



North Ayrshire Community Planning Partnership People's Panel Questionnaire Summer 2015

Dear People's Panel member,

I would like to welcome People's Panel members, old and new, to the 2015 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, Strathclyde Fire and Rescue, Strathclyde Partnership for Transport, Strathclyde Police, Irvine Bay Regeneration Company 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 safe and secure North Ayrshire
- Your home and neighbourhood
- Working Together (how the partners work together with each other and with local communities)

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 28th September 2015. 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/northayrshire2015

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.

If you have any questions regarding the questionnaire please do not hesitate to contact either Morna Rae, Policy and Performance Officer at North Ayrshire Council on 01294 324177 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 William Gibson
Chair of Community Planning Partnership

A WORKING NORTH AYRSHIRE

1. Which of the following would you say that you, or a member of your family, face as barriers to employment? Please rank the importance of these barriers by placing a "1" next to the most important barrier, a "2" next to the second most important and a "3" next to the third most important barrier.

- Available employment opportunities unsuitable (e.g. hours, location, pay)
- Childcare issues
- Health problems
- Lack of skills and experience
- Lack of training or qualifications
- No employment opportunities available
- Travel issues (e.g. cost, no public transport available)
- Another barrier to employment (please say what below)

2. Which of the following do you think would have the biggest impact on attracting more jobs to North Ayrshire? Please rank the importance of each of the options by placing a "1" next to the most important barrier, a "2" next to the second most important and a "3" next to the third most important option.

- Better trained North Ayrshire residents
- Encouraging self-employment
- Improved transport links
- Increased support for business start-ups
- Increased support for existing businesses to expand
- Increased support for people who are unemployed
- Promotion of North Ayrshire to inward investors
- Town centre regeneration
- Something else (please say what below)

3. How confident are you about the future wellbeing / economic prospects of the area in which you live?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very confident | Fairly confident | Neither/
Nor | Not very confident | Not at all confident |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Have you taken part in any training or learning experience in the last 2 years (for example adult education classes, college course, SVQ)?

- Yes No

5. How convenient do you find public transport to and from North Ayrshire when travelling to the places you wish to visit?

Very
confident

Fairly
confident

Neither/
Nor

Fairly
Inconvenient

Very
Inconvenient

6. Do you use your local library (either online or by visiting in person)? Please tick all that apply.

Yes, use online

Go to Q7

Yes, visit in person

Go to Q7

No

Go to Q8

7. What do you use the library for? Please give brief details below.

8. How would you like to receive information regarding local library services?

Website

library app

facebook / twitter

email

text

other (please state)

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

Yes

No

If yes, where?

Work

Community learning centre

Community centre

Internet café

Local library

College / university

From home

Other community facility

School

Other (please say where below)

10. Would you require support, assistance or training to access the internet?

Yes

No

A HEALTHIER NORTH AYRSHIRE

11. Thinking of your health in general, how would you rate it?

Very Good

Fairly Good

Average

Fairly Poor

Very Poor

12. How often do you take part in any outdoor activities as a leisure pastime? These may include walking to shops / school / work / local facilities, walking for leisure purposes, cycling, picnicking, fishing or any other outdoor activity.

Daily

Once or twice a month

Several times per week

Less than once a month

Once a week

13. Why do you take part in outdoor activities? Please tick all that apply.

Health Benefits

For social benefits / enjoyment / meet people

To get to local facilities

To walk the dog

To travel to work

For leisure / recreation

Other (please say what below)

14. Where do you go to take part in these activities? Please tick all that apply.

Coast and beaches

Open countryside and farmland

Country Parks

Regional Parks

Green spaces / open spaces

Woodlands

In villages / towns

Wildlife Reserves and Local Nature Reserves

Other (please say what below)

Lochs / rivers / sea

15. What would encourage you to participate in outdoor activities more often? Please tick all that apply.

More paths

Cheaper activities

Someone to go with

Coaching

Better health or fitness

Buddy

Instruction in these activities

More information (e.g. mapsheets)

Improved skills or confidence to do it

Small organised groups

Better weather

Improved public transport

Other (please say what below)

16. Do you smoke?

Yes No

17. In a **typical week**, on how many occasions would you drink alcohol at each of the following times? *Please tick one box in each row.*

	None	Once	Twice	Three times	Four times
Monday, Tuesday, Wednesday, Thursday day times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday, Tuesday, Wednesday, Thursday evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, Saturday, Sunday day times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, Saturday, Sunday evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. In a **typical week**, how many of the following types of drink do you consume? *Please write in a number next to each item and if the answer is none please insert a zero.*

Pints of beer / lager	<input type="text"/>	Alcopops	<input type="text"/>
Standard cans of beer / lager	<input type="text"/>	Small glasses of wine (125ml)	<input type="text"/>
Large bottles of beer / lager (500ml)	<input type="text"/>	Large glasses of wine (175ml)	<input type="text"/>
Smaller bottles of beer / lager (250ml / 330ml)	<input type="text"/>	Standard pub measures of spirits such a whisky or vodka (whether at home or in the pub)	<input type="text"/>
Pints of Guinness / Cider	<input type="text"/>		
Other alcoholic drinks	<input type="text"/>		

19. How commonly would you say that you purchase alcohol from each of the following sources?

	Almost every day	3-4 days a week	1-2 times a week	1-2 times a month	Once every couple of months	1-2 times in last 12 months	Not at all in last 12 months	Do not buy alcohol
Pub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightclub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience (local) store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wine merchant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online internet sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Please say to what extent you either agree or disagree with each of the following statements?

	Agree Strongly	Agree Slightly	Neither/ Nor	Disagree Slightly	Disagree Strongly
People who used drugs or alcohol excessively are a burden on society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People recovering from excessive drug or alcohol use should be given every opportunity to be included and contribute to their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We need to adopt a more tolerant attitude towards those recovering from problematic alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. 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"/>

22. Do you know what the main three Blood Borne Viruses are?

Yes No I know one or two but not sure of all three

23. Which of the following would you say were ways by which Blood Borne Viruses could be transmitted? Please tick "Yes", "No" or "Not Sure" for each.

	Yes	No	Not sure
Having unprotected sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tattoos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing injecting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing razors and toothbrushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing cooking and eating utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A SAFE AND SECURE NORTH AYRSHIRE

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

Very safe **Go to Q26** A bit unsafe **Go to Q25**
 Fairly safe **Go to Q26** 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 would help make you feel safer in your neighbourhood? Please rank your choices 1, 2 or 3, with 1 being the most important.

Improved lighting on streets, back courts etc.	<input type="checkbox"/>	More Closed Circuit TV (CCTV)	<input type="checkbox"/>
Neighbourhood watch schemes	<input type="checkbox"/>	Traffic calming measures	<input type="checkbox"/>
Better public transport	<input type="checkbox"/>	Safer buildings and public areas	<input type="checkbox"/>
More facilities for young people	<input type="checkbox"/>	Improvements to play areas	<input type="checkbox"/>
Security devices in the home	<input type="checkbox"/>	Personal alarms	<input type="checkbox"/>
High profile police patrols	<input type="checkbox"/>	Improved path networks	<input type="checkbox"/>
Other (please say what below)	<input type="checkbox"/>		

28. 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"/>
Racist 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"/>

29. Are you aware that there are a range of agencies to whom you can report anti-social behaviour?

Yes No

30. Have you reported an anti-social behaviour complaint in the last 12 months?

Yes **Go to Q31** No **Go to Q35**

31. Please describe briefly the nature of this complaint.

32. If yes, who did you report it to?

Antisocial Behaviour Investigation Team	<input type="checkbox"/>	Community Wardens	<input type="checkbox"/>
A landlord - North Ayrshire Council	<input type="checkbox"/>	Police	<input type="checkbox"/>
A landlord - Housing Association	<input type="checkbox"/>	Noise Nuisance Team	<input type="checkbox"/>
A landlord - privately rented	<input type="checkbox"/>	Other (please say who below)	<input type="checkbox"/>

33. Thinking of the last anti-social behaviour complaint you reported, how would you rate each of the following on a scale of 1 to 5 where 1 is very poor and 5 is very good.

	Very Poor 1	2	3	4	Very Good 5
Ease of reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way the complaint was dealt with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you were kept informed of progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving a satisfactory outcome to the complaint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. If you gave a poor or very poor rating for any of the issues in Question 33, please give brief reasons for this below.

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

Yes No

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

Yes No

If you answered "No" to both of these, please go to Question 39.

37. If you did report the concern, 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 39.

38. 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 whom below)	<input type="checkbox"/>	<input type="checkbox"/>

39. Did you know that there is a special law (The Adult Support and Protection Act) that entitles vulnerable adults to support and protection from abuse and neglect?

Yes No

40. When dealing with crimes and sentencing offenders, what do you think the main priority should be? Please look at this list and rank the priorities 1 to 3, with 1 being the most important.

Punishing offenders for their crime	<input type="checkbox"/>
Protecting the community	<input type="checkbox"/>
Rehabilitating offenders	<input type="checkbox"/>
Deterring the individual from committing crimes in the future	<input type="checkbox"/>
Deterring others from committing crimes	<input type="checkbox"/>

41. 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"/>

42. 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"/>

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

Yes No

44. 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"/>		

YOUR HOME AND NEIGHBOURHOOD

45. Do you consider that you spend more than 10% of your disposable income (i.e. income after housing costs are deducted) on heating costs?

Yes No

46. Thinking about open spaces, for example parks or play areas in your neighbourhood, how satisfied are you with the way these areas are looked after?

Very satisfied Fairly satisfied Fairly dissatisfied Very dissatisfied

If you are not satisfied please state why?

47. How would you rate playpark facilities / multi-use game areas in your neighbourhood?

Very good

Fairly good

Fairly poor

Very poor

If you think they are poor please state why?

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

Very good

Fairly good

Fairly poor

Very poor

If you think they are poor please state why?

WORKING TOGETHER

49. 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 etc.)?

Yes, as a volunteer / organiser

Yes, I attend as a member

No

50. Are you a volunteer or organiser or do you attend any **local community / representative groups** (such as tenants' associations, community councils, local neighbourhood groups, library etc.)?

Yes, as a volunteer / organiser

Yes, I attend as a member

No

51. If you do not volunteer or attend community groups please state why?

52. 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

53. If you answered '1' or '2' in Question 52, please give brief reasons for your answer in the space below.

54. Overall, how well do you think the community planning partners work together to plan and deliver better public services?
 (The partners are those organisations outlined in the introductory letter)

Very well Quite well Neither / Nor Quite poorly Very poorly

If you answered poorly please state why?

55. Overall, how satisfied or dissatisfied are you with each of these services?

	Very Satisfied	Fairly Satisfied	Neither / Nor	Fairly Dissatisfied	Very Dissatisfied
Fire Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. If you wish, please give brief reasons for your response in the space below.

Fire Service	<div style="border: 1px solid black; height: 30px;"></div>
Local Health Services	<div style="border: 1px solid black; height: 30px;"></div>
Public Transport	<div style="border: 1px solid black; height: 30px;"></div>
Police Service	<div style="border: 1px solid black; height: 30px;"></div>
Local Council	<div style="border: 1px solid black; height: 30px;"></div>

ABOUT NORTH AYRSHIRE COUNCIL

57. How satisfied are you that the council keeps you informed about the services it provides?

Very satisfied Fairly satisfied Neither / Nor Fairly dissatisfied Very dissatisfied

