

North Ayrshire Community Planning Partnership People's Panel Questionnaire 2018



North Ayrshire
Community Planning Partnership

Dear People's Panel member,

I would like to welcome People's Panel members, old and new, to the 2018 People's Panel survey.

This annual survey plays a significant role in our work with the communities of North Ayrshire. It allows us to find out what you think about a range of public services and helps to make sure that the Community Planning partners understand what is important to you!

Community Planning is about working together to plan and deliver better services. The Partnership comprises North Ayrshire Council, Jobcentre Plus, NHS Ayrshire and Arran, Scottish Enterprise, Skills Development Scotland, Scottish Fire and Rescue Service, Strathclyde Partnership for Transport, Police Scotland, North Ayrshire Health and Social Care Partnership and representatives of the community and voluntary sector.

This questionnaire covers a range of themes that the Community Planning partners in North Ayrshire are working towards:

- A working North Ayrshire
- A healthier North Ayrshire
- A safer North Ayrshire
- A thriving North Ayrshire

It should only take a fairly short time to complete the questionnaire. For most questions you will only need to tick a box in order to respond. When you have done so, please send your completed questionnaire back in the Reply Paid Envelope provided by the closing date of Monday 11th June 2018. There is no need to put a stamp on the envelope.

If you prefer, you can complete the questionnaire online by visiting the following web address:

www.lowland-research.co.uk/northayrshire2018

The more people who complete the questionnaire the better the results will be and it will ensure that the opinions of people throughout North Ayrshire are heard. Results of previous surveys and other information about the Community Planning Partnership is available at: www.north-ayrshire.gov.uk/communityplanning. Details of how we used the previous feedback are available at: <https://bit.ly/2wvsjzj>

If you have any questions regarding the questionnaire please do not hesitate to contact either the Community Planning Team at North Ayrshire Council on communityplanning@north-ayrshire.gov.uk 01294 324144 or Jeremy Quinn, Lowland Market Research on 01360 311125 (info@lowland-research.co.uk).

We look forward to receiving your completed questionnaire and thank you again for being part of our People's Panel.

Councillor Joe Cullinane
Chair of Community Planning Partnership

Using your personal information:

Personal information which you supply will be used for statistical analysis and research purposes only and will be held in line with the General Data Protection Regulation 2018. Information provided by you will be held in a database and will be removed at any time you so notify us. We will not disclose any information to any company other than Lowland Market Research and North Ayrshire Community Planning Partnership unless required to do so by law.

To know more about how we use your information and how we maintain security of your information and your rights to access information we hold on you please contact North Ayrshire Community Planning Partnership at communityplanning@north-ayrshire.gov.uk or telephone 01294 324114.

1. How well do you feel you manage your money day by day? Looking at the following statements please indicate if they apply to you or not.

| | Yes | No |
|---|--------------------------|--------------------------|
| I have an approach to household income and expenditure which works well | <input type="checkbox"/> | <input type="checkbox"/> |
| I save every, or most, months | <input type="checkbox"/> | <input type="checkbox"/> |
| I rarely, or never, have any money left over to save | <input type="checkbox"/> | <input type="checkbox"/> |
| I could pay an unexpected bill of £300 from savings or spare money without cutting back | <input type="checkbox"/> | <input type="checkbox"/> |
| I have unsecured debt of less than one month's income | <input type="checkbox"/> | <input type="checkbox"/> |
| I have unsecured debt of more than one month's income | <input type="checkbox"/> | <input type="checkbox"/> |

2. Preparing for and managing life events, looking at the following statements please indicate if they apply to you or not.

| | Yes | No |
|--|--------------------------|--------------------------|
| I have some sort of plan to meet a financial goal | <input type="checkbox"/> | <input type="checkbox"/> |
| I have savings equivalent to at least three months' income | <input type="checkbox"/> | <input type="checkbox"/> |
| I am currently paying into or have a previous pension | <input type="checkbox"/> | <input type="checkbox"/> |
| I have life insurance | <input type="checkbox"/> | <input type="checkbox"/> |

3. Keeping up financially, looking at the following statements please indicate if they apply to you or not.

| | Yes | No |
|--|--------------------------|--------------------------|
| I am keeping up with my bills and commitments without difficulty | <input type="checkbox"/> | <input type="checkbox"/> |
| I struggle with my bills and commitments from time to time | <input type="checkbox"/> | <input type="checkbox"/> |
| I am constantly struggling with bills and financial commitments. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have missed credit commitments or domestic bills in at least three of the last six months. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have gone without energy because I have been unable to put money in my meter. | <input type="checkbox"/> | <input type="checkbox"/> |
| I have accessed high cost lenders eg doorstep/pay day in the last three months | <input type="checkbox"/> | <input type="checkbox"/> |

4. To what extent do money worries affect your mental wellbeing?

| | |
|------------------|--------------------------|
| None of the time | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Some of the time | <input type="checkbox"/> |
| Often | <input type="checkbox"/> |
| All the time | <input type="checkbox"/> |

5. How are you and your household managing financially these days?

| | |
|----------------------------------|--------------------------|
| Managing very well | <input type="checkbox"/> |
| Managing quite well | <input type="checkbox"/> |
| Get by alright | <input type="checkbox"/> |
| Don't manage very well | <input type="checkbox"/> |
| Have some financial difficulties | <input type="checkbox"/> |
| Are in deep financial trouble | <input type="checkbox"/> |

6. How many adults in your household are currently unemployed? (Including yourself if unemployed)

- | | | | |
|----------|--------------------------|-----------|--------------------------|
| None (0) | <input type="checkbox"/> | Three (3) | <input type="checkbox"/> |
| One (1) | <input type="checkbox"/> | Four (4) | <input type="checkbox"/> |
| Two (2) | <input type="checkbox"/> | | |

7. Do you have any caring responsibilities?

- | | | | |
|------------------------------|--------------------------|-------------------------------|--------------------------|
| No | <input type="checkbox"/> | Yes, I care for another child | <input type="checkbox"/> |
| Yes, I care for my own child | <input type="checkbox"/> | Yes, I care for an adult | <input type="checkbox"/> |

8. What is the highest educational qualification that you currently have?

- | | | | | | |
|--------------------|--------------------------|--------------------|--------------------------|-------------------|--------------------------|
| National 3 | <input type="checkbox"/> | Standard grade 4-6 | <input type="checkbox"/> | HNC, HND | <input type="checkbox"/> |
| National 4 | <input type="checkbox"/> | HIGHER | <input type="checkbox"/> | Degree | <input type="checkbox"/> |
| National 5 | <input type="checkbox"/> | Advanced HIGHER | <input type="checkbox"/> | Postgraduate | <input type="checkbox"/> |
| Standard grade 1-3 | <input type="checkbox"/> | NC | <input type="checkbox"/> | No qualifications | <input type="checkbox"/> |

Other (Please specify)

9. What do you consider to be the main barriers/problems to getting a job? (Please tick up to 3)

- | | | | | | |
|----------------------|--------------------------|-----------------------|--------------------------|------------------------|--------------------------|
| Lack of skills/quals | <input type="checkbox"/> | Lack of jobs | <input type="checkbox"/> | Cost of travel | <input type="checkbox"/> |
| Low pay/benefit trap | <input type="checkbox"/> | Employers don't reply | <input type="checkbox"/> | Mental health | <input type="checkbox"/> |
| Confidence | <input type="checkbox"/> | Childcare | <input type="checkbox"/> | Convictions | <input type="checkbox"/> |
| Illness/disability | <input type="checkbox"/> | Transport | <input type="checkbox"/> | Personal circumstances | <input type="checkbox"/> |

Other (Please specify)

10. Which best describes your current situation?

- | | | | | | |
|-------------------------------|--------------------------|--------------------------------------|--------------------------|--|--------------------------|
| Employed full time | <input type="checkbox"/> | Looking after the home or family | <input type="checkbox"/> | In further/higher education | <input type="checkbox"/> |
| Employed part time | <input type="checkbox"/> | Unemployed and seeking work | <input type="checkbox"/> | Government work or training scheme | <input type="checkbox"/> |
| Self employed | <input type="checkbox"/> | Unemployed but not claiming benefits | <input type="checkbox"/> | Permanently sick or disabled | <input type="checkbox"/> |
| Permanently retired from work | <input type="checkbox"/> | At school | <input type="checkbox"/> | Unable to work (short-term illness/injury) | <input type="checkbox"/> |

Other (Please specify)

11. If you or anyone else in your household is unemployed, how long has the current period of unemployment lasted?

Person 1 months

Person 2 months

Person 3 months

12. How many spells of unemployment, if any, have you had in the last 3 years?

spells of unemployment

13. How many different jobs have you had in the last 3 years?

different jobs

14. How familiar are you with the concept known as basic income? (Please choose one)

Understand it fully

Heard just a little about it

Know something about it

Never heard of it

A basic income is an income unconditionally paid by the government to every individual, regardless of whether they work, and irrespective of any other sources of income. It replaces many means-tested payments such as Jobseekers Allowance and Universal Credit (but not housing or disability benefits) and is high enough to cover basic needs (food, etc). Most models suggest at least £73.10 per week for an adult of working age, in line with current benefits.

15. If you were to receive a basic income at this level, what would be the most likely effect on how you would use your time?

A basic income would not affect how I use my time

I would spend more time with family

I would do more volunteering work

I would stop working

I would gain additional skills

I would work less

I would look for a different job

I would work for myself

Other (please tell us)

None of these options

16. Which of the following arguments FOR a basic income do you find convincing? (Please select all that apply)

It creates more equality of opportunity

It increases solidarity because it is funded by everyone

It encourages independence and a sense of control

It encourages people to give back to their community

It is fairer to women

It reduces anxiety about financing basic needs

It increases appreciation for household work and volunteering

It reduces bureaucracy and administrative costs

Other (please tell us)

None of these options

17. Which of the following arguments AGAINST a basic income do you find convincing? (Please select all that apply)

- | | | | |
|--|--------------------------|---|--------------------------|
| It might encourage people to stop working | <input type="checkbox"/> | It would be difficult to finance | <input type="checkbox"/> |
| It increases dependence on the state | <input type="checkbox"/> | It would mean everyone paying higher taxes | <input type="checkbox"/> |
| It would be giving people something for nothing | <input type="checkbox"/> | Others might come to my community to take advantage | <input type="checkbox"/> |
| It is against the principle of linking effort and reward | <input type="checkbox"/> | Only the people who need it most should get something | <input type="checkbox"/> |

Other (please tell us)

None of these options

18. If the level of a basic income was set at a minimum of £73.10 per week for a working age adult, which of the following views is closest to your own? (Please select one response)

- | | | | |
|---------------------------|--------------------------|------------------------|--------------------------|
| The amount is too low | <input type="checkbox"/> | The amount is too high | <input type="checkbox"/> |
| The amount is about right | <input type="checkbox"/> | Don't know | <input type="checkbox"/> |

19. Do you currently have access to e-mail or the internet?

Yes **Go to Q19a** No **Go to Q20**

19a. If yes, where?

- | | | | |
|------------------|--------------------------|---------------------------|--------------------------|
| Work | <input type="checkbox"/> | Community learning centre | <input type="checkbox"/> |
| Community centre | <input type="checkbox"/> | Internet café | <input type="checkbox"/> |
| Local library | <input type="checkbox"/> | College / university | <input type="checkbox"/> |
| From home | <input type="checkbox"/> | Other community facility | <input type="checkbox"/> |
| School | <input type="checkbox"/> | | |

Other (please say where)

20. Thinking of how accessible food for good health is in your immediate local area, please tick all that apply

- | | |
|--|--------------------------|
| I have access to lots of food | <input type="checkbox"/> |
| I have access to some food | <input type="checkbox"/> |
| I have no access to food | <input type="checkbox"/> |
| Food is available but too expensive | <input type="checkbox"/> |
| I physically can't access food but have support to do so | <input type="checkbox"/> |
| I physically can't access food and have limited support to do so | <input type="checkbox"/> |

21. What statements about cooking apply to you and your household? Please tick all statements that apply

- I can cook home-made meals and do so regularly I use ready meals but would like to learn to cook more home-made meals
- I can cook home-made meals but mostly eat ready meals I use ready meals and am not interested in cooking home-made meals
- I can cook home-made meals but don't have the tools or equipment to make them I can cook home-made meals but don't have the time

21a. How many main meals per week do you prepare yourself? (out of a maximum seven main meals)

Write number in box from 1-7

22. Tell us about your food consumption over the course of a typical day (Tick all statements that apply)

* Examples of a portion of fruit and veg are: 1 banana, 2 plums or 3 heaped tablespoons of beans

*Fruit and vegetables can either be fresh, frozen, tinned, dried or juiced

*Starchy foods are: potatoes, breads, cereals, rice and pasta *Pulses are beans, peas, lentils

- I eat 5 or more portions of fruit and vegetables I eat from some of the major food groups: fruit and vegetables, starchy foods, milk and dairy, pulses, fish eggs, meat, and fats.
- I eat between 2-4 portions of fruit and vegetables I eat from one of the major food groups: fruit and vegetables, starchy foods, milk and dairy, pulses, fish eggs, meat, and fats.
- I eat between 1-2 portions of fruit and vegetables I mostly eat food from takeaways
- I eat no portions of fruit and vegetables I eat food which I grow myself
- I eat from all the major food groups: fruit and vegetables, starchy foods, milk and dairy, pulses, fish eggs, meat, and fats. I don't grow my own food but would like to learn

23. The Community Planning Partnership are keen to assess and monitor the mental wellbeing of the North Ayrshire population. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a 14 item scale in which individuals respond to questions about their thoughts and feelings. By incorporating WEMWBS into the People's Panel Survey, this will allow the Community Planning Partnership to assess the mental health of the North Ayrshire population. The WEMWBS questions and scale are outlined below. Please tick the box that best describes your experience of each over the last 2 weeks.

| | None of the time | Rarely | Some of the time | Often | All the time |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I've been feeling optimistic about the future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling useful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling relaxed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling interested in other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've had energy to spare | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been dealing with problems well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been thinking clearly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling good about myself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling close to other people | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling confident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been able to make up my own mind about things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling loved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been interested in new things | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I've been feeling cheerful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

24. How safe or unsafe do you feel when you are outside in your neighbourhood after dark?

Very safe **Go to Q26** Fairly safe **Go to Q26** A bit unsafe **Go to Q25** Very unsafe **Go to Q25**

25. Please give brief reasons as to why you sometimes feel unsafe.

26. In your neighbourhood, how much of an issue are each of the following? Please tick one box only for each issue.

| | Very big Issue | Fairly big Issue | A minor Issue | Not an Issue |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Noisy neighbours or loud parties | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adults hanging around on the street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young people hanging around on the street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People drinking in the street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rubbish or litter lying in the street | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vandalism, graffiti or other deliberate damage to property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| People being attacked or harassed | <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"/> |
| Abandoned or burnt out cars | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discarded needles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Antisocial residents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grass / bin fires | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Aggressive dogs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dog fouling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please say what below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Which three of the following do you want your local Community Policing Team to adopt as priorities? Please rank your choices 1, 2 or 3, with 1 being the most important.

| | | | |
|-------------------------------|--------------------------|---|--------------------------|
| Speeding motorists | <input type="checkbox"/> | Assault / violent crime | <input type="checkbox"/> |
| Bogus caller crime | <input type="checkbox"/> | Car crime | <input type="checkbox"/> |
| Hate crime | <input type="checkbox"/> | Fraud | <input type="checkbox"/> |
| Housebreaking and other theft | <input type="checkbox"/> | Wilful fire raising | <input type="checkbox"/> |
| Drug dealing / drug use | <input type="checkbox"/> | Drunk or disorderly behaviour (including vandalism and graffiti) | <input type="checkbox"/> |

28. Do you have any concerns about fire safety in your home?

Yes No

28a. If yes, please tell us what your concerns are

29. Have you ever been worried that a child is or might be, being abused or neglected?

Yes No

30. Have you ever been worried that a vulnerable adult is or might be, being harmed or neglected?

Yes No If you answered "No" to both of these, please go to Question 33.

31. Who did you report it to? Please tick all that apply in each column that applies (i.e. whether this was a child or vulnerable adult).

| | Child | Vulnerable adult |
|-------------------------------|--------------------------|--------------------------|
| Did not report this | <input type="checkbox"/> | <input type="checkbox"/> |
| Police | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Family / friends | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing Department | <input type="checkbox"/> | <input type="checkbox"/> |
| Priest / Minister | <input type="checkbox"/> | <input type="checkbox"/> |
| School | <input type="checkbox"/> | <input type="checkbox"/> |
| MP / local Councillor | <input type="checkbox"/> | <input type="checkbox"/> |
| GP / Doctor | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please say whom below) | <input type="checkbox"/> | <input type="checkbox"/> |

If you DID report this concern, please go to Question 33.

32. If you did not report it, why did you not report the concern? Please tick all that apply in each column whether this was a child or vulnerable adult).

| | Child | Vulnerable adult |
|---|--------------------------|--------------------------|
| Fear I would not remain anonymous | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of being wrong | <input type="checkbox"/> | <input type="checkbox"/> |
| Felt it was none of my business | <input type="checkbox"/> | <input type="checkbox"/> |
| Fear of retaliation | <input type="checkbox"/> | <input type="checkbox"/> |
| Didn't want to get involved | <input type="checkbox"/> | <input type="checkbox"/> |
| Worried that the child might be taken into care | <input type="checkbox"/> | Not applicable |
| Didn't know who to contact | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please say what below) | <input type="checkbox"/> | <input type="checkbox"/> |

33. How likely or unlikely do you think it is that the following types of sentence would make an offender less likely to commit a crime in the future?

| | Very Likely | Fairly Likely | Fairly Unlikely | Very Unlikely | Haven't heard of it |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Community Payback Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Compensation Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deferred Sentence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug Treatment & Testing Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electronic Tagging | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prison | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34. What do you think the main priorities for working with offenders in the community should be? Please look at this list and rank the priorities from 1 to 3, with 1 being the most important.

| | |
|--|--------------------------|
| Tackling the underlying causes of crime, such as drugs and alcohol | <input type="checkbox"/> |
| Working with offenders so they can understand the impact of their crime on victims | <input type="checkbox"/> |
| Finding offenders meaningful training or employment opportunities | <input type="checkbox"/> |
| Providing stability for offenders by addressing issues such as homelessness | <input type="checkbox"/> |
| Ensuring that offenders carry out unpaid work of value to the community in order to pay something back | <input type="checkbox"/> |

35. Are you aware of unpaid work carried out in North Ayrshire by individuals who are sentenced to community service?

Yes No

36. What do you think the main priorities should be for the type of unpaid work carried out by offenders? Please look at this list and rank the priorities from 1 to 3, with 1 being the most important.

| | | | |
|--|--------------------------|-------------------------------|--------------------------|
| Gardening / landscaping | <input type="checkbox"/> | Joinery and building work | <input type="checkbox"/> |
| Litter-picking | <input type="checkbox"/> | Helping with removals | <input type="checkbox"/> |
| Large scale environmental work e.g. beach cleaning | <input type="checkbox"/> | Other (please say what below) | <input type="checkbox"/> |
| Painting / decorating | <input type="checkbox"/> | | |

37. How satisfied are you with the maintenance of open space in your neighbourhood?

Very satisfied Fairly satisfied Fairly dissatisfied Very dissatisfied

37a. If you are not satisfied please state why.

38. How would you rate your neighbourhood as a place to live?

Very good

Fairly good

Fairly poor

Very poor

38a. If you think it is poor please state why.

39. Would you be interested in taking part in tenancy participation activities?

Yes No

40. Do you spend any time as a volunteer or organiser or attend any charities, clubs or organisations (such as bowling clubs, Scouts, Guides, play groups, school parent helper, tenants' associations, community councils, etc.)?

Yes, as a volunteer / organiser Yes, I attend as a member No

41. Are you involved in or aware of opportunities to: (please tick any that apply)

| | Involved | Aware of |
|--|--------------------------|--------------------------|
| transfer council assets, like community centres, into community ownership | <input type="checkbox"/> | <input type="checkbox"/> |
| secure funding through participatory budgeting where local people allocate money by popular vote | <input type="checkbox"/> | <input type="checkbox"/> |
| take part in local decision making through locality partnerships | <input type="checkbox"/> | <input type="checkbox"/> |
| participate in community organisations like community associations or community councils | <input type="checkbox"/> | <input type="checkbox"/> |

42. Do you consider that people from different backgrounds (for example, people of different ethnicities, religious or other social groupings) get on well together in your local area? Please tick one response from the scale below, where 1 is not at all and 5 is definitely.

Not at all

1

2

3

4

Yes, definitely

5

43. If you answered '1' or '2' in Question 42, please give brief reasons for your answer in the space below.

Community Planning is about working together to plan and deliver better services. The Partnership includes North Ayrshire Council, Jobcentre Plus, NHS Ayrshire and Arran, Scottish Enterprise, Skills Development Scotland, Scottish Fire and Rescue Service, Strathclyde Partnership for Transport, Police Scotland, Ayrshire College, North Ayrshire Health and Social Care Partnership KALeisure, and representatives of the community and voluntary sector. (Find out more at www.northyrrshire.community/)

44. Overall, how well do you think these organisations work together to plan and deliver better public services?

Very well

Quite well

Neither / Nor

Quite poorly

Very poorly

If you answered poorly please state why.

45. Overall, how satisfied or dissatisfied are you with local council services?

Very satisfied

Fairly satisfied

Neither / Nor

Fairly dissatisfied

Very dissatisfied

46. How would you rate North Ayrshire Council for keeping you informed about its performance?

Very poor

Poor

Neither/nor

Good

Very good

47. Are you aware that the council publishes an annual report?

Yes No

48. What type of information would you like to receive regarding the performance of North Ayrshire Council (please tick all that apply)

Plans to improve services

Specific service targets and progress on meeting these targets

Information on the councils partners such as police and health services

How well the council is performing against other councils

Financial information (How well is the council spending money and using resources)

How well is the council performing against the national average

Information about specific services (please state which)

49. What would be your preferred method of receiving information about the performance of North Ayrshire Council (please tick all that apply)

Text

Facebook

Twitter

Leaflets/posters

Website

Local newspaper

Email

Thank you for taking the time to fill in this survey.

Please return it to Lowland Market Research in the FREEPOST envelope provided.

If the envelope is missing, please use the following address (you do not need a stamp):
Freepost RSSR-UALB-JRXC, Lowland Market Research, 5 Skimmers Hill, Milton of Campsie, GLASGOW, G66 8JB.