

# Bromsgrove Community Panel 2017

1. We are keen to understand responses by area. Please tell us where you live. \*

Select One

Please select area

2. To what extent do you agree or disagree with these statements about involvement and influence?

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
I like to be involved in decisions affecting District Council services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to be involved in decisions affecting my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can influence decisions affecting District Council services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can influence decisions affecting my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know who my local councillor is and how to contact them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. To what extent do you agree or disagree with these statements about being informed?

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
Information I need from the District Council is easy to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information I need from the District Council is easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to raise a complaint to the District Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to pass on a compliment to the District Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**4. How would you like the Council to keep you informed?**

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Letter/Paper                                    | <input type="checkbox"/> Face to face |
| <input type="checkbox"/> Internet  | <input type="checkbox"/> Email        |
| <input type="checkbox"/> Social media                                    |                                       |
| <input type="checkbox"/> Other (please specify):<br><input type="text"/> |                                       |

*For the next 6 questions, please think about the last time you contacted Bromsgrove District Council.*

**5. When was the last time you contacted Bromsgrove District Council?**

- |   |  |
|---|--|
| <input type="checkbox"/> In the last week     | <input type="checkbox"/> In the last 6 months    |
| <input type="checkbox"/> In the last month    | <input type="checkbox"/> In the last 12 months   |
| <input type="checkbox"/> In the last 3 months | <input type="checkbox"/> More than 12 months ago |

**6. What method of contact did you use?**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Telephone    | <input type="checkbox"/> Website (on-line form)                          |
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Other (please specify):<br><input type="text"/> |
| <input type="checkbox"/> E-mail       |  |
| <input type="checkbox"/> Post         |  |

**7. Which service area did you contact?**

- Community Safety
- Community Services (e.g. Lifeline, Children's Centres)
- North Worcestershire Economic Development & Regeneration (NWEDR)
- Elections
- Environmental Services
- Finance (e.g. council tax, business rates)
- Strategic Housing
- Human Resources
- Leisure & Cultural Services
- Planning
- Worcestershire Regulatory Services
- Other (please specify):

**8. How satisfied were you with the time it took for them to respond?**

- |   |  |
|---|--|
| <input type="checkbox"/> Very satisfied                     | <input type="checkbox"/> Dissatisfied      |
| <input type="checkbox"/> Satisfied                          | <input type="checkbox"/> Very dissatisfied |
| <input type="checkbox"/> Neither satisfied nor dissatisfied |  |

Comments:

**9. Did you feel the member of staff cared about the reason for your contact?**

- Yes  Somewhat  No

Comments:

**10. Did we meet your expectations?**

- Yes  Partially  No

Comments:

**11. To what extent do you agree or disagree with these statements about waste, recycling and the environment?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
I understand what I can place in my green recycling bin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can recycle waste easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand what I can take to the household tip and recycling centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the council's bulky waste collection service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My local area is litter free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My local area is free from dog mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My local area is free from fly tipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public spaces are well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public spaces have sufficient lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively try to use less energy and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the advice and support available to help me use less energy and water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**12. Do you have use of a car?**

- Yes  
 No

**13. To what extent do you agree or disagree with these statements about getting around?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly	Not relevant to me
I am satisfied with the service provided by public buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the train services in Bromsgrove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the service provided by local taxi's- daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the service provided by local taxi's- night time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public paths and pavements are safe and easy to get around on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public roads are safe and easy to get around on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congestion is often a problem for me within the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is sufficient, fairly priced public parking in the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the Bromsgrove Urban Rural Transport (BURT) service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**14. To what extent do you agree or disagree with these statements about getting online?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly	Not relevant to me
I have the skills and confidence to access information online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can access information and communicate online through a device in my home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can access information and communicate online through a device in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**15. If you say that getting on line isn't relevant to you, please explain why.**

- I don't own a device to get me online
- I have no access to the internet at home
- I have no interest in accessing information/communicating online
- Other (please specify):

**16. How would you rate the provision of the following facilities/services in Bromsgrove District?**

	Very poor	Poor	Adequate	Good	Very good
Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Village halls/community centres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Events e.g. Street Theatre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks & open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allotments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How accessible are these facilities/services? Please give details.

How would you improve these facilities/services, if appropriate?

Additional comments:

**17. To what extent do you agree or disagree with these statements about issues which might be affecting residents of the district?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
There is sufficient support for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is sufficient support for vulnerable individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is sufficient support for older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is sufficient support for mental health and wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are sufficient opportunities for people to be physically active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loneliness is a significant problem in the district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly	Not relevant to me
I am confident when I buy goods or services in my area that businesses will treat me fairly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident when I buy products in my area that they will be safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

***The local Community Safety Partnership (CSP) is a joint partnership between the District Council, the County Council, West Mercia Police, Hereford & Worcester Fire and Rescue Service, Probation Services and the local Clinical Commissioning Group. Together we work with housing associations, local businesses and voluntary/community organisations to reduce crime and anti-social behaviour and improve community safety in our district.***

***Each year the CSP carries out a strategic assessment of crime and anti-social behaviour to gather information that will be used to inform the Community Safety Plan.***

***We would like you to help us with this process by answering the following questions.***

**20. Have you or a member of your household been the victim of a crime?**

- No
  Between 1 and 5 years ago  
 In the last 12 months
  More than 5 years ago

**21. Have you or a member of your household been the victim of anti-social behaviour?**

- No
  Between 1 and 5 years ago  
 In the last 12 months
  More than 5 years ago

**22. To what extent do you agree or disagree with these statements about community safety and feeling safe and respected?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
Bromsgrove District is a safe place to live compared to the rest of the country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromsgrove District is safer than other areas in Worcestershire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My local area (within a 15 minute walk) is safer than other areas in Bromsgrove District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe outside in my local area after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe outside in my local area during daylight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am treated with dignity and respect in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
I feel safe and respected when looked after by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel people from different backgrounds get on well in my area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having CCTV helps me feel safe when I'm out in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**23. Using your knowledge of Bromsgrove District as a whole, please tell us the issues that concern you most from the list below (Please tick up to 10 boxes only)**

- |  |  |
|--|--|
| <input type="checkbox"/> Burglary                      | <input type="checkbox"/> Street drinking       |
| <input type="checkbox"/> Robbery (mugging)             | <input type="checkbox"/> Harassment            |
| <input type="checkbox"/> Vehicle crimes                | <input type="checkbox"/> Littering             |
| <input type="checkbox"/> Hate crime                    | <input type="checkbox"/> Fly tipping           |
| <input type="checkbox"/> Domestic abuse                | <input type="checkbox"/> Graffiti              |
| <input type="checkbox"/> Sexual assault & rape         | <input type="checkbox"/> Dog fouling           |
| <input type="checkbox"/> Drug taking or dealing        | <input type="checkbox"/> Dangerous dogs        |
| <input type="checkbox"/> Damage to property            | <input type="checkbox"/> Inconsiderate parking |
| <input type="checkbox"/> Pedal cycle theft             | <input type="checkbox"/> Neighbour disputes    |
| <input type="checkbox"/> Rowdy/inconsiderate behaviour | <input type="checkbox"/> Town Centre Safety    |
| <input type="checkbox"/> Nuisance vehicles             |  |
| <input type="checkbox"/> Other (please specify):       |  |

Comments:

**24. What do you think are the 3 main issues that impact on Community Safety in Bromsgrove District? (Please tick up to 3 boxes only)**

- |   |   |
|---|---|
| <input type="checkbox"/> Drugs                            | <input type="checkbox"/> Lack of community co-operation             |
| <input type="checkbox"/> Alcohol misuse                   | <input type="checkbox"/> Lack of parental control                   |
| <input type="checkbox"/> Unemployment or low income       | <input type="checkbox"/> Poor behaviour & attitudes                 |
| <input type="checkbox"/> Young people with nothing to do  | <input type="checkbox"/> Lack of crime prevention measures          |
| <input type="checkbox"/> Lack of police presence          | <input type="checkbox"/> Poor infrastructure & environmental design |
| <input type="checkbox"/> Not enough deterrent/enforcement |   |
| <input type="checkbox"/> Other (please specify):          |   |

Comments:



**25. We are keen to understand what our residents know about emerging community safety matters. Please indicate your level of awareness for each of the following:**

	No knowledge	A little knowledge	Some knowledge	In-depth knowledge
<b>Hate crime-</b> motivated by prejudice towards a person's race, religion, gender, sexual orientation or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Modern day slavery-</b> labour exploitation of vulnerable persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child sexual exploitation-</b> sexual abuse of young people that are tricked or groomed into an inappropriate relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cybercrime-</b> internet enabled fraud and harassment via social media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Extremism/radicalisation-</b> the process by which people come to support terrorism and join terrorist and extremist groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**26. To what extent do you get involved in the following? Please do not include any which you undertake in paid employment.**

	I already do this, but can't do more	I already do this, and could do more	I would like to do this, but I can't now	I would like to do this, but don't know how	I would not like to do this
Look out for neighbours, or anyone who may be isolated or lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help family or neighbours who are ill or disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist someone to use online public services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car share or offer someone in your local area a lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer or help run a charity/community group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer or help run a local service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in local decision-making and consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer to keep my area clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop locally and support local business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help others to be more active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**27. To what extent do you agree or disagree with the following about the way local services are managed and delivered?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
Council tax should be increased to help maintain essential services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromsgrove District Council has managed budget decisions well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reductions to services have had a significant impact on me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Further reductions to services would impact me significantly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public services would be better managed and delivered by sharing responsibility with another organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public services would be better managed and delivered by an outside organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public services should continue to be managed and delivered by Bromsgrove District Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be willing to pay/pay more for certain services provided by Bromsgrove District Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**28. To what extent do you agree or disagree that the following should be given priority by Bromsgrove District Council?**

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
Local economic development, town centre regeneration and employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education and skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with partners on transport and congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy lifestyles and well-being, including mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of the landscape and environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bromsgrove's cultural heritage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I agree strongly	I agree	I neither agree nor disagree	I disagree	I disagree strongly
Supporting the community and voluntary sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste and recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support people to live independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing welfare and financial support to help residents in maximising income/reducing debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support and empower families and communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide well maintained community parks and open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support the development and delivery of appropriate housing in the District	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure housing in the District is of good quality and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support culturally diverse events and arts activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empower residents to get involved and influence decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

# Questions for Equality and Diversity Analysis

## 29. Which of the following best describes your age?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Under 20 | <input type="checkbox"/> 60-69yrs          |
| <input type="checkbox"/> 20-29yrs | <input type="checkbox"/> 70-79yrs          |
| <input type="checkbox"/> 30-39yrs | <input type="checkbox"/> 80+ years         |
| <input type="checkbox"/> 40-49yrs | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 50-59yrs |  |

## 30. What sex are you?

- |  |  |
|--|--|
| <input type="checkbox"/> Male                  | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Female                |  |
| <input type="checkbox"/> Other (please state): |  |

## 31. Which of the following best describes your ethnic group?

- White - British, English, Northern Irish, Scottish or Welsh
- White - Irish
- White - Gypsy or Irish traveller
- Any other white background (\*please specify)
- Mixed or multiple ethnic - white and black Caribbean
- Mixed or multiple ethnic - white and black African
- Mixed or multiple ethnic - white and Asian
- Any other mixed or multiple ethnic background (\*please specify)
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Any other Asian (\*please specify)
- Black, African, Caribbean or black British - Caribbean
- Black, African, Caribbean or black British - African
- Any other black British, African or Caribbean (\*please specify)
- Other ethnic group - Arab
- Any other ethnic group (please specify in box below)
- Prefer not to say

\* Please specify:

## 32. How would you describe your sexual orientation?

- Bisexual
- Lesbian or Gay
- Heterosexual
- Other

**33. What is your religion or belief?**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Atheist   | <input type="checkbox"/> Muslim             |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Pagan              |
| <input type="checkbox"/> Christian | <input type="checkbox"/> No religion/belief |
| <input type="checkbox"/> Humanist  | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Jewish    |   |

**34. How is your physical health, in general?**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Bad      |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Very bad |
| <input type="checkbox"/> Fair      |                                   |

**35. How is your mental/emotional health, in general?**

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Bad      |
| <input type="checkbox"/> Good      | <input type="checkbox"/> Very bad |
| <input type="checkbox"/> Fair      |                                   |

**36. What is your first language?**

- English
- Other (please state):

**37. Are you a volunteer or family carer who looks after or supports someone else in their home who needs help with their day-to-day life due to disability, illness or old age?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**38. Do you have any children living with you?**

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

**39. Do you consider yourself to be disabled?**

- |   |  |
|---|--|
| <input type="checkbox"/> No                                       | <input type="checkbox"/> Yes, day to day activities limited a little |
| <input type="checkbox"/> Yes, day to day activities limited a lot |  |

**40. If you selected 'yes', please select the options below that most apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Blind or partially sighted   | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Deaf (Sign Language (SL) user)   | <input type="checkbox"/> Mobility impairment     |
| <input type="checkbox"/> Hard of hearing or deaf (not SL user)                                    | <input type="checkbox"/> Speech impairment       |
| <input type="checkbox"/> Learning disability  | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Long term illness or health condition (e.g. lasting more than 12 months) |  |