

ADDRESS1  
ADDRESS2  
ADDRESS3  
ADDRESS4  
POSTCODE

Dear local resident,

We are writing to you to ask for your views.

Poole Council works closely with other public services such as the police, health, business and community representatives to make decisions about the provision of services for local people. They now need to know what you think about what it's like to live in your area so they can be certain they are dealing with the issues that concern and matter to you.

This questionnaire asks for your opinions about aspects of the quality of life in your local area (such as community safety, local services etc) which we know are important to local people. By your local area, we mean the area within a 15-20 minutes walking distance from your home. The findings from this survey will be used to see how well Poole Council and its partners are doing at delivering the services that matter to you and to decide what needs doing differently in the future.

Sample

Please take this opportunity to have your say. It doesn't matter if you've only just moved into the area or if you don't pay council tax. It's important that we hear everybody's views.

To ensure personal information about you is secure, all of your answers will be treated in the strictest confidence and will be stored securely. Responses, which will not include personal information such as names and addresses, will only be used by public service organisations to monitor public services and assess how well they are performing.

If you have any questions or concerns about this survey please do not hesitate to contact the BMG Research Helpline, 0800 358 0337. BMG will be very happy to help you.

We very much hope you will be able to take part and thank you very much for your help in advance. Please return the completed questionnaire in the pre-paid envelope provided with this questionnaire as soon as possible or by **19 December 2008**. No stamp is required.

Yours sincerely,



John McBride  
Chief Executive, Borough of Poole



Richard Dumbleby  
Chairman, Poole Partnership



If you need this questionnaire in another language or format such as large print, braille, or talking tape, please call 0800 3580337

'Se pretender este questionário noutra idioma ou noutra suporte (grande formato, Braille ou cassete áudio), contacte o 0800 3580337.'

Jeśli potrzebuje Pan/i dostępu do tej ankiety w innym języku lub formacie, np. wersji drukowanej dużą czcionką, zapisanej Braillem lub nagranej na kasecie, prosimy o kontakt telefoniczny pod numerem 0800 3580337

如若需要這份問卷的其他外文譯本或其他格式，例如大字體版本、盲文版本、錄音版本，請致電 0800 3580337。

إذا احتجتم لهذا الاستبيان بلغة أخرى أو شكل آخر كالأحرف الكبيرة أو نظام بريل، أو الشريط المتكلم، يرجى الاتصال على الرقم:  
08003580337

এই প্রাথমিকভাবে আপনার কাউন্সিলের সেবাব্যস্থা সম্পর্কে আপনার মতামত জানতে চাওয়া হচ্ছে। যদি এই প্রাথমিক সম্পূর্ণ করার ব্যাপারে আপনার কোনো সাহায্যের প্রয়োজন হয় অথবা যদি নিজের ভাষায় এই প্রাথমিক চান তাহলে নিম্নোক্ত ফোন নম্বরে আমাদের সঙ্গে যোগাযোগ ক ন অথবা নিজের নাম, ঠিকানা ও ফোন নম্বর লিখে এই সম্পূর্ণ সামনের পৃষ্ঠাটা আপনার কাউন্সিলে পাঠিয়ে দিন।

	আপনার নাম :
	আপনার ঠিকানা :
	আপনার ফোন নম্বর :

આ પ્રશ્નાવલિ તમારા મંડળની સેવાઓ વિષે તમારા અભિપ્રાયો પૂછે છે. જો પ્રશ્નાવલિ પૂરી કરવા માટે તમને મદદ જોઈતી હોય અથવા પ્રશ્નાવલિ તમારી ભાષામાં જોઈતી હોય તો કૃપા કરી નીચે આપેલા નંબર પર અમારો સંપર્ક કરો અથવા તમારા નામ અને સરનામા અને ટેલિફોન નંબરને ભરી અને આ આખી આગળની શીટને તમારા મંડળને પાછી મોકલો.

	તમારું નામ :
	તમારું સરનામું :
	તમારો ટેલિફોન નં :

यह प्रश्नावली आपकी काउंसिल की सेवाओं के बारे में आपके विचार जानने का अनुरोध करती है। यदि आप इस प्रश्नावली को भरने में मदद चाहते हैं अथवा अपनी भाषा में प्रश्नावली चाहते हैं, तो कृपया नीचे दिए गए नज़र पर टेलीफोन करें, अथवा अपना नाम, पता और टेलीफोन नज़र भरकर इस पहले पृष्ठ को अपनी काउंसिल को वापस भेज दें।

	आपका नाम :
	आपका पता :
	आपका टेलीफोन नज़र :

ਇਸ ਸਵਾਲਨਾਮੇ ਵਿਚ ਤੁਹਾਡੀ ਕੌਂਸਲ ਦੀਆਂ ਸੇਵਾਵਾਂ ਸੰਬੰਧੀ ਤੁਹਾਡੇ ਵਿਚਾਰ ਪੁੱਛੇ ਗਏ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਸਵਾਲਨਾਮਾ ਭਰਨ ਵਿਚ ਸਹਾਇਤਾ ਚਾਹੀਦੀ ਹੋਵੇ ਜਾਂ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਸਵਾਲਨਾਮਾ ਚਾਹੀਦਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਹੇਠਾਂ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ, ਜਾਂ ਆਪਣਾ ਨਾਮ, ਪਤਾ ਅਤੇ ਟੈਲੀਫੋਨ ਨੰਬਰ ਭਰ ਕੇ ਇਹ ਪੂਰਾ ਪੁਰਾਲਾ ਪੱਨਾ ਵਾਪਸ ਆਪਣੀ ਕੌਂਸਲ ਨੂੰ ਭੇਜ ਦਿਉ।

	ਤੁਹਾਡਾ ਨਾਮ :
	ਤੁਹਾਡਾ ਪਤਾ :
	ਤੁਹਾਡਾ ਟੈਲੀਫੋਨ ਨੰਬਰ :

اس سوالنامے میں آپ کی کونسل کی خدمات سے متعلق آپ کی آرا دریافت کی گئی ہیں۔ اگر یہ سوالنامہ مکمل کرنے میں آپ کو مدد درکار ہو یا آپ خود اپنی زبان میں سوالنامہ حاصل کرنا چاہیں تو براہ کرم نیچے لکھے نمبر پر ہمیں فون کریں یا اپنا نام، پتہ اور ٹیلی فون نمبر لکھ کر اور یہ پورا اوپری صفحہ اپنی کونسل کو واپس ارسال کر دیں۔

آپ کا نام :	
آپ کا پتہ :	
آپ کا ٹیلی فون نمبر :	

# Your Poole Your Say

Poole's Place Survey



## Poole Place Survey 2008

### 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.** If you cannot find, or did not receive, the pre-addressed envelope please send to:

#### **FREEPOST**

BMG Research,  
7 Holt Court North,  
Heneage Street West,  
Aston Science Park,  
B7 4BR

Alternatively please contact the BMG Helpline on 0800 358 0337



## 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**

	<b>Q1</b> Most important in making somewhere a good place to live	<b>Q2</b> Most needs improving in this local area
a) Access to nature	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
b) Activities for teenagers	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
c) Affordable decent housing	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
d) Clean streets	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
e) Community activities	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
f) Cultural facilities (e.g. libraries, museums)	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>
g) Education provision	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>7</sub>
h) Facilities for young children	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>8</sub>
i) Health services	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>9</sub>
j) Job prospects	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>10</sub>
k) The level of crime	<input type="checkbox"/> <sub>11</sub>	<input type="checkbox"/> <sub>11</sub>
l) The level of pollution	<input type="checkbox"/> <sub>12</sub>	<input type="checkbox"/> <sub>12</sub>
m) The level of traffic congestion	<input type="checkbox"/> <sub>13</sub>	<input type="checkbox"/> <sub>13</sub>
n) Parks and open spaces	<input type="checkbox"/> <sub>14</sub>	<input type="checkbox"/> <sub>14</sub>
o) Public transport	<input type="checkbox"/> <sub>15</sub>	<input type="checkbox"/> <sub>15</sub>
p) Race relations	<input type="checkbox"/> <sub>16</sub>	<input type="checkbox"/> <sub>16</sub>
q) Road and pavement repairs	<input type="checkbox"/> <sub>17</sub>	<input type="checkbox"/> <sub>17</sub>
r) Shopping facilities	<input type="checkbox"/> <sub>18</sub>	<input type="checkbox"/> <sub>18</sub>
s) Sports and leisure facilities	<input type="checkbox"/> <sub>19</sub>	<input type="checkbox"/> <sub>19</sub>
t) Wage levels and local cost of living	<input type="checkbox"/> <sub>20</sub>	<input type="checkbox"/> <sub>20</sub>
u) Q1 Other <b>please tick box and write in</b> .....	<input type="checkbox"/> <sub>95</sub>	-
v) Q2 Other <b>please tick box and write in</b> .....	-	<input type="checkbox"/> <sub>95</sub>
w) None of these	<input type="checkbox"/> <sub>96</sub>	<input type="checkbox"/> <sub>96</sub>
x) Don't Know	<input type="checkbox"/> <sub>97</sub>	<input type="checkbox"/> <sub>97</sub>

**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"/> <sub>1</sub> | Fairly dissatisfied..... | <input type="checkbox"/> <sub>4</sub> |
| Fairly satisfied.....                   | <input type="checkbox"/> <sub>2</sub> | Very dissatisfied.....   | <input type="checkbox"/> <sub>5</sub> |
| Neither satisfied nor dissatisfied..... | <input type="checkbox"/> <sub>3</sub> |                          |                                       |

**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"/> <sub>1</sub> | Fairly dissatisfied..... | <input type="checkbox"/> <sub>4</sub> |
| Fairly satisfied.....                   | <input type="checkbox"/> <sub>2</sub> | Very dissatisfied.....   | <input type="checkbox"/> <sub>5</sub> |
| Neither satisfied nor dissatisfied..... | <input type="checkbox"/> <sub>3</sub> |                          |                                       |

**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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**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
a) ...are working to make the area safer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) ...are working to make the area cleaner and greener	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) ...promote the interests of local residents	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) ...act on the concerns of local residents	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) ...treat all types of people fairly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Q7 Please indicate how satisfied or dissatisfied you are with each of the following public services in your local area.**

PLEASE TICK ✓ ONE ONLY BOX FOR EACH SERVICE

Local public services	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know	Haven't used the service
a) Dorset Police	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b) Dorset Fire and Rescue Service	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c) Your GP (Family doctor)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
d) Your local hospital	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
e) Your local dentist	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**Q8. Poole Council is also a key provider of public services locally, so we would like your views on some of the services it provides. How satisfied or dissatisfied are you with each of the following services provided or supported by Poole Council?**  
PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
a) Keeping public land clear of litter and refuse	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b) Refuse collection	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c) Doorstep recycling	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d) Local tips/Household waste recycling centres	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e) Local transport information	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f) Local bus services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g) Sport/leisure facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h) Libraries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
i) Museums/galleries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
j) Theatres/concert Halls	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
k) Parks and open spaces	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Q9. Please indicate how frequently you have used the following public services provided or supported by Poole Council.**  
PLEASE TICK ✓ ONE BOX FOR EACH SERVICE

	Almost every day	At least once a week	About once a month	Within the last 6 months	Within the last year	Longer ago	Never used	It does not apply/ Don't know
a) Local tips/ Household waste recycling centres	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
b) Local transport information	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
c) Local bus services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
d) Sport/leisure facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
e) Libraries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
f) Museums/galleries	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
g) Theatres/concert Halls	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>
h) Parks and open spaces	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>

**PLEASE READ BEFORE ANSWERING THE NEXT SET OF QUESTIONS**

If you live in a two-tier authority you will have a **County Council** and a **District Council**. County Councils are responsible for education, social care, transport planning, highways, fire services, consumer protection, waste disposal, small holdings and libraries. District Councils are responsible for local planning applications, housing, local highways, building regulations, environmental health, waste collection, revenue collection, leisure and recreation. If you do not live in a two-tier authority all these services are provided solely by your one local Council.

**Q10. To what extent do you agree or disagree that Poole Council provides value for money?**

PLEASE TICK ✓ ONE BOX ONLY

Strongly Agree	Tend to agree	Neither agree or disagree	Tend to disagree	Strongly disagree	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Q11. And now taking everything into account, how satisfied or dissatisfied are you with the way Poole Council runs things?**

PLEASE TICK ✓ ONE BOX ONLY

Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**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
a) How and where to register to vote	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) How your council tax is spent	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) How you can get involved in local decision-making	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d) What standard of service you should expect from local public services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e) How well local public services are performing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f) How to complain about local public services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g) What to do in the event of a large-scale emergency e.g. flooding, human pandemic flu	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h) Overall, how well informed do you feel about local public services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## 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

 1

Tend to  
agree

 2

Tend to  
disagree

 3

Definitely  
disagree

 4

Don't  
know

 5

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

PLEASE TICK ✓ ONE BOX ONLY

Yes

 1

No

 2

Depends on  
the issue

 3

Don't know

 4

## 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

a) At least once a week

 1

b) Less than once a week but at least once a month

 2

c) Less often

 3

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

 4

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

 5

f) Don't know

 6

Sample

## 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
a) Been a local councillor (for the local authority, town or parish)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Been a member of a group making decisions on local health or education services	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) Been a member of a decision-making group set up to regenerate the local area	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) Been a member of a decision-making group set up to tackle local crime problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) Been a member of a tenants' group decision-making committee	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f) Been a member of a group making decisions on local services for young people	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g) Been a member of another group making decisions on services in the local community	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

## 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**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"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>

**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"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _6

**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"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

## 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
a) Very safe	<input type="checkbox"/> _1	<input type="checkbox"/> _1
b) Fairly safe	<input type="checkbox"/> _2	<input type="checkbox"/> _2
c) Neither safe nor unsafe	<input type="checkbox"/> _3	<input type="checkbox"/> _3
d) Fairly unsafe	<input type="checkbox"/> _4	<input type="checkbox"/> _4
e) Very unsafe	<input type="checkbox"/> _5	<input type="checkbox"/> _5
f) Don't know	<input type="checkbox"/> _6	<input type="checkbox"/> _6

Sample

<b>Q24. Thinking about this local area, how much of a problem do you think each of the following are...</b>					
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
a) Noisy neighbours or loud parties	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>
b) Teenagers hanging around the streets	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>
c) Rubbish or litter lying around	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>
d) Vandalism, graffiti and other deliberate damage to property or vehicles	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>
e) People using or dealing drugs	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>
f) People being drunk or rowdy in public places	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>
g) Abandoned or burnt out cars	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>5</sub>

**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.**

<b>Q25. So, how much would you agree or disagree that the police and other local public services <u>seek people's views</u> about these issues in your local area?</b>		
PLEASE TICK ✓ ONE BOX ONLY IN THE LEFT HAND COLUMN BELOW		
<b>Q26. And how much would you agree or disagree that the police and other local public services <u>are successfully dealing with</u> these issues in your local area?</b>		
PLEASE TICK ✓ ONE BOX ONLY IN THE RIGHT HAND COLUMN BELOW		
	Q25 Seek people's views	Q26 Are successfully dealing with
a) Strongly agree	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>
b) Tend to agree	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
c) Neither agree or disagree	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>
d) Tend to disagree	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
e) Strongly disagree	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>5</sub>
f) Don't know	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>6</sub>

## 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 <sub>1</sub> Female <sub>2</sub>

### 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 <sub>1</sub> Good <sub>2</sub> Fair <sub>3</sub> Bad <sub>4</sub> Very bad <sub>5</sub>

### Q30. In which of these ways does your household occupy your current accommodation?

PLEASE TICK ✓ ONE BOX ONLY

Owned outright	<input type="checkbox"/> <sub>1</sub>	Rent from Housing Association/ Trust	<input type="checkbox"/> <sub>4</sub>
Buying on mortgage	<input type="checkbox"/> <sub>2</sub>	Rented from private landlord	<input type="checkbox"/> <sub>5</sub>
Rent from council	<input type="checkbox"/> <sub>3</sub>	Other (✓ AND WRITE IN BELOW).....	<input type="checkbox"/> <sub>95</sub>
		.....	
		.....	

### Q31. How many children aged 17 or under are living here?

PLEASE TICK ✓ ONE BOX ONLY

None	<input type="checkbox"/> <sub>1</sub>	Three	<input type="checkbox"/> <sub>4</sub>
One	<input type="checkbox"/> <sub>2</sub>	Four	<input type="checkbox"/> <sub>5</sub>
Two	<input type="checkbox"/> <sub>3</sub>	More than four (✓ AND WRITE IN BELOW).....	<input type="checkbox"/> <sub>95</sub>
		.....	

### Q32. And how many adults aged 18 or over are living here?

PLEASE TICK ✓ ONE BOX ONLY

None	<input type="checkbox"/> <sub>1</sub>	Three	<input type="checkbox"/> <sub>4</sub>
One	<input type="checkbox"/> <sub>2</sub>	Four	<input type="checkbox"/> <sub>5</sub>
Two	<input type="checkbox"/> <sub>3</sub>	More than four (✓ AND WRITE IN BELOW).....	<input type="checkbox"/> <sub>95</sub>
		.....	

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

a) Employee in full-time job (30 hours plus per week)	<input type="checkbox"/> _1	f) Unemployed and available for work	<input type="checkbox"/> _6
b) Employee in part-time job (under 30 hours per week)	<input type="checkbox"/> _2	g) Permanently sick/disabled	<input type="checkbox"/> _7
c) Self employed full or part-time	<input type="checkbox"/> _3	h) Wholly retired from work	<input type="checkbox"/> _8
d) On a government supported training programme (e.g. Modern Apprenticeship/ Training for Work)	<input type="checkbox"/> _4	i) Looking after the home	<input type="checkbox"/> _9
e) Full-time education at school, college or university	<input type="checkbox"/> _5	j) Doing something else (PLEASE TICK AND WRITE IN BELOW)	<input type="checkbox"/> _95

.....

**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 \_1 (CONTINUE TO Q35) No \_2 (GO TO QP2)

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

Yes \_1 No \_2

**QP1. Do you receive support from someone else to help you with your daily life? If so, is this help from...?**  
PLEASE TICK ✓ ALL THAT APPLY

Family member	<input type="checkbox"/> _1
Neighbour or friend	<input type="checkbox"/> _2
Health professional (e.g. District Nurse)	<input type="checkbox"/> _3
Home help	<input type="checkbox"/> _4
Voluntary organisation	<input type="checkbox"/> _5
Other (PLEASE TICK AND WRITE IN) BELOW).....	<input type="checkbox"/> _95
.....	<input type="checkbox"/> _96
None	<input type="checkbox"/> _96

**QP2. Do you look after, or give any help or support to family members, friends, neighbours or others because of: a) long term physical or mental ill-health or disability, or b) problems related to old age?**  
DO NOT COUNT ANYTHING YOU DO AS PART OF YOUR PAID EMPLOYMENT.  
PLEASE TICK ✓ ALL THAT APPLY

Yes, 1-19 hours per week	<input type="checkbox"/> _1
Yes, 20-49 hours per week	<input type="checkbox"/> _2
Yes, 50+ hours per week	<input type="checkbox"/> _3
No	<input type="checkbox"/> _4

**Q36. To which of these groups do you consider you belong to?**

PLEASE TICK ✓ ONE BOX ONLY

<p><b>White</b></p> <p>British <input type="checkbox"/><sub>1</sub></p> <p>Irish <input type="checkbox"/><sub>2</sub></p> <p>Any other White background (✓ AND WRITE IN BELOW)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p><b>Black or Black British</b></p> <p>Caribbean <input type="checkbox"/><sub>8</sub></p> <p>African <input type="checkbox"/><sub>9</sub></p> <p>Any other Black background (✓ AND WRITE IN BELOW)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p><b>Mixed</b></p> <p>White &amp; Black Caribbean <input type="checkbox"/><sub>4</sub></p> <p>White &amp; Black African <input type="checkbox"/><sub>5</sub></p> <p>White &amp; Asian <input type="checkbox"/><sub>6</sub></p> <p>Any other Mixed background (✓ AND WRITE IN BELOW)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p><b>Asian or Asian British</b></p> <p>Indian <input type="checkbox"/><sub>11</sub></p> <p>Pakistani <input type="checkbox"/><sub>12</sub></p> <p>Bangladeshi <input type="checkbox"/><sub>13</sub></p> <p>Any other Asian background (✓ AND WRITE IN BELOW)</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>
<p><b>Chinese and Other ethnic groups</b></p> <p>Chinese <input type="checkbox"/><sub>15</sub></p>	<p>Other ethnic group (✓ AND WRITE IN BELOW) <input type="checkbox"/><sub>95</sub></p> <p>.....</p>

**QP3.** Poole Council runs a Citizen's Panel to increase the involvement of local people in decisions about how services are provided. If you would like to be considered to join the Poole Opinion Panel please provide your **name and a contact telephone number** in the space provided below. **PLEASE WRITE IN BELOW**

Sample

**Q37.** Is there anything else you would like to add?  
**PLEASE WRITE IN BELOW**

**Thank you very much for taking part in this survey.**

Please return your questionnaire in the pre-paid envelope provided to:  
 BMG Research, 7 Holt Court North, Heneage Street West, Aston Science Park,  
 BIRMINGHAM, B7 4BR  
**Please return your questionnaire by 19<sup>th</sup> December 2008.**