

KENSINGTON AND CHELSEA PARTNERSHIP

July 16th 2008

THE PLACE SURVEY

The KCP is invited to note the contents of this report and to consider recommendations on whether to include additional questions in the questionnaire and the branding of the Place survey with the KCP logo.

For decision

1. Introduction

1.1 The Local Government White Paper – “Strong and Prosperous Communities” - announced the introduction of a new performance management framework for local public services. This included the introduction of a new National Indicator set of some 200 performance indicators.

1.2 The National Indicators set includes 18 indicators designed to capture people’s views, experiences and perceptions of their area and local services. Data for these indicators is to be collected through a new biennial national survey – The Place survey – designed and administered by the Audit Commission.

2. Progress on delivering the Place survey in Kensington and Chelsea

2.1 A final version of the Place survey (see appendix 1), and guidance on how to conduct the survey, were issued by the Audit Commission in mid June 2008.

2.2 The Place survey will be conducted by a market research agency commissioned through a London wide consortium. Currently all London Boroughs are committed to the consortium and there are obvious benefits to be had from such an approach (economies of scale, comparison of results in the final report and the ease of not having to go through individual tendering processes). However, because of the size of the contract it means that it is subject to EU tendering regulations that take some time. This means that the contract will only be awarded a couple of weeks before the survey has to begin.

2.3 Unlike previous years where there has been a time window when the survey must be sent out, this year timings are very rigid. The survey must be posted out on either 25 or 26 September 2008, with two reminders sent out after 15 October. The fieldwork period ends on 19 December and all data must be submitted to the Audit Commission in January.

2.4 The design of the questionnaire is predetermined and questions cannot be changed. As with the BVPI survey 1,100 responses are required from borough residents and therefore it is likely that the survey will go to 5,000 – 7,000 households. (These households are selected at random from the Post Office small users address file and given to us by the Audit Commission).

2.5 Although it is not possible to change the questions, it is possible to add questions to the survey and the Audit Commission supply a question bank of possibilities. Any added questions must come after Q26 (the main body of the questionnaire) and within a maximum length of 12 pages (it is 10 pages long without any additions). The guidance advises that all additional questions should be approved by the Local Strategic Partnership.

2.6 Although it is possible to add questions (up to a maximum of two pages), the Council's Consultation Team would strongly recommend against doing so for the following reasons:

- Increasing the length of the questionnaire will have a damaging effect on the number of returns to the survey, which could make it very difficult to achieve the minimum number of responses required. Indeed the last BVPI survey (with no additional questions) achieved a response rate of 19 per cent and 6,000 questionnaires had to be sent out in order to reach the required number. The Audit Commission is likely to provide a sample of 6,000 addresses this time and will want a robust explanation of why more addresses would be needed to meet their minimum requirements.
- With additional questions, the questionnaire may appear disjointed as all additional questions must appear at the end and therefore away from other questions that may be on a similar topic.
- There will be an additional cost for adding questions and analysing results.
- The time to debate and agree additional questions is limited.

2.7 To reflect the fact that the questionnaire is not the property of one organisation, the Audit Commission want all surveys, covering letters etc. to carry a local brand (not the Council logo). The letter that accompanies the questionnaire must also bear the signature of a high profile representative of the Local Strategic Partnership, it is therefore suggested that this should be the Chair of the Kensington and Chelsea Partnership.

2.8 In order to boost the response rate the Audit Commission suggest a number of publicity ideas. These are currently being explored with the Council's Media and Communications Team and are likely to include adverts in the Royal Borough newspaper, posters outside the library, an advance letter to those receiving the survey, articles in newsletters and details on the website.

3. Conclusion

- 3.1 The KCP is invited to note the current position of the Place survey work and to agree the following recommendations:
- Not to add additional questions to the questionnaire, because of the reasons laid out in this report.
 - That the Place survey is branded with the KCP logo and signed off by the Chair of the KCP.

For decision

Gary Wilson
Consultation and Research Officer
Gary.wilson@rbkc.gov.uk
020 7361 3616

Appendix 1: Place Survey template

ADDRESS1
ADDRESS2
ADDRESS3
ADDRESS4
POSTCODE

Dear local resident,

I am writing to you to ask for your views.

<INSERT COUNCIL NAME> 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 15-20 minutes walking distance from your home. The findings from this research will be used to see how well <INSERT COUNCIL NAME> and its partners are doing at delivering the services that matter to you and to decide what needs doing differently in the future.

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 <INSERT CONTACT DETAILS> who will be very happy to help you.

I 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,

<INSERT SIGNATURE, NAME AND POSITION>

<INSERT A SENTENCE IN EACH OF THE MOST COMMONLY USED LANGUAGES TO EXPLAIN HOW RESIDENTS CAN OBTAIN A TRANSLATED COPY OF THE QUESTIONNAIRE>

If you require a large print copy please contact <INSERT CONTACT DETAILS>

Helpful hints for completing this questionnaire

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

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

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

Answer the next question unless asked otherwise.

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

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

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

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

Section 1: About your local area

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

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

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

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

Section 2: Your local public services

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

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

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

Q7

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

PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

[illegible]

Q8

<INSERT NAME OF COUNCIL(S)> <IS/ARE> also a key provider of public services locally, so we would like your views on some of the services <IT/THEY> <PROVIDE(S)>. How satisfied or dissatisfied are you with each of the following services provided or supported by <INSERT NAME OF COUNCIL (S)>?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH SERVICE

[illegible]

Q9 Please indicate how frequently you have used the following public services provided or supported by <INSERT NAME OF COUNCIL(S)>.

PLEASE TICK ✓ ONE BOX FOR EACH SERVICE

[illegible]

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 <INSERT NAME OF COUNCIL(S)>
<PROVIDE(S)> value for money?**

PLEASE TICK ✓ ONE BOX ONLY FOR EACH COUNCIL

<USE MORE THAN ONE ROW (ONE ROW PER COUNCIL) IF YOU WISH>

Q11 **And now taking everything into account, how satisfied or dissatisfied are you with the way <INSERT NAME OF COUNCIL(S)> runs things?**

PLEASE TICK ✓ ONE BOX ONLY FOR EACH COUNCIL

Very satisfied	Fairly satisfied	Neither satisfied or dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
-------------------	---------------------	---	------------------------	----------------------	---------------

<USE MORE
THAN ONE
ROW (ONE
ROW PER
COUNCIL) IF
YOU WISH>

☐
☐
☐
☐
☐
☐

Section 3: Information

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

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

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

Section 4: Local decision-making

As
with
previ

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

Section 5: Helping out

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

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

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

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

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

PLEASE TICK ✓ ONE BOX ONLY

At least once a week.....

☐

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

☐

Less often.....

☐

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

☐

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

☐

Don't know.....

☐

Section 6: Getting involved

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

Q16 In the past 12 months have you...

PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

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

Section 7: Respect and consideration

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

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

PLEASE TICK ✓ ONE BOX ONLY

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

Section 8: Community safety

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

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

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

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

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

Q24 **Thinking about this local area, how much of a problem do you think each of the following are...**
PLEASE TICK ✓ ONE BOX ONLY FOR EACH STATEMENT

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

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

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

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

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

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

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

<AUTHORITY TO INSERT ANY ADDITIONAL QUESTIONS HERE>

Section 9: About yourself

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

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

Male ☐

Female ☐

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

--

 Years

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

PLEASE TICK ✓ ONE BOX ONLY

Very good

☐

Good

☐

Fair

☐

Bad

☐

Very bad

☐

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

Owned outright ☐

Buying on mortgage ☐

Rent from council ☐

Rent from Housing Association/
Trust..... ☐

Rented from private landlord..... ☐

Other (✓ AND WRITE IN
BELOW)..... ☐

--

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

None..... ☐

One..... ☐

Two..... ☐

Three ☐

Four..... ☐

More than four (✓ AND WRITE
IN BELOW) ☐

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

None..... ☐

One..... ☐

Two..... ☐

Three ☐

Four..... ☐

More than four (✓ AND WRITE
IN BELOW) ☐

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

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

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

Yes (PLEASE CONTINUE TO Q35)	<input type="checkbox"/>	No (PLEASE GO TO Q36)	<input type="checkbox"/>
------------------------------------	--------------------------	-----------------------------	--------------------------

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

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

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

White		Black or Black British	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>	Any other Black background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Mixed		Asian or Asian British	
White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other Mixed background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>	Any other Asian background (✓ AND WRITE IN BELOW)	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Chinese and Other ethnic groups			
Chinese	<input type="checkbox"/>	Other ethnic group (✓ AND WRITE IN BELOW)	<input type="checkbox"/>

Q37

Is there anything else you would like to add?

PLEASE WRITE IN BELOW

--

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