow or smaller house with support as needed	<input checked="" type="checkbox"/>
Move to sheltered housing (details on page 11-12)	<input checked="" type="checkbox"/>
Move to extra care housing (details on page 14)	<input checked="" type="checkbox"/>
Move to a residential home (details on page 15-16)	<input checked="" type="checkbox"/>

12. Below there is a list of different sorts of services and provisions available to older people as part of the Council's Day Care Service. Please tick the ones which you feel you will need or would choose:

Opportunity to socialise with other people of the same age, for example a luncheon club or exercise class.	<input checked="" type="checkbox"/>
If you are a carer – that is, if you provide unpaid care and support for a member of the family or friend who otherwise could not manage by themselves – the chance to have a rest, for example someone to sit with the person you care for or telecare.	<input checked="" type="checkbox"/>
If you are very vulnerable, higher level of care during the day, for instance day care support at a specialised centre such as a dementia unit.	<input checked="" type="checkbox"/>
Receive direct payment from Social Services to purchase your own support, based on an assessment of your needs.	<input checked="" type="checkbox"/>
Other, please specify	

13. Should you need help to have a bath or shower because of a medical condition as you get older, please tick which option you would prefer as part of day care service:

Equipment or alterations to your home or	<input checked="" type="checkbox"/>
An opportunity to go to a centre or residential home to use specialised equipment	<input checked="" type="checkbox"/>

14. Below there are three scenarios. Note which 'accommodation option' would be your first (1), second (2), third (3) and fourth (4) option in these three scenarios.

SCENARIO 1
 Your home is by now too big for you and is difficult to heat and to modify. You had a fall last year which has made you nervous – particularly at night. You are keen to maintain independence and don't want to be a burden to anybody.

1 – first choice	
2 – second choice	
3 – third choice	
4 – fourth choice	
In your own home with telecare support and enablement. (details on page 10-11)	<input checked="" type="checkbox"/>
In sheltered housing (details on page 11-12)	<input checked="" type="checkbox"/>
In extra care housing (details on page 14)	<input checked="" type="checkbox"/>
In a residential home (details on page 15-16)	<input checked="" type="checkbox"/>

HAVE YOUR SAY.

SCENARIO 2

You are now far more vulnerable following a minor stroke. Home care workers call twice a day to help you wash and prepare food. You are keen to maintain independence and don't want to be a burden to anybody, but by now you need support to go out.

- 1 – first choice
- 2 – second choice
- 3 – third choice
- 4 – fourth choice

In your own home with telecare support and enablement. (details on page 10-11)	✓
In sheltered housing (details on page 11-12)	✓
In extra care housing (details on page 14)	✓
In a residential home (details on page 15-16)	✓

SCENARIO 3

Home Care workers by now come four times a day and the community nurse also calls weekly to treat a sore. You have memory problems and the risk of you having a fall or accident around the house has increased significantly. You are keen to maintain your independence and don't want to be a burden to anybody, but by now you are housebound.

- 1 – first choice
- 2 – second choice
- 3 – third choice
- 4 – fourth choice

In your own home with telecare support and enablement. (details on page 10-11)	✓
In sheltered housing (details on page 11-12)	✓
In extra care housing (details on page 14)	✓
In a residential home (details on page 15-16)	✓

15. Do you worry about how you will cope as you get older?

Yes	✓
Haven't thought about it	✓
No	✓

16. Do you speak Welsh?

Yes	✓
No	✓
If you consider another language to be your first language, please note which:	

17. Do you have any further comments to make?

If you have further comments, please attach an extra page or letter to this questionnaire

18. Your contact details (you don't have to include these)

Name	
Address	
E-mail	
Phone Number	

Thank you for completing this questionnaire.