



## All Age Gwynedd Autism Survey

If you require this survey in a different format or language, please phone 01766 772 570 or e-mail [Awtistiaeth@gwynedd.llyw.cymru](mailto:Awtistiaeth@gwynedd.llyw.cymru)

We will collect views on the All Age Gwynedd Autism Survey until **14 April 2024**.

Thank you.

After the Welsh Government published the code of practice for autism Cyngor Gwynedd is keen to engage with autistic individuals and their families in developing autism services across the county.

The aim of the survey is to collect data about the services that are currently provided in your area.

Your response and opinion will greatly help us to assess what is working well, areas for improvement, and any gaps that need attention.

**This questionnaire is anonymous. Please do not include information that would reveal your identity or any other individual unless you wish for us to contact you for further engagement.**

The information you provide when completing this survey will be treated in accordance with the requirements of data protection legislation.

## About you

### 1. I am completing the questionnaire as a..

Choose one of the following answers

- autistic person
- relative or carer of an autistic child
- relative or carer of an autistic family member or members
- professional working within the autism community
- Other:

### 2. What is your post code

This will help when looking at areas to deliver services

### 3. How old is the person that needs support?

Choose one of the following answers

- 15 years old or younger
- 16 - 24 years old
- 25 - 34 years old
- 35 - 44 years old
- 45 - 54 years old
- 55 - 64 years old
- 65 - 74 years old
- 75 - 84 years old
- 85+ years old
- I prefer not to say

## Current Services

### 4. Do you currently access any of these services?

This will ensure that support is given by the correct Services

Choose one of the following answers

- Derwen/ Adult Learning Disability team
- Cyngor Gwynedd Adult Team
- Child and Adolescent Mental Health Service (CAMHS) / Your Local Community Mental Health Team (CMHT)
- No
- Other:

### 5. Do you feel that the existing autism Services in your area support you to achieve what is important to you?

Choose one of the following answers

- Yes (Go to question 6)
- No

#### 5.1 Why don't they?

## Importance of Service

We are researching to see what the County's inhabitants' needs are in order to develop the Autism support. Please note that information you provide will help us to improve provision of services based on people's needs, although we may not be able to satisfy all needs identified.

### 6. Which services would you use if they were available?

#### 6.1 Diagnosis

	Need	Don't need
Understanding the support available during the assessment process		
Post-diagnostic support processing the diagnosis / autism understanding		
Support to help family and friends understand the diagnosis		

#### 6.2 Support for autistic individuals, personal needs or goals

	Need	Don't need
Building positive autistic identity and self confidence		
Support to develop independent living skills		
Support with emotional regulation/ understanding feelings		
Support into employment or education/ to stay in employment or education		
Help to problem solve issues and achieve goals		
Help to advocate		

#### 6.3 Community

	Need	Don't need
Educating and building acceptance of autism in my community		
Access to Social groups and Community activities		
Support to use community Services i.e police, health appointments		

**6.4 Do you want to give more information about your experiences?**

A large, empty rectangular box with a thin black border, intended for the user to provide additional information about their experiences. The box is vertically oriented and occupies most of the page below the question.

**7. Is there any other service you would use if it were available?**



**8. How would you like to receive support?**

Check all that apply

Information and advice via telephone call / email / website

Face to face in a group setting

Online resources

Other:

**9. In your opinion, would these services have an impact on opportunities for people to use the Welsh language and the status of the Welsh language in the community?**

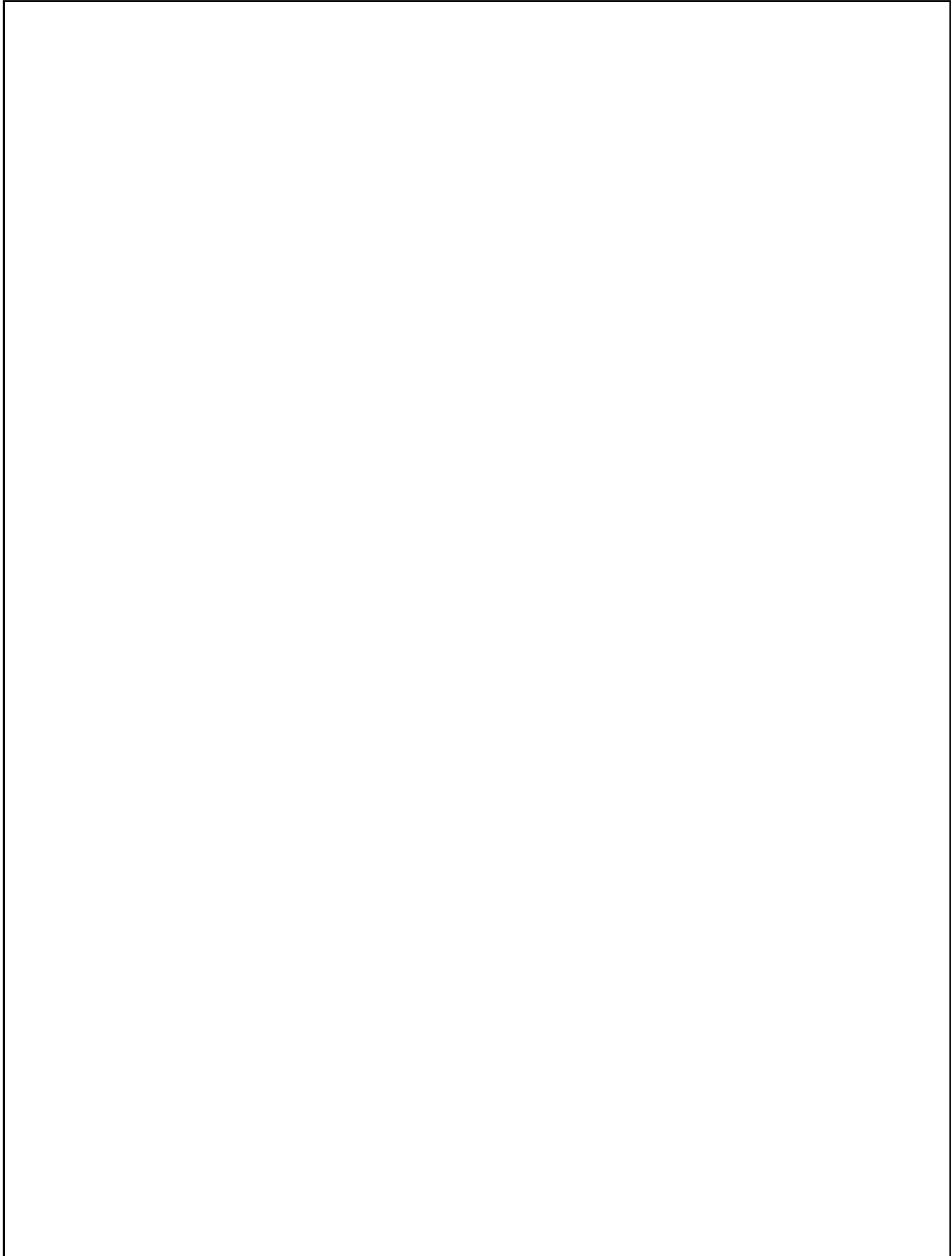
Choose one of the following answers

- Positive impact
- Little positive effect
- Neutral
- Little negative impact
- Significant negative impact

**9.1 In your opinion, would there be any opportunities to offer these services in the Welsh language, in order to have a more positive impact on the Welsh language and its use, or to remove any negative effects.**

**10. In your opinion, would these services be likely to have an impact on people facing socio-economic disadvantage?**

Socio-economic disadvantage means poverty of all kinds – financial poverty, digital poverty, living far from services etc



## About you

Answering the following questions will help us ensure we have collected the views of a variety of people and given everyone from all backgrounds a chance to take part. You do not have to answer them.

Any information you provide is strictly confidential. We will not be able to identify you.

The information will only be used for statistical analysis.

If you are completing this survey on behalf of an organisation, do not fill out this section.

### Sex

**Choose one of the following answers**

- Man / Male
- Woman / Female
- I identify in a different way
- I prefer not to say

**Note your age group**

**Choose one of the following answers**

- 15 years old or younger
- 16 - 24 years old
- 25 - 34 years old
- 35 - 44 years old
- 45 - 54 years old
- 55 - 64 years old
- 65 - 74 years old
- 75 - 84 years old
- 85+ years old
- I prefer not to say

**How would you describe your skills in Welsh?**

**Check all that apply**

- Speak, read and write fluently
- Speak, read and write, but not very confidently
- Speak, read and write – I'm learning
- Speak, but can't read or write
- Can't speak or understand Welsh
- I prefer not to say
- Other:

**Nationality or national identity?**

**Choose one of the following answers**

- Welsh
- English
- Scottish
- Northern Irish
- British
- I prefer not to say

Other:

**What is your race?**

**Choose one of the following answers**

- White
- Black / African / Caribbean
- Asian
- Gypsy / Irish Traveller
- Mixed / several ethnic groups
- I prefer not to say

Other:

**What is your religion?**

**Choose one of the following answers**

- No religion
- Christian
- Muslim
- Buddhist
- Hindu
- Jewish
- Sikh
- I prefer not to say
- Other:

**Which of these best describes you?**

(You do not need to answer this question if you are under 16)

**Choose one of the following answers**

- Heterosexual / Straight
- Gay man
- Gay woman / lesbian
- Bisexual
- I prefer not to say
- Other:

**Has your gender identification changed from that assigned to you at birth?  
(for example are you trans or transgender etc)**

(You do not need to answer this question if you are under 16 years old)

**Choose one of the following answers**

- Yes
- No
- I prefer not to say

Section 6 (1) of the Equality Act 2010 states that a person is disabled if:

- a. The person has a physical or mental impairment,
- b. and the impairment has a substantial and long-term effect on the person's ability to carry out normal day-to-day activities.

**Using this definition, do you consider yourself a disabled person?**

**Choose one of the following answers**

- Yes
- No
- I prefer not to say