

Pembrokeshire Citizens' Panel - survey 20

Pembrokeshire County Council

Food waste collection

Weekly food waste collections have now been introduced to approximately 75% of households in the County. If you are in an area that does NOT have food waste collections, please go straight to Q9.

Q1 If you are in an area that has weekly food waste collections do you use the service?

Yes (Go to Q2)

No (Go to Q1a)

Q1a If no, what would you say is your main reason? (Tick ONE only)

I don't have the necessary bin(s)

My pets have any leftover food waste

I don't have the necessary bags

I don't understand the system

I don't have any food waste

I can't be bothered

I home compost my food waste

Other (please specify)

Please go to Q4

Q2 If yes, how often do you use the food waste collection service?

Weekly

Every 2 weeks

Every 3 weeks

Other (please specify)

Q3 Please rate the food waste service.

Extremely easy to use

Neither

Very difficult to use.

Easy to use

Difficult to use

Q4 Do you compost food waste at home?

I compost all my food waste
I compost fruit and vegetable food waste only

I don't compost any food waste

When the food waste service was introduced we piloted the provision of two sizes of bags; small bags to line the kitchen caddy and large bags to line the green bin. Funding is not available to continue to provide both sizes of bags to all households as this would cost in the region of £500,000 per year.

Q5 Which bag size would you prefer, if only one size was available? (Tick ONE only)

Smaller liners for the kitchen caddy

Larger liners for the green bin

Q6 How would you prefer to get hold of additional food waste bags, when you have run out? (Tick all that apply)

Call in to a Customer Services Centre; located at Haverfordwest, Fishguard, Pembroke, Milford & Neyland

Have them delivered to your property within 14 days of your request

Receive them through the post within 14 days of your request

Left with your empty bin on collection day

Other (please specify)

Q7 When requesting additional food bags which of the following methods would you find acceptable? (Tick all that apply)

Call in to a Customer Services Centre; located at Haverfordwest, Fishguard, Pembroke, Milford & Neyland

Place a request tag on your food waste bin on collection day

Online / electronic request via the Council's website

By telephone

By email

Q8 Do you have any other comments you would like to make about the Council's Food Waste Service provided in Pembrokeshire?

Community Care

Q9 In your local area where would you go to get information on any of following health and social services e.g. home care, occupational therapy, meals on wheels, adaptations to your home, physiotherapy, community alarms, good neighbour schemes? (Tick all that apply)

GP

Library

Hospital

Local shop

Pembrokeshire County Council

Internet

Other (please specify)

Q10 Would you say you are able to manage independently at home?

Yes (Go to Q12)

No (Go to Q10a)

Q10a If no, please tell us what would help you to remain independent at home?

Q11 If you need any help, do you have a network of family and friends who support you?

Yes (Go to Q11a)

No (Go to Q12)

Q11a If yes, are they... ? (Tick all that apply)

In your local area

In Pembrokeshire

In other counties in
Britain

Overseas

Other (please specify)

Q12 Do you live in a household with relatives or friends other than your immediate family unit e.g. spouse, children.

Yes (Go to Q12a)

No (Go to Q15)

Q12a If yes, could you give a reason for this?

- To receive support Short term / temporary measure while waiting to move into another property
To provide help and support for a relative /friend Financial reasons
Lack of affordable housing Prefer not to say
Other (please specify)

Q13 What do you consider to be the advantages of this?

Q14 What do you consider to be the disadvantages of this?

Q15 In the future, if the need arises, would you consider living with family as an alternative to living in a residential care home?

- Yes (Go to Q16) Would depend on my circumstances (Go to Q16)
No (Go to Q15a)

Q15a If no, please tell us why.

Q16 If currently or in the future you needed community care assistance as a result of an assessment, do you think you would prefer to...?

- Arrange and manage your own care requirements
Agree to Pembrokeshire County Council arranging and managing your care requirements
Would depend on your circumstances at the time

Q21 How important, if at all, do you think it is for Pembrokeshire County Council to promote equality of opportunity between...?

	<i>Very important</i>	<i>Important</i>	<i>Neither</i>	<i>Not very important</i>	<i>Not at all important</i>	<i>Don't know</i>
People of different races	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled and non-disabled people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different religions/beliefs and non beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People of different sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q22 Have you or someone you know experienced any disadvantage in your / their day-to-day life because you / they share one or more of the characteristics below? (Tick all that apply)

	<i>You (Go to Q23)</i>	<i>Someone you know (Go to Q24)</i>
Age	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>
Religion, belief and non-belief	<input type="checkbox"/>	<input type="checkbox"/>
Sex / gender	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>

If you or someone you know have NOT experienced any disadvantages (Go to Q27)

Q23 If YOU ticked any of the above, please tell us what happened and the impact it had on YOU?

Q24 If you ticked any of the options in Q22 for SOMEONE YOU KNOW, please tell us what happened and the impact it had on that person?

Q25 Thinking about the examples you gave above, please tell us the level of impact it had on...?

	<i>You</i>	<i>Someone else</i>
Great impact	<input type="checkbox"/>	<input type="checkbox"/>
Minimal impact	<input type="checkbox"/>	<input type="checkbox"/>
No impact	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Q26 Thinking about your reply to Q23 & Q24, what do you feel could be done to make things better?

Q27 Would you be willing to help us further in developing our Equalities Strategy, by taking part in a short informal discussion group with other members of the general public?

Yes (Go to Q28) No (Go to Q29)

Q28 If yes, please include your preferred method of contact and contact details below i.e. telephone number, address; postal or email.

In order to fully understand the experiences of a wide range of people, we would be grateful if you would complete the following demographic questions on behalf of whoever you have completed the above questions for:

Q29 Age

You	<input type="text"/>
Someone else	<input type="text"/>

Sex

	<i>Male</i>	<i>Female</i>
You	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>

Gender reassignment i.e. is your present gender the same as the one assigned to you at birth?

	<i>Yes</i>	<i>No</i>	<i>Prefer not to say</i>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual orientation

	<i>Bisexual</i>	<i>Gay / lesbian</i>	<i>Heterosexual</i>	<i>Prefer not to say</i>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Race

	<i>White</i>	<i>Black & Black British</i>	<i>Asian & Asian British</i>	<i>Mixed race</i>	<i>Other ethnic background</i>	<i>Prefer not to say</i>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Religion or belief

	<i>Buddhist</i>	<i>Christian</i>	<i>Hindu</i>	<i>Jewish</i>	<i>Muslim</i>	<i>Sikh</i>	<i>Lack of belief</i>	<i>Prefer not to say</i>
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability or long standing illness

	<i>Yes</i>	<i>No</i>
You	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please tell us what this is and note if this refers to you or someone else.

Main language

	<i>English</i>	<i>Welsh</i>
You	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Dyfed-Powys Police

Public Perception

Q30 From the list below, please tell us which are a concern for you in your community. (Tick all that apply)

- | | | | |
|------------------|--------------------------|--|--------------------------|
| Burglary / theft | <input type="checkbox"/> | Knife crime | <input type="checkbox"/> |
| Car crime | <input type="checkbox"/> | Violent crime | <input type="checkbox"/> |
| Fly tipping | <input type="checkbox"/> | Discrimination (includes race, disability, homophobic, transphobic and religious hate) | <input type="checkbox"/> |
| Gun crime | <input type="checkbox"/> | No problems (Go to Q32) | <input type="checkbox"/> |

If you have any concerns that are not listed, please specify below:

Q31 Thinking about your answers to Q30, how confident are you that these issues are being dealt with by the police?

- | | | | |
|------------------|--------------------------|----------------------|--------------------------|
| Very confident | <input type="checkbox"/> | Not very confident | <input type="checkbox"/> |
| Fairly confident | <input type="checkbox"/> | Not at all confident | <input type="checkbox"/> |
| Neither | <input type="checkbox"/> | | |

Q32 To what extent do you agree or disagree with the following statements about the police in your area?

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	Don't know
Taking everything into account I have confidence in the police in my local area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police in this area are dealing with the things that matter to people in my local area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel informed about policing issues in my local area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q33 How would you rate policing in your local area?

- | | | | | | | | | | |
|-----------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|-----------|--------------------------|
| Excellent | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor | <input type="checkbox"/> | Very poor | <input type="checkbox"/> |
|-----------|--------------------------|------|--------------------------|------|--------------------------|------|--------------------------|-----------|--------------------------|

Q34 Please tell us why.

Pembrokeshire Coast National Park Authority

Carew Castle & Castell Henllys

Q35 Have you or a member of your immediate family visited the following venues in the past three years?

	Yes	No
Carew Castle (Go to Q36)	<input type="checkbox"/>	<input type="checkbox"/>
Castell Henllys (Go to Q37)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'no' to BOTH these sites, please go to Q42

Q36 If you have been to Carew Castle, did you visit...

The castle only Walk around the Mill Pond and to Carew Mill Both

Q37 How did you find out about the site?

	Leaflet	Website	Local newspaper	Local radio	Word of mouth
Carew Castle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Castell Henllys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Q38 How often have you visited?

	Once	2 - 3 times	4 - 5 times	5 + times
Carew Castle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Castell Henllys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39 How would you rate your experience?

	Excellent	Good	Satisfactory	Poor	Very poor
Carew Castle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Castell Henllys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q40 If you ticked *poor* or *very poor*, could you please explain why?

Q41 Would a *season* or *family* ticket, costing slightly more than a single admission ticket, encourage you to visit either location more often?

	Yes	No
Carew Castle	<input type="checkbox"/>	<input type="checkbox"/>
Castell Henllys	<input type="checkbox"/>	<input type="checkbox"/>

Oriel y Parc; St Davids

Q42 Have you or a member of your family visited the Oriel y Parc Gallery and Visitor Centre in St. Davids in the past year?

Yes (Go to Q43)

No (Go to Q47)

Q43 How did you find out about the site?

Leaflet

Website

Local newspaper

Local radio

Word of mouth

Other (please specify)

Q44 How often have you visited?

Once

2 - 3 times

4 - 5 times

5 + times

Q45 How would you rate your experience?

Excellent

Good

Satisfactory

Poor

Very poor

Q46 If you ticked *poor* or *very poor*, could you please explain why?

Visitor centre; Newport and Tenby

Q47 Have you visited either of the following National Park visitor centres...?

	Yes	No
Newport Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>
Tenby Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'no' to BOTH the above, please go to Q51

Q48 How did you find out about the site?

	<i>Leaflet</i>	<i>Website</i>	<i>Local newspaper</i>	<i>Local radio</i>	<i>Word of mouth</i>
Newport Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenby Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

Q49 How would you rate your experience?

	<i>Excellent</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>	<i>Very poor</i>
Newport Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenby Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q50 If you ticked *poor* or *very poor*, could you please explain why?

Q51 If you visited any of these sites, did your visit increase your understanding of the National Park?

	<i>Yes (Go to Q52)</i>	<i>No (Go to Q53)</i>
Carew Castle	<input type="checkbox"/>	<input type="checkbox"/>
Castell Henllys	<input type="checkbox"/>	<input type="checkbox"/>
Oriel y Parc Gallery & Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>
Newport Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>
Tenby Visitor Centre	<input type="checkbox"/>	<input type="checkbox"/>

Q52 If yes, please identify the venue and tell us how it increased your understanding.

Q53 If you have NOT visited any of the sites listed above, could you tell us why this is?

Entrance fees for Carew and Castell Henllys are too high for me

Don't have transport to get to them

Didn't know about them

Not interested

Other (please specify)

Q54 Do you use / access other parts of the National Park in your leisure time?

Yes (Go to Q54a)

No (Go to Q55)

Q54a If yes, please tell us what you use these for...

Walking inland

Beaches / watersports

Cycling

Walking on the Coast Path

Horse riding

Other (please specify)

Smart phones

Q55 Do you or any member of your household have a Smart phone?

Yes (Go to Q55a)

No (Go to Q56)

Q55a If yes, do you ever use any apps with it?

Yes

No

Q56 Have you ever downloaded any QR (Quick Response) code information i.e. the black square that often appears on adverts and publications?

Yes

No

Hywel Dda Health Board

As of April 1st, 2011, the way in which the NHS organisations in Wales deal with complaints, claims and incidents (collectively known as *concerns*) has changed. These new arrangements are called "Putting Things Right" and will require a different approach to dealing with concerns.

Q57 If you had a concern relating to NHS care, would you know...?

Yes

No

Unsure of the most appropriate way

Who to contact

How to raise the issue

Q58 Would you prefer to raise a concern...? (Tick all that apply)

By telephone

In person

By email

By letter

By text

Q59 Would you prefer to make your concern...?

Yourself

Through an advocate or family friend

Q60 Would you have any unease about raising the matter with the NHS body e.g. Health Board, GP, dentist?

Yes (Go to Q60a)

No (Go to Q61)

Q60a If yes, please tell us why.

Q61 If you had raised a serious concern with the Health Board would you prefer...? (Tick ONE only)

A full written response

An opportunity to discuss your issues

Both

Other (please specify)

Q62 What would you hope the outcome of raising your concern would be? (Tick all that apply)

Reassurance that the organisation has learned from the experience and has taken measures to prevent the issue recurring

Copy of an action plan from the organisation

Financial compensation

Full explanation

An apology

The Community Health Council provides a free and independent advocacy service, which is able to help patients or the people acting for them, to raise a concern via the NHS *concerns* procedure.

Q63 Did you know that there are Community Health Councils who represent you in your area?

Yes (Go to Q63a)

No (Go to Q64)

Q63a If yes, did you know that they provide a free advocacy service to support you and advise you about the NHS *concerns* procedure?

Yes

No

You can contact your local Community Health Council Complaints Advocacy Service on 0845 6650763.

Equality Objectives

Hywel Dda Health Board is required to publish equality objectives by April 2012 as part of the Equality Act 2010, and we are keen to engage with and involve as many people as possible in setting these objectives.

Evidence has revealed that healthcare services are not always the same quality or are not always delivered with the most appropriate cultural sensitivity or level of respect. Other factors, such as greater public awareness of people's sexual orientation and an increasingly older population, add to the possible risk of one group being treated differently or less favourably than another.

Our commitment is to continually reduce the impact of 'health inequalities' by identifying their cause and addressing them. We want to ensure that everyone has the opportunity - together with our support - to improve their health and receive the best services we can make available, therefore we would like to hear your views to help plan our Equality Objectives.

For the following questions, please tell us about your or a family member's experience with healthcare services received from Hywel Dda Health Board.

Q64 Which, if any, of the following services have you or a family member accessed in the last 12 months? (Tick all that apply)

<i>In-patient</i>	<input type="checkbox"/>	<i>Community healthcare</i>	<input type="checkbox"/>
<i>Out-patient</i>	<input type="checkbox"/>	<i>Mental health / learning disabilities</i>	<input type="checkbox"/>
<i>Physiotherapy</i>	<input type="checkbox"/>	<i>Maternity</i>	<input type="checkbox"/>
<i>Dietetics</i>	<input type="checkbox"/>	<i>None (Please go to end of survey)</i>	<input type="checkbox"/>
<i>Pathology tests</i>	<input type="checkbox"/>		
<i>Other services (please specify)</i>			

For the services you or a family member have used and wish to comment on, please name the service and then tell us the following (please consider ONE service at a time):

Q65 First service:

Service used	<input type="text"/>
Location	<input type="text"/>
Approx date	<input type="text"/>

Q65b Please tell us what was good about the service.

Q65c Please tell us what was bad about the service.

Q65d Please tell us what you think we can do to get better.

Q65e Did you experience any access problems or difficulty in... ?

	Yes	No
Finding information on services	<input type="checkbox"/>	<input type="checkbox"/>
Physically accessing buildings	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining services	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (please specify)</i>		

If yes, please tell us what these were?

Q66 Second service:

Service used	<input type="text"/>
Location	<input type="text"/>
Approx date	<input type="text"/>

Q66b Please tell us what was good about the service.

Q66c Please tell us what was bad about the service.

Q66d Please tell us what you think we can do to get better.

Q66e Did you experience any access problems or difficulty in... ?

	<i>Yes</i>	<i>No</i>
Finding information on services	<input type="checkbox"/>	<input type="checkbox"/>
Physically accessing buildings	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining services	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other (please specify)</i>		

If yes, please tell us what these were?

Q67 Do you have any other experiences you would like to tell us about or any further comments regarding the services you or a family member has received?

In order to fully understand the experiences of a wide range of people across the Hywel Dda Health Board area, we would be grateful if you would complete the following demographic questions for WHOEVER you have completed these questions for:

Age.....

Gender / sex

Male

Female

Gender reassignment i.e. is your present gender the same as the one assigned to you at birth?

Yes

No

Prefer not to say

Sexual orientation

Bisexual

Gay/lesbian

Heterosexual

Prefer not to say

Race

White

Asian & Asian British

Other ethnic background

Black & Black British

Mixed race

Prefer not to say

Religion or belief

Buddhist

Hindu

Muslim

None (atheist)

Christian

Jewish

Sikh

Prefer not to say

Disability or long standing illness

Yes

No

If yes, please tell us what this is.

Main language

English

Welsh

Other (please specify)

Are you or is your family member a carer?

Yes

No

Thank you very much for completing your survey

Please return it in the prepaid envelope as soon as possible