



2013 Highland Council Survey of Performance and Attitudes

Suirbhidh Chomhairle na Gàidhealtachd air Coileanadh is Beachdan 2013

Dear Panel Member

Thank you for agreeing to be involved in the Citizens' Panel.

We conduct a survey like this every year to find out about satisfaction with Council services and your views on community life in the Highlands.

The Council values your views and the information you provide will be used to improve Council services in the future. It is important that as many people as possible reply so that we can build an accurate picture of residents' views and needs in the Highlands.

The survey should take around 20 minutes to complete. This is the longest survey we will send you.

Please return the completed survey in the envelope provided. Thank you in advance for your help.

Any information we receive from you will be treated in the strictest confidence and will not be used for any purposes other than this research.

We will take your responses to the questions very seriously.



Yours faithfully
Alistair Dodds, Chief Executive, The Highland Council

If you would like someone to help you complete this questionnaire,
or, if you would like to receive it in an alternative format, e.g. large print,
Braille, e-mail, audio tape, or suitable language, please telephone:
01463 702006

Please return your completed questionnaire in the reply paid envelope provided
by 31st May 2013. NO STAMP IS NECESSARY

THANK YOU FOR TAKING PART IN THIS SURVEY



SECTION A

CONTACT WITH THE COUNCIL A' CUR FIOS CHUN NA COMHAIRLE

1 Did you make contact with or make a payment to The Highland Council (in person, by telephone or online) during the period 1 April 2012 - 31 March 2013?

(Please tick one box only)

Yes ₁ *(Continue to question 2)*

No ₂ *(Go to question 7)*

2 Thinking about your most recent contact with The Highland Council, **what was your reason for making contact?**

(Please tick all that apply)

To make a payment (e.g. Rent, Council Tax) ₁

To make an enquiry ₂

To request a service ₃

To report a problem ₄

To make an application ₅

To make a complaint ₆

To speak to your Councillor ₇

Other *(Please specify)*:

3 a How did you make this contact?

(Please tick all that apply)

Personal visit to Council Office ₁

Personal visit to Service Point ₂

By telephone ₃

By letter ₄

On-line (own computer/device) ₅

On-line (public access computer) ₆

During a visit at home by Council staff ₇

Through a Ward or City Forum ₈

Other *(Please specify)*:

3 b If you made payment(s) to the Council which of the following method(s) did you use?

(Please tick all that apply)

Direct Debit ₁

Bank Credit Transfer (Bacs) ₂

Telephone Banking ₃

Online Banking ₄

Standing Order ₅

Debit or Credit Card payment at Service Points ₆

Debit and Credit Card payment via the Internet ₇

Debit and Credit Card payment via the Council's telephone payment line ₈

By Cash at PayPoint or Payzone Outlets ₉

By Cash or Cheque at any Post Office ₁₀

By Cash or Cheque to school for school meals and activities ₁₁

3 c Were you aware you could access Council information through the following?

(Please tick one box only for each)

Webcasting of Council meetings Yes ₁ No ₂
Social networking (Facebook, Twitter) Yes ₁ No ₂

3 d Did you make this contact in question 2 in Gaelic?

(Please tick one box only)

Yes ₁ No ₂

4 If you contacted an office in person:

(Please state)

Which town/village was the office located in?.....

What type of office was it (e.g. Service Point, Housing Service)?.....

5 When you last contacted the Council, was your request dealt with by the first person you contacted?

(Please tick one box only)

Yes ₁ No ₂ N/A - I used the website ₃

6 Please give your views on the service you received when you made this contact:

(If a statement does not apply to you, tick N/A for not applicable)

a) For all types of contact

	Good	Average	Poor	N/A
Helpfulness of staff.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How well the staff understood what you wanted.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Overall satisfaction with service given.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

b) For personal visits to Council Office/Service Point

	Good	Average	Poor	N/A
Waiting time.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Privacy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Ability to reach the right person.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Accessible for people with a disability.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Opening hours.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

c) For telephone contact

	Good	Average	Poor	N/A
Speed with which the telephone was answered.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How easy was it to get through to someone who could help you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Opening hours.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

d) For letter / email / leaflet

	Good	Average	Poor	N/A
Length of time taken for a response.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Usable format (other language, print size).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

e) Council's website, www.highland.gov.uk

	Good	Average	Poor	N/A
Home page content.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
General content.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Ease of use: A to Z.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Completing on-line forms.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Navigation.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Search.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Links on Homepage.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Webcasting Council meetings.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Social Networking e.g. Facebook, Twitter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

7 How satisfied are you with the information you get on The Highland Council services?

(Please tick one box only)

Very Satisfied	Fairly Satisfied	Neither Satisfied /Dissatisfied	Fairly Dissatisfied	Very Dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8 If the following 2 additional methods for receiving information or contacting the Council were available to you, which would you use?

(Please tick all that apply)

Interactive/Digital TV.....	<input type="checkbox"/> 1
Text to and from your mobile.....	<input type="checkbox"/> 2

9 Overall do you find it easy to contact The Highland Council when you need to?

(Please tick one box only)

Yes <input type="checkbox"/> 1	No <input type="checkbox"/> 2
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SECTION B

**SATISFACTION WITH SERVICES
RIARACHAS LE SEIRBHEISEAN**

10 The Highland Council provides a wide range of services. Please identify the service(s) you have used over the period 1 April 2012 - 31 March 2013 and express your satisfaction with each by placing a tick in the boxes below.

	Have Not Used Service	Very Satisfied	Fairly Satisfied	Neither Satisfied /Dissatisfied	Fairly Dissatisfied	Very Dissatisfied
1 Council Service Points.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2 Payment of Council Tax.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3 Advice on Benefits.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4 Swimming pools.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5 Other sports facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
6 Museums.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
7 Libraries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
8 Public Parks and other open spaces.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
9 Countryside ranger service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
10 Walking routes, e.g. Great Glen Way.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

	Have Not Used Service	Very Satisfied	Fairly Satisfied	Neither Satisfied /Dissatisfied	Fairly Dissatisfied	Very Dissatisfied	
11	Cycling paths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
12	Planning for future land use (Local Plan).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
13	Planning applications and building warrants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
14	Winter road maintenance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
15	Road repairs and pot holes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
16	Street cleaning.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
17	Street lighting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
18	Pavement maintenance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
19	Dealing with flooding.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
20	Refuse/bin collection.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
21	Recycling facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
22	Economic development / Business Gateway.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
23	Environmental Health Service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
24	Trading Standards.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
25	Public conveniences.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
26	Registrars for Births, Deaths and Marriages.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
27	Housing information and advice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
28	Burials and cremations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
29	Pre-school services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
30	Primary education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
31	School transport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
32	Secondary education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
33	Community learning / adult education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
34	Care at Home services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
35	Residential homes for disabled / elderly people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
36	Community Occupational Therapy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
37	Services to reduce offending.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
38	Breakfast and After School Clubs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
39	School meals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
40	Services to protect children from harm.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
41	Services to protect adults at risk of harm.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
42	Gaelic Pre-school services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
43	Gaelic Primary Education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
44	Gaelic Secondary Education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
45	Gaelic community learning/adult education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

11 From the full list shown above and on the previous page, please indicate, in order of preference, which **five** services are **most important** to you.

(e.g. if Primary education is most important to you, write '30' in the first box, etc)

1st choice 2nd choice 3rd choice 4th choice 5th choice

12 Overall, are you satisfied with the services The Highland Council provides?

(Please tick one box only)

Yes ₁ No ₂

13 Overall, are you more or less satisfied with The Highland Council services than you were **last year?**

(Please tick one box only)

More Satisfied ₁ Less Satisfied ₂ About the Same ₃

14 If you have made a complaint about the Council in the past year - how satisfied were you with how the Council handled your most recent complaint?

(Please tick one box only)

Very Satisfied ₁ Fairly Satisfied ₂ Neither Satisfied /Dissatisfied ₃ Fairly Dissatisfied ₄ Very Dissatisfied ₅ No Complaint Made ₆

15 If you were dissatisfied with how a complaint was handled, please identify the reasons by selecting all that apply.

(Please tick all that apply)

Timescale ₁ Quality of Response ₂ Outcome ₃ Other ₄ If other, please detail: _____

16 Please give your views of the Council against the qualities shown below.

(Please indicate to what extent you agree or disagree with the following statements)

		Strongly Agree	Tend to Agree	Neither agree or Disagree	Tend to Disagree	Strongly Disagree
The Council:						
1	Maintains good quality local services.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2	Listens to local people.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3	Involves people in how it spends money.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4	Treats all residents fairly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5	Tells local people what it is doing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6	Provides value for money.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7	Is efficient.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8	Is helpful.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
9	Is approachable.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
10	Is a fair employer.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
11	Is aware of people's needs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
12	Represents your views.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
13	Is environmentally friendly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

17 From the list in question 16, please indicate which are most important:

(From the full list in question 16, please indicate in order of preference, which **five** qualities are **most** important to you? e.g. if to listen to local people is most important to you put a 2 in the 1st box and so on)

1st choice 2nd choice 3rd choice 4th choice 5th choice

18 "I can influence decisions affecting my local area".

(Please indicate to what extent you agree or disagree with the above statement)

Strongly Agree 1 Tend to Agree 2 Neither agree or Disagree 3 Tend to Disagree 4 Strongly Disagree 5 No Opinion 6

19 Thinking generally about what you expect from The Highland Council, would you say the Council:

(Please tick one box only)

Greatly exceeds your expectations 1 Slightly exceeds your expectations 2 Is about what you expect 3 Falls slightly short of your expectations 4 Falls a long way short of your expectations 5

20 The Council is committed to providing information on its performance and wants to provide this in the best format possible. From the list below which are your preferred means of communication?

(Please tick all that apply)

- Written information from Service Points and other offices 1
- Published on the Council's web pages 2
- Included with the booklet received with council tax bill 3
- A separate newsletter 4
- As a newspaper insert 5
- Provided directly from the service 6
- Through contact with your Councillor 7
- Through Ward or City Forums 8
- Leaflets and notices in council facilities 9
- By email 10

SECTION

SATISFACTION WITH ADVICE SERVICES RIARACHAS LE SEIRBHEISEAN COMHAIRLE

Money advice, welfare rights and housing information are provided by Citizens' Advice Bureaux (CAB) across the Highlands, largely funded by the Council, and through the Council's own Money Advice and Income Maximisation Service.

21 During the period 1 April 2012 - 31 March 2013, have you made contact with either a CAB of the Council's Income Maximisation/Money Advice teams for advice?

(Please tick one box only)

Yes 1 (Continue to question 22)

No 2 (Go to SECTION D)

22 Which of the following services did you contact?

(Please tick as many as apply)

- Citizens' Advice Bureau 1
- Highland Council Income Maximisation Service 2
- Highland Council Money Advice Service 3

23 How many times have you used these services over the course of the last year?

(Please tick one box only)

- | | Once | Twice | Three times | More than three times |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Citizens' Advice Bureau..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Highland Council Income Maximisation service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Highland Council Money Advice Service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

24 How did you contact the service(s)?

(Please tick as many as apply)

- | | Telephone | Email | Face to Face Drop in | Face to Face by Appointment |
|---|----------------------------|----------------------------|----------------------------|-----------------------------|
| Citizens' Advice Bureau..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Highland Council Income Maximisation service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Highland Council Money Advice Service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

25 For each of the services used how satisfied were you in terms of ease of access/waiting times/the way you were treated:

(Please tick as many as apply)

- | | Have Not Used Service | Very Satisfied | Fairly Satisfied | Neither Satisfied /Dissatisfied | Fairly Dissatisfied | Very Dissatisfied |
|---|----------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|
| Citizens' Advice Bureau..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Highland Council Income Maximisation service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Highland Council Money Advice Service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

26 What difference did the advice received make to you?

(Please tick as many as apply)

- | | Have not used the service | Reduced my debt | Helped me keep my benefits | Helped me access benefit/ more benefits | Helped me stay in my home | No change to my situation | My situation has got worse |
|---|----------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------------------|
| Citizens' Advice Bureau..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Highland Council Income Maximisation service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |
| Highland Council Money Advice Service..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

27 Would you use the service(s) again?

	Have not used the service	Yes	No	Don't know
Citizens' Advice Bureau.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Highland Council				
Income Maximisation service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Highland Council				
Money Advice Service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

28 Would you recommend the service(s) to others?

	Have not used the service	Yes	No	Don't know	Would keep my use private
Citizens' Advice Bureau.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Highland Council					
Income Maximisation service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Highland Council					
Money Advice Service.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION



**COMMUNITY LIFE
BEATHA COIMHEARSNACHD**

The following questions ask you about the range of services available in your community.

29 To what extent does the area where you live provide you with a sense of belonging to a community?

(Please tick one box only)

To a great extent	To some extent	Not really	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

30 How involved are you in the life of your community?

(Please tick one box only)

Very involved	Fairly involved	Not really	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

31 To what extent do you feel your community is accepting of people coming to live here from outside the Highlands?

(Please tick one box only)

To a great extent	To some extent	Not really	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

32 To what extent do you feel that the Council has strengthened the profile of the Gaelic language (e.g. through Gaelic education or Gaelic cultural and arts events)?

(Please tick one box only)

To a great extent	To some extent	Not really	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

33 How would you rate your satisfaction with each of the following services in your community?

(Please tick one box for each line)

	Very Satisfied	Fairly Satisfied	Neither Satisfied / Dissatisfied	Fairly Dissatisfied	Very Dissatisfied	No Opinion
Public Transport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Local Health Services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Shops.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Local Schools.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Leisure facilities/events.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Availability of housing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Adult Social care or Social Work Services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Children's Social care or Social Work Services.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Services to help people into employment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Access to energy savings advice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

34 Thinking now about the neighbourhood or community you live in, how would you rate it as a place to live?

(Please tick one box only)

Very Good	Fairly Good	Fairly Poor	Very Poor	No Opinion
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

OUTDOOR RECREATION

35 On average, have you taken visits to the outdoors for leisure and recreation in Highland in the last 12 months?

(Please tick one box only)

More than once per day <input type="checkbox"/> 1	Every day <input type="checkbox"/> 2	Several times a week <input type="checkbox"/> 3
Once a week <input type="checkbox"/> 4	Once or twice a month <input type="checkbox"/> 5	Once every 2-3 months <input type="checkbox"/> 6
Once or twice <input type="checkbox"/> 7	Never <input type="checkbox"/> 8	

36 If you have not made any visits to the outdoors in Highland for the purpose of outdoor recreation during the last 12 months can you tell us why?

(Please tick all that apply)

Too busy <input type="checkbox"/> 1	Bad/poor weather <input type="checkbox"/> 2	Old age <input type="checkbox"/> 3
Poor health <input type="checkbox"/> 4	Pregnant <input type="checkbox"/> 5	Have young children <input type="checkbox"/> 6
Not interested at all <input type="checkbox"/> 7	No access to a car <input type="checkbox"/> 8	Worried about safety <input type="checkbox"/> 9
Lack of suitable paths <input type="checkbox"/> 10	Lack of suitable places to go <input type="checkbox"/> 11	Don't know where to go <input type="checkbox"/> 12
Don't like going on my own <input type="checkbox"/> 13	No local clubs/associations to join and go with <input type="checkbox"/> 14	
Other <input type="checkbox"/> 15	No particular reason <input type="checkbox"/> 16	

37 Thinking about your last visit to the outdoors for leisure and recreation, which of the activities listed below would you consider to have been your MAIN activity during that visit?

- | | |
|---|--|
| Walking - less than 2 miles <input type="checkbox"/> 1 | Walking 2-8 miles <input type="checkbox"/> 2 |
| Walking - more than 8 miles <input type="checkbox"/> 3 | Hill walking\mountaineering <input type="checkbox"/> 4 |
| Cycling - on public roads <input type="checkbox"/> 5 | Cycling - on paths and tracks <input type="checkbox"/> 6 |
| Cycling - not on paths and tracks or roads <input type="checkbox"/> 7 | Mountain biking <input type="checkbox"/> 8 |
| Horse riding <input type="checkbox"/> 9 | Fishing <input type="checkbox"/> 10 |
| Water sports <input type="checkbox"/> 11
(including canoeing, windsurfing, rowing & sailing) | Ski-ing - on piste <input type="checkbox"/> 12 |
| Ski-ing - off piste <input type="checkbox"/> 13 | Swimming in the sea, rivers, lochs <input type="checkbox"/> 14 |
| Bird watching <input type="checkbox"/> 15 | Other wildlife\nature watching <input type="checkbox"/> 16 |
| Running\jogging <input type="checkbox"/> 17 | Wild camping <input type="checkbox"/> 18 |
| Sightseeing\ visiting attractions <input type="checkbox"/> 19 | Picnicking <input type="checkbox"/> 20 |
| Family outing <input type="checkbox"/> 21 | Other <input type="checkbox"/> 22 |

GROWING YOUR OWN FOOD

38 Are you interested in growing your own food?

Yes 1 No 2

Do you have access to either:

Your own garden?..... Yes 1 No 2

Someone else's garden or land?..... Yes 1 No 2

Do you feel you would benefit from:

Access to an allotment site?..... Yes 1 No 2

Taking part in a community gardening project?..... Yes 1 No 2

Learning more about how to grow your own food?..... Yes 1 No 2

Access to tools and materials?..... Yes 1 No 2

Sharing your knowledge of growing food with other people?..... Yes 1 No 2

COMMUNITY COUNCILS

39 Have you contacted your Community Council, as opposed to The Highland Council, in the past year?

Yes 1 (Go to question 40)

No 2 (Continue to question 41)

40 Please state the reason why you made contact with your Community Council:

(Please tick one box only)

A planning and development issue..... 1

About a change in local services..... 2

Improving the amenities of your area..... 3

Other (Please specify):.....

41 Please state the reason why you have not made contact:

(Please tick one box only)

I had no need to contact the Community Council 1

I don't know how to contact the Community Council 2

I did not know there was a Community Council in my area 3

Other *(Please specify)*:

COMMUNITY SAFETY

42 How much of a concern to you is each of the following in the area where you live?

(Please tick one box for each line)

	A major concern	A minor concern	Not a concern	No opinion/ don't know
The abuse of children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
The abuse of vulnerable adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Domestic abuse.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Serious and Organised Crime..... (eg Drugs/Organised Crime/Prostitution)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Alcohol Abuse..... (eg Under Age Drinking/Alcohol Related Disorder)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Antisocial Behaviour..... (eg Vandalism/ Breach of the Peace/Noise Nuisance))	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Terrorism.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Violent Crime..... (eg Assault/Robbery/Gun - Knife Crimes/Gangs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Road Safety..... (eg Speeding, Drink/Drug Driving)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Crimes of Dishonesty..... (eg Theft/Fraud)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
House or property fires.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Fire related anti-social behaviour.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

43 How worried are you about becoming a victim of crime (in general)?

(Please tick one box only)

Very worried	Slightly worried	Not worried at all	Never considered it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

44 More specifically, how worried are you about becoming a victim of the following crimes?

(Please tick one box for each line)

	Very worried	Slightly worried	Not worried at all	Never considered it
Having your home broken into.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Being a victim of domestic abuse.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Being attacked, assaulted or robbed in your own home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Being attacked, assaulted or robbed in the street.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vandalism or deliberate damage to your home, property or car.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Having your car stolen or broken into.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	Very worried	Slightly worried	Not worried at all	Never considered it
Being the victim of an attempted rape, or other serious sexual offence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Being insulted or threatened	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Being attacked by someone who is under the influence of alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Having your property damaged by or set on fire (home, outbuildings, shed, car etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Being the victim of any other type of crime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other (Please specify):				

45 A hate incident or crime is motivated by prejudice or hatred of someone on the grounds below. It may be physical, verbal or written including physical attack, verbal abuse or incidents offensive posters or mail, harassment or bullying; this could be at school, work or in public places.

Are you aware of anyone (including yourself) being subjected to a hate incident or hate crime on the grounds of the following?

(Please tick one box for each line)

	A major concern	A minor concern	Not a concern	No opinion/ don't know
Race or ethnic origin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Gender identity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Sexual orientation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Mental health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Physical disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Religion or belief (including non-belief)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Other (Please specify):				

46 There is considerable evidence about the impact of hate incidents and hate crimes (as described above) on individuals, and communities – for example on mental health, on suicide rates, on risk taking behaviour, on feelings of safety and of belonging, of trust in social and/or civic institutions

Were you aware that such incidents can and do impact on people in this way in Highland?

Yes 1 No 2

47 Do you do any of the following because of the possible worries about crime?

(Please tick one box for each line)

	Always (Yes)	Sometimes	Never (No)
Avoid going out when it is dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Avoid going out alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Avoid going out at certain times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Avoid certain places	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Carry a mobile phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Take self-defence classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Make sure your home is adequately secured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Make sure your vehicle is adequately secured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Mark your property in case it is stolen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

48 Taking everything into account, how do you rate the area within 15 minutes walk of your home as a place to live?

(Please tick one box only)

A very safe area	A fairly safe area	Rather unsafe area	A very unsafe area	No Opinion
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

EQUALITIES

As a public body, the Council has a duty to give regard to the need to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity; and
- foster good relations.

We have an interest in understanding public attitudes towards equalities and diversity in Highland. The Council has agreed a “Fairer Highland Plan” to tackle discrimination and support equality of opportunity. The following three questions will help us to take forward our duties under the Equality Act 2010.

49 Which statement below comes closest to your own view?

(Please tick one box only)

- 1 Highland should do everything it can to get rid of all kinds of prejudice 1
- 2 Sometimes there is good reason for people to be prejudiced against certain groups 2

50 Would you rather live in an area:

(Please tick one box only)

- ...with lots of different kinds of people? 1
- ...where most people are similar to you? 2

51 Some people say they would be happy if a close relative of theirs married or formed a long-term relationship with someone from particular groups while others say they would be unhappy about this, even if the couple themselves were happy.

How would you feel if a close relative of yours married, or is in a civil partnership, or formed a long-term relationship with someone from the groups mentioned below?

(Please tick one box for each group)

GROUPS	Very happy	Happy	Neither happy nor unhappy	Unhappy	Very Unhappy	It Depends
Black and Asian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Muslim	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Hindu	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Jewish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Christian	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Someone who experiences depression from time to time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Gypsy/Traveller	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Someone of the same sex as themselves	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Someone who cross-dresses in public	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

52 Do you currently volunteer in any capacity?

Yes ₁ (Please go to question 55)

No ₂ (Please continue to questions 53 & 54, then go to question 60)

53 No - What best describes your reasons for not volunteering?

(Please tick all that apply)

Do not want to ₁

Not sure how to ₂

Lack of time ₃

Disclosure requirements ₄

Other (Please specify):

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

54 What do you think would encourage you to undertake work or activities on a voluntary basis?

(Please tick all that apply
then go to question 52)

Information about local opportunities ₁

Information about the commitment required ₂

If training and support were available ₃

If I was certain that it would not affect my benefits ₄

If I was sure I would not be out of pocket ₅

If someone I knew volunteered with me ₆

If there were more people like me volunteering ₇

If I had more confidence ₈

If I thought I could help others ₉

If someone asked me to do something ₁₀

If it would improve my skills ₁₁

If it helped me gain qualifications ₁₂

If it would improve my career/job prospects ₁₃

If it fitted with my other commitments ₁₄

If it fitted with my interests and skills ₁₅

If it was good fun ₁₆

If I could volunteer when I felt like it ₁₇

SECTION F

ABOUT YOU THU FHÈIN

60 How long have you lived in The Highland Council area?

(Please tick one box only)

- | Less than
1 year | 1-2
years | 3-5
years | 5-10
years | Over 10
years |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

61 Which of these best applies to you?

(Please tick one box only)

- | | | | |
|---|----------------------------|----------------------------------|-----------------------------|
| Working for a single employer full-time | <input type="checkbox"/> 1 | Retired | <input type="checkbox"/> 7 |
| Working for a single employer part-time | <input type="checkbox"/> 2 | Looking after the home or family | <input type="checkbox"/> 8 |
| Working for more than one employer | <input type="checkbox"/> 3 | In full-time education | <input type="checkbox"/> 9 |
| Self-employed | <input type="checkbox"/> 4 | Unable to work - disability | <input type="checkbox"/> 10 |
| Unable to work - long-term sickness | <input type="checkbox"/> 5 | Carer | <input type="checkbox"/> 11 |
| Unemployed | <input type="checkbox"/> 6 | | |

62 Which of the following best describes your current housing situation?

(Please tick one box only)

- | | | | |
|---------------------------------|----------------------------|----------------------|----------------------------|
| Own home / mortgage | <input type="checkbox"/> 1 | House comes with job | <input type="checkbox"/> 4 |
| Rent from a housing association | <input type="checkbox"/> 2 | Private rented | <input type="checkbox"/> 5 |
| Rent from the Council | <input type="checkbox"/> 3 | Living with parents | <input type="checkbox"/> 6 |

63 Gender

(Please tick one box only)

- Male 1 Female 2

64 Age

(Please tick one box only)

- 16 - 17 1 18 - 24 2 25 - 34 3 35 - 44 4 45 - 54 5
 55 - 64 6 65 - 74 7 Over 75 8

65 Disability

Do you consider yourself to have a disability (i.e. a physical or mental impairment which has a substantial and long-term adverse effect upon your ability to carry out normal day-to-day activities)?

(Please tick one box only)

- Yes 1 No 2

66 Families with children

Are there school age children in your household?

(Please tick one box only)

- Yes 1 No 2

67 How would you describe your ethnicity?

(Please tick one box from one section (A-F) only)

A WHITE

Scottish ₁ Other British ₂ Irish ₃
Gypsy/Traveller ₄ Polish ₅
Other *(please state)*6

B MIXED or MULTIPLE ETHNIC GROUPS

Any Mixed or multiple ethnic group *(please state)*7

C ASIAN, ASIAN SCOTTISH or ASIAN BRITISH

Pakistani, Pakistani Scottish or Pakistani British ₈
Indian, Indian Scottish or Indian British ₉
Bangladeshi, Bangladeshi Scottish or Bangladeshi British ₁₀
Chinese, Chinese Scottish or Chinese British ₁₁
Other *(please state)*12

D AFRICAN

African, African Scottish or African British ₁₃
Other *(please state)*14

E CARIBBEAN or BLACK

Caribbean. Caribbean Scottish or Caribbean British ₁₅
Black, Black Scottish or Black British ₁₆
Other *(please state)*17

F OTHER ETHNIC BACKGROUND

Arab, Arab Scottish or Arab British ₁₈
Other *(please state)*19

68 How have you found being a citizen's panel member?

(Please tick one box for each)

My views have been listened to	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
Useful	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
Time consuming	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
Worthwhile	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂

69 Would you like to complete future surveys electronically?

(Please tick one box only)

Yes ₁ No ₂

If yes please provide your email address below (your anonymity will be protected):

Email address

**Please return your completed questionnaire
in the reply paid envelope provided by 31st May 2013.
NO STAMP IS NECESSARY**

THANK YOU FOR TAKING PART IN THIS SURVEY