A logo with blue and orange colors

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**Disability Wales’ Member Survey 2024**

We’d be grateful if you could complete the following short survey. DW is making plans for the future and it will help us to set our priorities for the next five years. Our membership is really important to us all at Disability Wales and your feedback will help us to make sure that we are delivering the services and activities that our members want.

This survey should take about 20 minutes to fill in. Please contact [Leandra.craine@disabilitywales.org](mailto:Leandra.craine@disabilitywales.org) if you would like assistance filling in the survey.

**What type of Disability Wales member are you?**

Individual Disabled Members

Individual Supporters

Disabled People’s Organisations (Full Members)

Other Disability Groups

Statutory, Professional and Third Sector Organisations

Don’t know

Not a member

**If you are not a member of Disability Wales, would you be interested in receiving information about how to join Disability Wales?**

Yes

No

If yes, please leave your contact details below.

**How long have you been a member?**

Less than 1 year

1-3 years

3-5 years

Over 5 years

**How did you first hear about Disability Wales?**

Attended one of our events

Word of mouth

News story

Internet search

Twitter/X

Facebook

YouTube

Instagram

Other (please specify)

**Which of the following do you use to keep up to date with Disability Wales’ activities? (***Please choose all that apply)*

E-mail

Website

Disability Wales e News

Consultations, events & conferences

Training Events

Annual Report

Facebook

Post / Mail

Twitter/X

Briefings and Reports

Press and Media Reports

YouTube

Instagram

Other (please specify)

**How would you prefer to be contacted by Disability Wales?** *Please choose* ***up to 3.***

E-mail

Website

Disability Wales E News

Facebook

Twitter/X

Instagram

Other (please specify)

**Do you follow Disability Wales on:**

Facebook

Twitter/X

YouTube

Instagram

I don’t use social media

**Is there anything else you would like to say about the way Disability Wales communicates with you?**

**Disability Wales’ effectiveness**

*Please score these statements from 1 (strongly agree) to 5 (strongly disagree)*

Disability Wales is effective at communicating with its members

1 2 3 4 5

Disability Wales is effective at involving members in activities

1 2 3 4 5

Disability Wales is effective at helping to meet members’ needs

1 2 3 4 5

Disability Wales is effective at running campaigns

1 2 3 4 5

Disability Wales is effective at communicating disability issues to the public

1 2 3 4 5

Disability Wales is effective at changing government policies

1 2 3 4 5

**Have you joined any of our online events in the past year? (August 2023 – September 2024)**

Yes

No

If no, what has stopped you from joining our events? Please tick all that apply

Time of day

Lack of digital skills

Lack of personal assistance

Not interested in the topic

Other (please specify)

**What type of events would you like to see Disability Wales organising?**

**What do you find most useful about being a member of Disability Wales?**

**Which of the following Disability Wales services and activities are most important to you?**

**(Select up to 5 activities)**

Campaigning for disabled people’s rights and equality

Improving opportunities for Independent Living

Improving access to buildings and public places

Increasing disabled people’s participation in public life and political representation

Tackling poverty faced by disabled people

Tackling all forms of abuse against disabled people including disability hate crime and domestic abuse

Communicating with members via website, social media and e news

Supporting Disability Wales’ Members

Empowering groups of disabled people through training and development opportunities e.g. Enabling Wales

Providing information for disabled individuals and groups

Providing resources and publications on disability rights and equality e.g. Know your Rights, Use your Rights, Live your Rights!

Running networking activities, events and conferences for disabled people

Delivering innovative projects that test out new ideas e.g. Access to Elected Office Fund and Equal Power Equal Voice

Membership Bursary Scheme

Working with other organisations of and for disabled people

Influencing government policies

Changing public attitudes to disability generally

Efforts to make Disability Wales more sustainable

Training and Consultancy work

Contract work to raise funds

**What Disability Wales activities have you found most useful?**

**What Disability Wales activities have you found the least useful?**

**Are there any other activities you would like Disability Wales to do?**

Yes

No

If yes, what other activities should we be doing?

**Has your involvement with Disability Wales increased your understanding of disability rights and equality in Wales?**

Yes

No

**What should Disability Wales’ top 3 priorities be for the next 5 years?**

**Do you think Disability Wales should create more opportunities for members to get involved with the work of Disability Wales?**

Yes

No

If yes, what opportunities should we create?

**Do you think the performance of Disability Wales has changed over the past two or three years? (***Please choose one response)*

It has got better

It has got worse

It is neither better nor worse than before

It has not changed

**How likely are you to recommend Disability Wales?**

Very likely

Likely

Neither likely or unlikely

Unlikely

Very unlikely

**Do you have any general comments or suggestions about Disability Wales, its services and its effectiveness?**

**Equality and Diversity Monitoring Information**

**[Optional Questions]**

It is important that Disability Wales reaches a wide range of disabled people from across Wales, including from different equality groups, and that we treat everyone equally and fairly.

By finding out a bit more about our members, we can better understand who our services and activities apply to or may be of interest to. We would therefore be grateful if you could complete the form below. You do not have to complete this form if you do not want to. This information you provide will be kept private and confidential.

**Name of member or member organisation**

**Which local authority do you live in?** (Please tick)

Anglesey

Blaenau Gwent   
Bridgend   
Caerphilly

Cardiff

Carmarthenshire   
Ceredigion   
Conwy   
Denbighshire   
Flintshire  
Gwynedd   
Merthyr Tydfil  
Monmouthshire   
Neath Port Talbot   
Newport  
Pembrokeshire   
Powys   
Rhondda Cynon Taf   
Swansea   
Torfaen   
Vale of Glamorgan   
Wrexham

**Age Range**

0-15

16-24

25-34

35-44

45-54

55-64

65-74

75+

Prefer not to say

**Do you identify yourself as a disabled person?**

Yes

No

Prefer not to say

**What term best describes your gender identity?**

Man

Woman

Intersex

Non-binary

Prefer not to say

If you prefer to use your own term, please specify

**Is your gender identity the same as the gender you were assigned at birth?**

Yes

No

**Which term best describes your sexual orientation?**

Heterosexual

Gay or Lesbian

Bisexual

Prefer not to say

Other

**Religious Beliefs**

No religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Prefer not to say

Any other Religion

**Ethnicity**

White - Welsh/English/Scottish/ Northern Irish/British

White - Gypsy or Irish Traveller

White - Irish

White- any other background

Mixed - White and Black Caribbean

Mixed - White and Black African

Mixed - White and Asian

Mixed - any other background, please specify

Asian/Asian British - Chinese

Asian/Asian British - Pakistani

Asian/Asian British - Indian

Asian/Asian British - Bangladeshi

Asian/Asian British Any other background

Black/Black British - African

Black/Black British - Caribbean

Black/Black British - Any other background

Other Ethnic Groups (Please specify)

Prefer not to say

**Do you consider yourself to be a Welsh speaker?**

Yes

No

Prefer not to say

**What is your first language?**

English

Welsh

British Sign Language

Other (Please specify)

Prefer not to say

**Do you have any caring responsibilities?**

Yes

No

Prefer not to say