



# Listening to your Views

SURNAME  
ADDRESS1  
ADDRESS2  
ADDRESS3  
ADDRESS4  
ADDRESS5  
ADDRESS 6 POSTCODE

C

September 2006

Dear Resident,

I am writing to you to ask for your help in improving the local area and the services which the Council provides.

We'd like to hear your views about life in the local area and about issues such as transport, recycling and leisure facilities.

It doesn't matter if you've only just moved into the area, or if you don't pay Council Tax, it is important that we hear everybody's views so that we can put our resources where it really matters.

**All of your answers will be treated in the strictest confidence** and will only be used to monitor the local authority's services. Anonymised responses may be passed on to the Department for Communities and Local Government so that national patterns of service satisfaction can be studied.

If you have any questions please contact the Ipsos MORI helpline on FREEPHONE 0800 731 8365 or email [having.your.say@ipsos-mori.com](mailto:having.your.say@ipsos-mori.com). Alternatively, you can call Alison Wheatland at Suffolk County Council on 01473 264 403.

I very much hope you will be able to take part and feel sure that you will find it interesting. 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 **29<sup>th</sup> September 2006**. **No stamp is required.**

Yours sincerely,

Mike More  
Chief Executive

**This survey is an opportunity for you to have your say about the council's services. If you require a copy in large print or have any other requirements please contact the Ipsos MORI helpline on FREEPHONE 0800 731 8365 or email [having.your.say@ipsos-mori.com](mailto:having.your.say@ipsos-mori.com)**

1234567890

Barcode placement only. Do not print



## HOW TO COMPLETE THE 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.
- Once you have finished please take a minute to check you have answered all the questions that you should have answered.
- The survey consists of 16 pages and should take no longer than 20 minutes to complete.
- 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: Your Say on Your Services, c/o Data Capture Scanning, FREEPOST PLUS RLST-XGSL-ZJYK, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG.

We offer a telephone interpreting service. To use it, phone 0845 6 066 067. Leave your name, language and phone number and a translator will call you back.

我們設有電話傳譯服務，如欲使用，請撥電 **0845 6 066 067**，留下你的姓名、所用語言和電話號碼，便會有翻譯員回覆你的。

টেলিফোনে অনুবাদ প্রদান করার একটি ব্যবস্থা আছে। এটা ব্যবহার করতে হলে **0845 6 066 067** নম্বরে ফোন করে আপনার নাম, কোন ভাষায় কথা বলেন এবং টেলিফোন নম্বর বলুন তাহলে একজন অনুবাদকারী আপনাকে ফোন করবেন।

Caso deseje esta publicação em português ligue 0845 6 066 067. Será atendido por um gravador de chamadas. Queira por favor, deixar o seu nome, língua a traduzir e número de telefone e um tradutor telefonar-lhe-á em seguida.

# ABOUT YOUR LOCAL AREA

**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 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 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. cinemas, 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"/>
Other (PLEASE TICK AND WRITE IN BELOW) .....	<input type="checkbox"/>	<input type="checkbox"/>
Q1 Other <input style="width: 200px; height: 20px;" type="text"/>	Q2 Other <input style="width: 200px; height: 20px;" type="text"/>	
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
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

## ANTI-SOCIAL BEHAVIOUR

Thinking about this local area, how much of a problem do you think are...

**Q4** PLEASE TICK ONE BOX PER ROW

	A very big problem	A fairly big problem	Not a very big problem	Not a problem at all	Don't know
Parents not taking responsibility for the behaviour of their children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People not treating other people with respect and consideration .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy neighbours or loud parties .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers hanging around on the streets .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish and litter lying around .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People being drunk or rowdy in public spaces .....	<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"/>
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"/>

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

**Q5** 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

# WHAT DOES YOUR COUNCIL DO?

The section below summarises some of Suffolk County Council's services:

## Transport services

- Plan and deliver schemes to improve the transport network, including large and small road and footway improvements, traffic management, bus lanes, Park and Ride, and safety schemes to reduce accidents
- Maintain and manage the county's roads, footpaths and cycle routes, including gritting and winter maintenance
- Encourage use of public transport including financial support, providing concessionary travel, transport and travel information
- Provide education, training and publicity on road safety
- Provide and maintain street lights
- Regulate the activities of others working on the roads e.g. public utilities

## Environmental services

- Manage contracts for waste disposal in the county
- Provide household waste and recycling centres
- Waste and recycling education
- Increase recycling
- Maintain right of ways
- Wildlife and woodland conservation
- Archaeology service to preserve historic sites

## Planning services

- Prepare and contribute to statutory plans for land use and development in the county including the minerals and waste local plans
- Determine planning applications for mineral extraction, waste facilities and the county council's own development
- Encourage economic development and regeneration

## Children and young people's services

- Youth work and Connexions service
- Plan school places and organise admissions to schools
- Education Welfare Service, including school attendance monitoring
- Social care services for children and families

- School transport
- Fostering and adoption
- Support for improving teaching and learning in schools
- Support and training for school governors
- Parent Partnership Service for parents
- Administration of grants and loans for students
- Support for families and schools where children have Special Educational Needs

## Adult and community services

- Day care and home care services
- Residential care
- Meals on wheels
- Support for people with disabilities
- Assessment and reviews of peoples needs
- Hospital social work
- Provide equipment to help people live independently

## Cultural and recreational services

- Arts development
- Library services, including mobile libraries and Schools Library Service
- Adult learning
- Archives service
- Museums support and grants
- Manage parks and open spaces, including playing fields, nature reserves, woodland and allotments

## Social inclusion

- Services and support on racial harassment
- Services and support for dealing with antisocial behaviour
- Services and support on youth crime
- Services and support on drugs and alcohol misuse

## Public protection

- Fire and rescue service
- Trading standards service
- Emergency planning

## YOUR LOCAL AUTHORITY

Suffolk County Council provides many services to the local community and also has a role in planning, supporting, encouraging or overseeing many other services. We would like to hear your views on those services. Further information is given in 'What does your council do?' on the previous page.

### THE LOCAL TIP/HOUSEHOLD WASTE RECYCLING CENTRE

Suffolk County Council provides sites for the disposal and/or recycling of household waste. There are 18 sites across the county, for example at Foxhall Road, Ipswich and Folly Road, Mildenhall. For a full list of the sites see <http://www.suffolk.gov.uk/Environment/RubbishWasteAndRecycling/Household/HouseholdWasteRecyclingCentres.htm> or call 0845 6066067.

**Q6** Please indicate whether you are satisfied or dissatisfied with each of the following elements of the service, which we provide. PLEASE ONLY ANSWER THIS QUESTION IF YOU HAVE USED A LOCAL TIP OR HOUSEHOLD WASTE RECYCLING CENTRE IN THE LAST 12 MONTHS. PLEASE TICK ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The location of the site . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The opening hours of the site . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The recycling facilities at the site . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How clean the site is . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful the staff are . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How "user-friendly" the site is (the ability to deposit your waste easily) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local tip/household waste recycling centre overall . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

### PUBLIC TRANSPORT INFORMATION

Suffolk County Council has responsibility for the following types of information about local transport services: maps, timetable books and leaflets, websites and the Traveline call centre and website. The authority also has a role in ensuring the information produced by private transport companies for local services is of the standard required.

**Q7** Please indicate whether you are satisfied or dissatisfied with each of the following elements of the information on transport we provide. PLEASE TICK ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The amount of information . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The accuracy of the information . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The provision of public transport information overall . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A



**Q8** Have you received or seen any of the information provided on local transport services, in the last 12 months?

PLEASE TICK ONE BOX ONLY

- Yes
- No
- Don't know

## THE LOCAL BUS SERVICE

Suffolk County Council has responsibility for subsidised local bus services, community transport and estuarial ferry services for example: Ipswich park and ride, buses on some key corridors, the majority of evening and weekend services, Club 88 around Needham Market and Buzabout on the Shotley peninsula. The authority also has a role in ensuring privately run local services are meeting the needs of the local community.

**Q9** Please indicate whether you are satisfied or dissatisfied with each of the following elements of the local bus service. PLEASE ANSWER THIS QUESTION WHETHER YOU USE THE BUS OR NOT. PLEASE TICK ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	It does not apply/ Don't know
The frequency of buses. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of bus stops . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The state of the bus stops . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether buses arrive on time . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy buses are to get on and off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local bus service overall. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A

**Q10** How frequently, if at all, do you use the LOCAL BUS SERVICE?

PLEASE TICK ONE BOX ONLY

- Almost every day
- At least once a week
- About once a month
- Within the last six months
- Within the last year
- Longer ago
- Never used
- Don't know



## CULTURAL AND RECREATIONAL ACTIVITIES AND VENUES

Suffolk County Council directly supports cultural and recreational activities and venues. The authority's licensing and planning responsibilities also make a difference to the level of private and voluntary cultural provision in your area.

**Q11** Please indicate how satisfied or dissatisfied you are with each of the following services provided or supported by Suffolk County Council. **PLEASE ANSWER THIS QUESTION WHETHER YOU HAVE USED THESE SERVICES OR NOT.**

PLEASE TICK ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither/nor	Fairly dissatisfied	Very dissatisfied
Sports/leisure facilities and events .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums and galleries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres/Concert halls .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q12** Please indicate how frequently you have used the following cultural and recreational services provided or supported by Suffolk County Council in the last 12 months.

PLEASE TICK ONE BOX PER ROW

	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
Sports/leisure facilities and events .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums and galleries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres/Concert halls .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q13** For each of the following services provided by Suffolk County Council, do you think the service has got better or worse over the last three years, or has it stayed the same?

PLEASE TICK ONE BOX PER ROW

	Better	Stayed the same	Worse	Don't know
Local tips/Household waste recycling centres .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local transport information .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local bus service .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport/leisure facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Libraries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums/galleries .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatres/Concert halls .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## OTHER SERVICES

Suffolk County Council also provides other services. Suffolk Fire and Rescue Service has responsibility for fire and rescue services in your area.

**Q14** Please indicate HOW SATISFIED OR DISSATISFIED you are overall with the following services provided by Suffolk County Council. PLEASE ANSWER THIS QUESTION WHETHER YOU HAVE USED THESE SERVICES OR NOT.

PLEASE TICK ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied
Housing services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal social services .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire and rescue service .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local authority education service .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15** Please indicate whether you or any other member of your family have used any of the following services provided by Suffolk County Council in the last 12 months.

PLEASE TICK ALL BOXES THAT APPLY

- Housing services
- Planning services
- Personal social services
- Fire and rescue service
- Local authority education service

**Q16** Taking everything into account, how satisfied or dissatisfied are you with the way the authority runs things?

PLEASE TICK ONE BOX ONLY

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

## INFORMATION ABOUT YOUR COUNCIL AND ITS SERVICES

**Q17** How well informed do you feel about each of the following?

PLEASE TICK ONE BOX PER ROW

	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
How to pay bills to the Council . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How and where to register to vote . . . . .	<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"/>
How to complain to the Council . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What the Council spends its money on . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What standard of service you should expect from the Council . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whether the Council is delivering on its promises . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What the Council is doing to tackle anti-social behaviour in your local area . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How well the Council is performing . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how well informed do you think your Council keeps residents about the services and benefits it provides . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18** How do you find out about Suffolk County Council? Please tick the MAIN source you use from the list below. PLEASE TICK ONE BOX ONLY

- Local media (newspapers, television, radio)
- Information provided by the Council (newspaper/magazine, leaflets, posters)
- Council website/internet
- From local Councillor
- Direct contact with the Council
- Word of mouth (e.g. family or friends)
- Other source (PLEASE TICK BOX AND WRITE IN BELOW)

- None of the above
- Don't know

# CONTACTING YOUR COUNCIL

## MAKING A COMPLAINT

**Q19** Have you contacted the authority with a complaint(s) in the last 12 months?

PLEASE TICK ONE BOX ONLY

- Yes ..... GO TO Q20
- No ..... GO TO Q22

**Q20** What did the complaint(s) relate to?

PLEASE WRITE IN BELOW. WRITE IN 'DON'T KNOW' IF YOU CANNOT RECALL

**Q21** How satisfied or dissatisfied are you with the way in which your complaint(s) was (were) handled? PLEASE TICK ONE BOX ONLY

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

## CONTACTING YOUR COUNCIL FOR OTHER REASONS

Questions 22 to 24 are about your MOST RECENT CONTACT with the Council for OTHER REASONS THAN TO MAKE A COMPLAINT. If you have contacted the Council for any reason other than to make a complaint in the past 12 months, please continue to Q22. Otherwise please go to Q25.

**Q22** Which of these describes the reasons why you made YOUR MOST RECENT contact with the Council? PLEASE TICK ALL BOXES THAT APPLY

- Reported an issue or problem
- Asked for advice/information
- Applied to use a service
- Don't know/can't remember
- Any other reason (PLEASE TICK BOX AND WRITE IN BELOW)



**Q23**

**How were you in contact with the Council?**

PLEASE TICK ALL BOXES THAT APPLY

- In person
- By telephone
- By e-mail
- Via a website/Internet
- By letter
- Other method (PLEASE TICK BOX AND WRITE IN BELOW)

**Q24**

Still thinking about your most recent contact with the Council, please indicate how satisfied or dissatisfied you were with each aspect of the service you received. If any aspect does not apply to your particular experience, please tick not applicable.

PLEASE TICK ONE BOX PER ROW

	Very satisfied	Fairly satisfied	Neither/ nor	Fairly dissatisfied	Very dissatisfied	Don't know	Not applicable
How easy it was to find the right person to deal with . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The length of time it took to deal with the person you contacted . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any information you were given . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How competent the staff were . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How helpful the staff were . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The final outcome . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LOCAL DECISION MAKING

Suffolk County Council provides opportunities for residents to participate in decision making in your local area such as the annual budget roadshows, public meetings for the schools organisation review, and questionnaires in About Suffolk on waste and recycling.

**Q25**

Overall, how satisfied or dissatisfied are you with the opportunities for participation in local decision-making provided by your Council?

PLEASE TICK ONE BOX ONLY

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- Don't know





**Q26** 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

**Q27** Generally speaking, would you like to be more involved in the decisions your Council makes that affect your local area?  
PLEASE TICK ONE BOX ONLY

- Yes
- No
- Depends on the issue
- Don't know

## HOW YOUR COUNCIL PERFORMS OVERALL

**Q28** Here are some things that other people have said about their Council. To what extent do you think that these statements apply to your local Council?  
PLEASE TICK ONE BOX PER ROW

**My Council...**

	A great deal	To some extent	Not very much	Not at all	Don't know
...is making the local area a better place to live . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is working to make the area safer . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is working to make the area cleaner and greener . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is efficient and well run . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...provides good value for money . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is trustworthy . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...is remote and impersonal . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...promotes the interests of local residents . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...acts on the concerns of local residents . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...treats all types of people fairly . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q29** Thinking about the way the authority runs things, do you think this has got better or worse over the last three years, or has it stayed the same?  
PLEASE TICK ONE BOX ONLY

- Better
- Stayed the same
- Worse
- Don't know



# 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.

**Are you male or female?**

**Q30** PLEASE TICK ONE BOX ONLY

- Male  
 Female

**What was your age on your last birthday?**

**Q31** PLEASE WRITE IN BOX BELOW

Years

**How long have you/your household been living in your current accommodation?**

**Q32** PLEASE TICK ONE BOX ONLY

- Under 1 year  
 1–2 years  
 3–5 years  
 6–10 years  
 11–20 years  
 21+ years  
 Don't know/can't remember

**How long have you/your household been living in this area?**

**Q33** PLEASE TICK ONE BOX ONLY

- Under 1 year  
 1–2 years  
 3–5 years  
 6–10 years  
 11–20 years  
 21+ years  
 Don't know/can't remember

**In which of these ways does your household occupy your current accommodation?**

**Q34** PLEASE TICK ONE BOX ONLY

- Owned outright  
 Buying on mortgage  
 Rent from Council  
 Rent from Housing Association/Trust  
 Rented from private landlord  
 Other (PLEASE TICK BOX AND WRITE IN BELOW)



**Q35** How many adults AGED 18 OR OVER are living here?

PLEASE TICK ONE BOX ONLY

- One
- Two
- Three
- Four
- Five
- More than five/Other  
(PLEASE TICK BOX AND WRITE IN BELOW)

**Q36** 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 week)
- Employee in part-time job (under 30 hours per week)
- Self employed full or part-time
- On a government supported training programme (e.g. Modern Apprenticeship/Training for Work)
- Full-time education at school, college or university
- Unemployed and available for work
- Permanently sick/disabled
- Wholly retired from work
- Looking after the home
- Doing something else

(PLEASE TICK BOX AND WRITE IN BELOW)

**Q37** 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 ..... GO TO Q38
- No ..... GO TO Q39

**Q38** Does this illness or disability limit your activities in any way?

PLEASE TICK ONE BOX ONLY

- Yes
- No





**Q39**

**To which of these groups do you consider you belong?**

**PLEASE TICK ONE BOX ONLY**

**White**

- British
- Irish
- Any other White background

(PLEASE TICK BOX AND WRITE IN BELOW)

**Black or Black British**

- Caribbean
- African
- Any other Black background

(PLEASE TICK BOX AND WRITE IN BELOW)

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

(PLEASE TICK BOX AND WRITE IN BELOW)

**Chinese and Other ethnic groups**

- Chinese
- Other

(PLEASE TICK BOX AND WRITE IN BELOW)

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

(PLEASE TICK BOX AND WRITE IN BELOW)

**Q40**

**Is there anything else you would like to add?**

**PLEASE WRITE IN BELOW**

**Thank you for completing this questionnaire.**  
 Please return it as requested in the  
 pre-paid envelope provided to:  
 Your Say on Your Services,  
 c/o Data Capture Scanning,  
**FREPOST PLUS RLST-XGSL-ZJYK,**  
 Ipsos MORI, Research Services House,  
 Elmgrove Road, Harrow, HA1 2QG

