

Helpful hints for completing this questionnaire

The questionnaire should be completed by any resident aged 18 or over living at this address.

Please read each question carefully and tick a box to indicate your answer.

In most cases you will only have to tick one box but please read the questions carefully as sometimes you will need to tick more than one box.

Answer the next question unless asked otherwise.

Some questions include an 'other' option. If you would like to include an answer other than one of those listed within the question, please tick the 'other' box and write in your answer in the space provided.

Once you have finished please take a minute to check you have answered all the questions that you should have answered.

This questionnaire consists of 12 pages and should take no longer than 15 minutes to complete. Thank you in advance for your time.

Once you have completed the questionnaire please return in the pre-addressed envelope supplied. **You do not need to add a stamp.**

Section 1: About your local area

Throughout the questionnaire we ask you to think about ‘your local area’. When answering, please consider your local area to be the area within 15-20 minutes walking distance from your home.

Q1 Thinking generally, which of the things below would you say are most important in making somewhere a good place to live? **PLEASE TICK ✓ UP TO FIVE BOXES ONLY IN THE LEFT HAND COLUMN BELOW**

Q2 And thinking about this local area, which of the things below, if any, do you think most need improving? **PLEASE TICK ✓ UP TO FIVE BOXES ONLY IN THE RIGHT HAND COLUMN BELOW**

	Q1 Most important in making somewhere a good place to live	Q2 Most needs improving in this local area
Access to nature	<input type="checkbox"/>	<input type="checkbox"/>
Activities for teenagers.....	<input type="checkbox"/>	<input type="checkbox"/>
Affordable decent housing	<input type="checkbox"/>	<input type="checkbox"/>
Clean streets	<input type="checkbox"/>	<input type="checkbox"/>
Community activities	<input type="checkbox"/>	<input type="checkbox"/>
Cultural facilities (e.g. libraries, museums)	<input type="checkbox"/>	<input type="checkbox"/>
Education provision.....	<input type="checkbox"/>	<input type="checkbox"/>
Facilities for young children.....	<input type="checkbox"/>	<input type="checkbox"/>
Health services.....	<input type="checkbox"/>	<input type="checkbox"/>
Job prospects.....	<input type="checkbox"/>	<input type="checkbox"/>
The level of crime.....	<input type="checkbox"/>	<input type="checkbox"/>
The level of pollution	<input type="checkbox"/>	<input type="checkbox"/>
The level of traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces.....	<input type="checkbox"/>	<input type="checkbox"/>
Public transport	<input type="checkbox"/>	<input type="checkbox"/>
Race relations	<input type="checkbox"/>	<input type="checkbox"/>
Road and pavement repairs.....	<input type="checkbox"/>	<input type="checkbox"/>
Shopping facilities	<input type="checkbox"/>	<input type="checkbox"/>
Sports and leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>
Wage levels and local cost of living	<input type="checkbox"/>	<input type="checkbox"/>
Q1 - Other (PLEASE TICK BOX AND WRITE IN BELOW)	<input type="checkbox"/>	
.....		
Q2 - Other (PLEASE TICK BOX AND WRITE IN BELOW)		<input type="checkbox"/>
.....		
None of these.....	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Q3 Overall, how satisfied or dissatisfied are you with your local area as a place to live?

PLEASE TICK ✓ ONE BOX ONLY

Very satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied..	<input type="checkbox"/>		

Q4 And how satisfied or dissatisfied are you with your home as a place to live?

PLEASE TICK ✓ ONE BOX ONLY

Very satisfied	<input type="checkbox"/>	Fairly dissatisfied	<input type="checkbox"/>
Fairly satisfied	<input type="checkbox"/>	Very dissatisfied	<input type="checkbox"/>
Neither satisfied nor dissatisfied..	<input type="checkbox"/>		

Q5 How strongly do you feel you belong to your immediate neighbourhood?

PLEASE TICK ✓ ONE BOX ONLY

Very strongly	Fairly strongly	Not very strongly	Not at all strongly	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Your local public services

Q6 Here are some things that people have said about their local public services. To what extent do you think that these statements apply to public services in your local area?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

Local public services.....	A great deal	To some extent	Not very much	Not at all	Don't know
...are working to make the area safer .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...are working to make the area cleaner and greener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...promote the interests of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...act on the concerns of local residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treat all types of people fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Information

Q12 How well informed do you feel about each of the following?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
How and where to register to vote.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your council tax is spent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you can get involved in local decision-making.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What standard of service you should expect from local public services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well local public services are performing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to complain about local public services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to do in the event of a large- scale emergency e.g. flooding, human pandemic flu.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how well informed do you feel about local public services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Local decision-making

As with previous questions, when answering, please consider your local area to be the area within 15-20 minutes walking distance from your home.

Q13 Do you agree or disagree that you can influence decisions affecting your local area?

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 Generally speaking, would you like to be more involved in the decisions that affect your local area?

PLEASE TICK ✓ ONE BOX ONLY

Yes	No	Depends on the issue	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5: Helping out

We are interested to know about the unpaid help people give.

Please think about any group(s), club(s) or organisation(s) that you've been involved with during the last 12 months. That's anything you've taken part in, supported, or that you've helped in any way, either on your own or with others. For example, helping at a youth or day centre, helping to run an event, campaigning or doing administrative work.

Please exclude giving money and anything that was a requirement of your job.

Q15 Overall, about how often over the last 12 months have you given unpaid help to any group(s), club (s) or organisation(s)?

Please only include work that is unpaid and not for your family.

PLEASE TICK ✓ ONE BOX ONLY

At least once a week.....

Less than once a week but at least once a month.....

Less often.....

I give unpaid help as an individual only and not through groups(s), club(s) or organisation(s).....

I have not given any unpaid help at all over the last 12 months.....

Don't know.....

Section 6: Getting involved

Please think about any group(s) to which you belong, which makes decisions that affect your local area. Please exclude anything that was a requirement of your job.

Q16 In the past 12 months have you...

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	Yes	No
Been a local councillor (for the local authority, town or parish).....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a group making decisions on local health or education services.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a decision-making group set up to regenerate the local area.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a decision-making group set up to tackle local crime problems.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a tenants' group decision-making committee.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of a group making decisions on local services for young people.....	<input type="checkbox"/>	<input type="checkbox"/>
Been a member of another group making decisions on services in the local community.....	<input type="checkbox"/>	<input type="checkbox"/>

Section 7: Respect and consideration

Q17 To what extent do you agree or disagree that in your local area, parents take enough responsibility for the behaviour of their children?

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree	Tend to agree	Neither agree or disagree	Tend to disagree	Definitely disagree	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q18 To what extent do you agree or disagree that your local area is a place where people from different backgrounds get on well together?

PLEASE TICK ✓ ONE BOX ONLY

Definitely agree	Tend to agree	Tend to disagree	Definitely disagree	Don't know	Too few people in local area	All the same background
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 In your local area, how much of a problem do you think there is with people not treating each other with respect and consideration?

PLEASE TICK ✓ ONE BOX ONLY

A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Don't know/No opinion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 In the last year would you say that you have been treated with respect and consideration by your local public services.....

PLEASE TICK ✓ ONE BOX ONLY

All of the time	Most of the time	Some of the time	Rarely	Never	Don't know/no opinion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 In your opinion, are older people in your local area able to get the services and support they need to continue to live at home for as long as they want to? (This could include help or support from public, private or voluntary services or from family, friends and the wider community).

PLEASE TICK ✓ ONE BOX ONLY

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8: Community safety

Q22 **How safe or unsafe do you feel when outside in your local area after dark?**

PLEASE TICK ✓ ONE BOX ONLY IN THE LEFT HAND COLUMN BELOW

Q23 **How safe or unsafe do you feel when outside in your local area during the day?**

PLEASE TICK ✓ ONE BOX ONLY IN THE RIGHT HAND COLUMN BELOW

	Q22 After dark	Q23 During the day
Very safe	<input type="checkbox"/>	<input type="checkbox"/>
Fairly safe	<input type="checkbox"/>	<input type="checkbox"/>
Neither safe nor unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Fairly unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Very unsafe	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Q24 **Thinking about this local area, how much of a problem do you think each of the following are...**

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	No opinion
Noisy neighbours or loud parties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers hanging around the streets....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish or litter lying around.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti and other deliberate damage to property or vehicles.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being drunk or rowdy in public places.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned or burnt out cars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is the responsibility of the police and other local public services to work in partnership to deal with anti-social behaviour and crime in your local area.

Q25 **So, how much would you agree or disagree that the police and other local public services seek people's views about these issues in your local area?**

PLEASE TICK ✓ ONE BOX ONLY IN THE LEFT HAND COLUMN BELOW

Q26 **And how much would you agree or disagree that the police and other local public services are successfully dealing with these issues in your local area?**

PLEASE TICK ✓ ONE BOX ONLY IN THE RIGHT HAND COLUMN BELOW

	Q25 Seek people's views	Q26 Are successfully dealing with
Strongly agree	<input type="checkbox"/>	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>	<input type="checkbox"/>
Neither agree or disagree.....	<input type="checkbox"/>	<input type="checkbox"/>
Tend to disagree.....	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree.....	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Section 9: About yourself

Please complete these questions which will help us to see if there are differences between the views of different residents. All the information you give will be kept completely confidential.

Q27 **Are you male or female?**
PLEASE TICK ✓ ONE BOX ONLY

Male..... | Female

Q28 **What was your age on your last birthday?**
PLEASE WRITE IN BOX BELOW

Years

Q29 **How is your health in general? Would you say it is.....**

PLEASE TICK ✓ ONE BOX ONLY

Very good Good Fair Bad Very bad

Q30 **In which of these ways does your household occupy your current accommodation?**
PLEASE TICK ✓ ONE BOX ONLY

Owned outright Rent from Housing Association/ Trust...
Buying on mortgage Rented from private landlord
Rent from council..... Other (✓ AND WRITE IN BELOW)

Q31 **How many children aged 17 or under are living here?**
PLEASE TICK ✓ ONE BOX ONLY

None Three
One Four
Two More than four (✓ AND WRITE IN
BELOW).....

Q32 **And how many adults aged 18 or over are living here?**
PLEASE TICK ✓ ONE BOX ONLY

None Three
One Four
Two More than four (✓ AND WRITE IN
BELOW).....

Q33 Which of these activities best describes what you are doing at present?
PLEASE TICK ✓ ONE BOX ONLY

- | | | | |
|--|--------------------------|---|--------------------------|
| Employee in full-time job (30 hours plus per wk) | <input type="checkbox"/> | Unemployed and available for work | <input type="checkbox"/> |
| Employee in part-time job (under 30 hours per week) | <input type="checkbox"/> | Permanently sick/disabled | <input type="checkbox"/> |
| Self employed full or part-time | <input type="checkbox"/> | Wholly retired from work | <input type="checkbox"/> |
| On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work) | <input type="checkbox"/> | Looking after the home | <input type="checkbox"/> |
| Full-time education at school, college or university | <input type="checkbox"/> | Doing something else (PLEASE WRITE IN BELOW)..... | <input type="checkbox"/> |

Q34 Do you have any long-standing illness, disability or infirmity? (long-standing means anything that has troubled you over a period of time or that is likely to affect you over a period of time) PLEASE TICK ✓ ONE BOX ONLY

- Yes (PLEASE CONTINUE TO Q35)..... No (PLEASE GO TO Q36).....

Q35 Does this illness or disability limit your activities in any way?
PLEASE TICK ✓ ONE BOX ONLY

- Yes No

Q36 To which of these groups do you consider you belong to?
PLEASE TICK ✓ ONE BOX ONLY

White

- British
- Irish
- Any other White background (✓ AND WRITE IN BELOW)

Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other Mixed background (✓ AND WRITE IN BELOW)

Chinese and Other ethnic groups

- Chinese

Black or Black British

- Caribbean
- African
- Any other Black background (✓ AND WRITE IN BELOW)

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (✓ AND WRITE IN BELOW)

Other ethnic group (✓ AND WRITE IN BELOW)

-

Q37 What is your religion, even if you are not currently practising?
PLEASE TICK ✓ ONE BOX ONLY

None	<input type="checkbox"/>	Jewish	<input type="checkbox"/>
Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Any other religion (PLEASE WRITE IN BELOW)	<input type="checkbox"/>
		

Q38 Is there anything else you would like to add?
PLEASE WRITE IN BELOW

Thank you very much for taking part in this survey.