**CONSULTATION RESPONSE QUESTIONNAIRE**

**Consultation on Age-Friendly Strategy & Action Plan 2022-2025**

**Background**

The aim of the consultation is to seek views on the proposed Age-Friendly Strategy & Action Plan 2022-2025. The Age Friendly Alliance supported by Derry City and Strabane District Council has led on the development of an Age Friendly Strategy for the council area, through support of funding from the Public Health Agency.

Development and engagement took place over the period 2021-2022 with contributions from almost 500 people aged 50 and over living in the Derry City and Strabane District Council, and a range of representatives from public, community and voluntary sectors.

This plan sets out our ambition and outlines priorities for action over the next 3 years. We are now seeking your views to improve the Age Friendly Strategy and Action Plan for the council area. Your views are important, and we want to know what you think about the proposed:

* vision
* outcomes
* actions
* delivery structure
* the priorities to focus on over the next three years.

**Consultation period**

The Consultation period will be from 10th February to 5th April 2023 at 5pm.

**Questionnaire**

The questionnaire can be completed by a member of the public or it can be completed on behalf of a group or organisation. Everyone with an interest are encouraged to read the document and respond to the consultation. We will use your feedback to review the Strategy and Action Plan.

Please indicate your answer to the questions by placing an **X** by your selection. You can also provide further comments in the free text field.

**The deadline for consultation responses is 5pm on 5th April 2023**

**Please enter your email and postal address below if you would like to see the results of this consultation:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Postcode** |  |
| **Email** |  |

**Respondents’ Details**

I am responding: as an individual (please tick box)

on behalf of an organisation (please tick box)

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESPONSES MUST BE RECEIVED NO LATER THAN 5pm on 5th April 2023.**

**In writing to: The Age Friendly Co-ordinator**

**Derry City & Strabane District Council**

**98 Strand Road**

**Derry**

**BT48 7NN**

**Tel: (028) 71 253 253**

**Or by email to**: [agefriendly@derrystrabane.com](mailto:agefriendly@derrystrabane.com)

*Please indicate whether you agree or disagree using the tick box provided. You may also wish to consider any additional prompts and provide comments in the boxes below.*

**Question 1**

**Do you agree with the vision statement below?**

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **We are supported throughout life’s journey, so we continue to be respected, involved, independent and fulfilled in later life.** |  |  |
| Please outline any further comments | | |

**Question 2**

**Do you agree with the following 4 key themes as set out below, which will inform how actions are delivered?**

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Theme 1: Nothing about us without us**  Everyone is an expert in their own experience. Older people have a wealth of experience and know what matters most and can really make a difference in their lives. As valuable assets, they should be involved in designing, planning, delivering, and reviewing all actions under this strategy. |  |  |
| **Theme 2: Assets Based Approach**  The strategy and action plan builds on what is already strong within the vibrant community and voluntary sector and statutory sector, supporting programmes and initiatives that are already working well addressing local needs and considering how we can work together to strengthen them further still. |  |  |
| **Theme 3: Working Better Together**  The voluntary, community and statutory sector already works well together, and this was strengthened during the Covid-19 pandemic, when the third sector often became the first responders. The Age-friendly structure will enable more joined-up working, avoiding duplication and pooling knowledge and resources for better results. |  |  |
| **Theme 4: Equality and Inclusion**  Some groups of older people may be more vulnerable or less likely to benefit from work intended to make their lives better. Where appropriate, the strategy and action plan will work towards addressing inequalities by targeting specific groups, for example, persons considered isolated, lonely, living in rural areas, farmers, farm families, people with a disability, living alone, or in food, fuel, or digital poverty. |  |  |
| Please outline any further comments relating to the above four themes. | | |

**Question 3**

**Do you agree with the following four outcomes which the strategy and action plan hope to achieve?**

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Outcome 1:**  **We live fulfilling lives at the heart of our communities** |  |  |
| **Outcome 2:**  **We are fit and healthy** |  |  |
| **Outcome 3:**  **We are actively involved in the decisions that affect us** |  |  |
| **Outcome 4:**  **We live in a world that is accessible and well designed** |  |  |
| Please outline any further comments relating to the outcomes. | | |

**Question 4**

**Do you support the Age-friendly actions included under the following outcomes?**

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Actions within Outcome 1:**  **We live fulfilling lives at the heart of our communities** |  |  |
| Please outline any further comments or suggested actions to help deliver this outcome: | | |

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Actions within Outcome 2:**  **We are fit and healthy** |  |  |
| Please outline any further comments or suggested actions to help deliver this outcome: | | |

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Actions within Outcome 3:**  **We are actively involved in the decisions that affect us** |  |  |
| Please outline any further comments or suggested actions to help deliver this outcome: | | |

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Actions within Outcome 4:**  **We live in a world that is accessible and well designed** |  |  |
| Please outline any further comments or suggested actions to help deliver this outcome: | | |

**Question 5**

**Do you agree with the following structures to support the strategic direction, leadership, development and delivery to enable the strategy and action plan to be implemented?**

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
| **Age Friendly Alliance** |  |  |
| **Age Sector Network** |  |  |
| **Age Friendly Champions on each Local Growth Partnership** |  |  |
| **Older Persons Reference Group** |  |  |
| **Age Friendly Steering Group** |  |  |
| Please outline any further comments | | |

**Question 6**

**Do you think the vision, themes, outcomes and actions outlined in the Strategy and Action Plan will help promote equality of opportunity and/or promote good relations?**

|  |  |  |
| --- | --- | --- |
|  | **Agree** | **Disagree** |
|  |  |  |
| Please outline any further comments | | |

**Question 7**

**Which challenges for older people in Derry and Strabane District Council do you feel have not been adequately addressed?**

|  |
| --- |
|  |

**If there are any further comments on the strategy and plan, please include here**

|  |
| --- |
|  |

**SECTION 75 EQUALITY MONITORING FORM**

Derry and Strabane District Council and the Public Health Agency are committed to promoting equality of opportunity for all service users regardless of gender, marital status, disability, age, religious affiliation, political opinion, ethnic origin, dependants, or sexual orientation.

The collection of this information is important as it assists us to improve our services, promote equality and address diversity in the broadest sense. The Public Health Agency (PHA) supports the Age Friendly programme.

To help us achieve this we would be grateful if you could complete the Equality Monitoring form below where you want to include your responses. This form is optional please only fill in the details you are comfortable with answering.

1. **What is your gender? (Please tick)**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Female** |  |
| **Male** |  |
| **Other** |  |

1. **Is the gender you identify with the same as assigned at birth?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |

1. **What is your country of birth?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **England** |  |
| **N. Ireland** |  |
| **Republic of Ireland** |  |
| **Scotland** |  |
| **Wales** |  |
| **Elsewhere** |  |

1. **What is your ethnic group?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Black African** |  |
| **Black Other** |  |
| **Chinese** |  |
| **Filipino** |  |
| **Indian** |  |
| **Irish Traveller** |  |
| **Roma** |  |
| **White** |  |
| **Mixed Ethnic Group** |  |
| **Other Ethnic Group** |  |
| **Prefer not to say** |  |

1. **Disability - In accordance with the Disability Discrimination Act 1995, a disability is defined as a physical or mental impairment which has a substantial and long-term effect on a person’s ability to carry out normal day-to-day activities. Under this definition, do you consider yourself as having a disability?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Yes** |  |
| **No** |  |
| **Prefer not to say** |  |

**5a. If yes, please indicate which type of impairment(s) applies to you. Please tick all that apply**

|  |  |
| --- | --- |
|  | **Please tick** |
| **Autism Spectrum Disorder; Dyslexia; Cognitive Impairment; Learning disability** |  |
| **Long standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy** |  |
| **Mental health condition, e.g. depression or schizophrenia** |  |
| **Physical Impairment, e.g. difficulty using arms or requiring a wheelchair or crutches** |  |
| **Sensory Impairment, such as blind/visual impairment or deaf/hearing impairment** |  |
| **Other** |  |
| **Prefer not to say** |  |

1. **How would you describe your Sexual Orientation?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Bisexual** |  |
| **Gay** |  |
| **Heterosexual** |  |
| **Lesbian** |  |
| **Other** |  |
| **Prefer not to say** |  |

1. **How would you describe your caring responsibilities? (Please tick all that apply)**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Child(ren) under 18** |  |
| **An older person** |  |
| **A person with a disability** |  |
| **None** |  |
| **Prefer not to say** |  |

1. **Please indicate your religion**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Buddhist** |  |
| **Catholic** |  |
| **Hindu** |  |
| **Jewish** |  |
| **Muslim** |  |
| **Protestant** |  |
| **Sikh** |  |
| **None** |  |
| **Other** |  |
| **Prefer not to say** |  |

1. **Please indicate your marital status**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Cohabiting** |  |
| **Divorced/ dissolved civil partnership** |  |
| **Married/civil partnership** |  |
| **Separated** |  |
| **Single** |  |
| **Widowed** |  |
| **Other** |  |

1. **How would you describe your political opinion?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **Broadly Nationalist** |  |
| **Broadly Unionist** |  |
| **Prefer not to say** |  |
| **Other** |  |

1. **What age were you on your last birthday?**

|  |  |
| --- | --- |
|  | **Please Tick** |
| **17-24** |  |
| **25-34** |  |
| **35-44** |  |
| **45-54** |  |
| **55-64** |  |
| **65-74** |  |
| **75+** |  |

**All responses to this questionnaire will be treated within the principles of confidentiality and anonymity. Use of this monitoring information will involve statistical summaries only which will be provided to the Public Health Agency. No information which could be used to identify you will be made available in any way.**  **All responses are processed in accordance with Council processes under its current data protection obligations.**