



your  
Voice  
Matters

## Cheshire West and Chester Council Residents' Survey 2017

All the information you provide will be treated in the strictest confidence. If you have any questions please call the Research Team on 01244 972185 or email [research@cheshirewestandchester.gov.uk](mailto:research@cheshirewestandchester.gov.uk)

### About this survey

What is it like to live in your local area?

Please tell us what you think and help us to improve your neighbourhood!

As a local resident, you are best placed to tell us what the key issues are for your local area. This questionnaire asks for your views on a range of topics that affect quality of life where you live.

### Give us your views and you could win one of our fantastic prizes!

As a thank you for taking part, you have the option of being entered into a draw where you could be in with a chance of winning one of our exciting prizes, which have been kindly donated by local businesses. (Please fill in your details on the enclosed sheet).



CHESTER



PART OF  
WEST CHESHIRE  
MUSEUMS

LOVE2SHOP

Ness  
BOTANIC GARDENS

STORYHOUSE

#### Accessing Cheshire West and Chester Council information and services.

Council information is also available in audio, braille, large print or other formats. If you would like a copy in a different format, in another language or require a British Sign Language interpreter, please email us at: [equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk)

Telephone: 0300 123 8 123

Textphone: 18001 01606 275 757

Email: [equalities@cheshirewestandchester.gov.uk](mailto:equalities@cheshirewestandchester.gov.uk)

Web: [www.cheshirewestandchester.gov.uk](http://www.cheshirewestandchester.gov.uk)

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## How to complete this questionnaire

- The questionnaire should be completed by any resident aged 18 or over living at this address.
- Please use a black or blue pen.
- In most cases please cross a box to indicate your answer, for example
- If you make a mistake, just shade in the box and put a cross in the one you want.
- Some questions may ask you to write in a box. Please try to keep your answer within the space provided.
- If there are any questions you do not wish to answer, please feel free to leave them blank.
- Once you have completed the questionnaire **please return it in the pre-addressed envelope provided by Monday 27th February 2017**. You do not need to add a stamp.

If you are able to complete this questionnaire online, please go to [www.cheshirewestandchester.gov.uk/yourvoicematters](http://www.cheshirewestandchester.gov.uk/yourvoicematters) and follow the instructions. You will need to enter your survey reference which can be found at the top right of this form.

## Your Local Area

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

**Q1. Overall, how satisfied or dissatisfied are you with your local area as a place to live? Please cross one box only.**

Very  
satisfied

Fairly  
satisfied

Neither satisfied  
nor dissatisfied

Fairly  
dissatisfied

Very  
dissatisfied

**Q2. To what extent do you agree or disagree that your local area is a place where people from different backgrounds (including religion, race, sexual orientation and age) get on well together? Please cross one box only.**

Definitely  
agree

Tend to  
agree

Tend to  
disagree

Definitely  
disagree

Don't  
know

Too few people in  
local area

**Q3. Over the last 3 years, do you think that your local area has improved, stayed the same or got worse? Please cross one box only.**

Improved  Stayed the same  Got worse  I have not lived in the area for three years

**Q4. Over the next 3 years, what improvements would you like to see in your local area? Please tell us in the box below.**

**Q5. Please say how important or unimportant you think the aspects below are in making somewhere a good place to live by circling a number between 1 and 10, where 1 is of 'no importance at all' and 10 is 'extremely important'. If you feel a particular aspect does not apply to you, please circle N/A. It doesn't matter if some aspects have the same score though please try to avoid giving all aspects the same score.**

How important or unimportant are.....	Of no importance at all										Extremely important	
a) Activities for children and young people	N/A	1	2	3	4	5	6	7	8	9	10	
b) Activities for adults and older people	N/A	1	2	3	4	5	6	7	8	9	10	
c) Community relations (including race relations)	N/A	1	2	3	4	5	6	7	8	9	10	
d) Parks, open spaces and access to nature	N/A	1	2	3	4	5	6	7	8	9	10	
e) Clean and tidy streets (including litter, dog fouling and grass cutting)	N/A	1	2	3	4	5	6	7	8	9	10	
f) Public transport - buses and rail	N/A	1	2	3	4	5	6	7	8	9	10	
g) The level of traffic congestion	N/A	1	2	3	4	5	6	7	8	9	10	
h) The level of air quality	N/A	1	2	3	4	5	6	7	8	9	10	
i) Road condition (including potholes)	N/A	1	2	3	4	5	6	7	8	9	10	
j) Pavement condition	N/A	1	2	3	4	5	6	7	8	9	10	
k) Cycle paths	N/A	1	2	3	4	5	6	7	8	9	10	
l) Streetlighting	N/A	1	2	3	4	5	6	7	8	9	10	
m) Culture and leisure facilities (including sports, libraries and museums)	N/A	1	2	3	4	5	6	7	8	9	10	
n) Shopping facilities	N/A	1	2	3	4	5	6	7	8	9	10	
o) Health services	N/A	1	2	3	4	5	6	7	8	9	10	
p) Education provision	N/A	1	2	3	4	5	6	7	8	9	10	
q) Job prospects	N/A	1	2	3	4	5	6	7	8	9	10	
r) Wage levels and local cost of living	N/A	1	2	3	4	5	6	7	8	9	10	
s) Affordable decent housing	N/A	1	2	3	4	5	6	7	8	9	10	
t) The level of crime	N/A	1	2	3	4	5	6	7	8	9	10	

**Q6. Now we would like to know how satisfied or dissatisfied you are with the same set of aspects of your local area.**

Please **circle** a score between 1 and 10, where 1 is '**totally dissatisfied**' and 10 is '**totally satisfied**'. If a particular aspect does not apply to you or you don't know, please circle N/A. It doesn't matter if some aspects have the same score.

How satisfied or dissatisfied are you with.....	Totally dissatisfied										Totally satisfied											
	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
a) Activities for children and young people	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
b) Activities for adults and older people	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
c) Community relations (including race relations)	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
d) Parks, open spaces and access to nature	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
e) Clean and tidy streets (including dog fouling and grass cutting)	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
f) Public transport - buses and rail	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
g) The level of traffic congestion	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
h) The level of air quality	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
i) Road condition (including potholes)	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
j) Pavement condition	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
k) Cycle paths	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
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m) Culture and leisure facilities (including sports, libraries and museums)	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
n) Shopping facilities	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
o) Health services	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
p) Education provision	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
q) Job prospects	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
r) Wage levels and local cost of living	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
s) Affordable decent housing	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10
t) The level of crime	N/A	1	2	3	4	5	6	7	8	9	10	N/A	1	2	3	4	5	6	7	8	9	10



**Q12. If you have any comments to make about your answers to Q10 or Q11, please explain in the box below.**

**Q13. Where do you receive your information about what the Council is doing?**

*Please cross all that apply.*

- |  |   |  |                                |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Local newspaper   | <input type="checkbox"/> Friends and family         | <input type="checkbox"/> Council website | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Social media      | <input type="checkbox"/> *Talking Together magazine | <input type="checkbox"/> Internet        |                                |
| <input type="checkbox"/> From a Councillor | <input type="checkbox"/> Council building/Library   | <input type="checkbox"/> Other           | <input type="text"/>           |

\*Free magazine which is delivered through your door 3 times a year from the Council and other Partners (last publication was November 2016).

**Q14. How well informed do you feel about each of the following?**

*Please cross one box only for each statement.*

	Very well informed	Fairly well informed	Not very well informed	Not well informed at all	Don't know
How and where to register to vote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How your Council Tax is spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you can get involved in local decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What services the Council provides	<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"/>
How to comment on Council services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how well informed do you feel about Council services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15. Do you agree or disagree that you can influence decisions made by the Council affecting your local area? Please cross one box only.**

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

**Q16. If you needed help or advice on the following issues, where would you go?**

*For each issue please cross all that apply.*

	Local doctor/ GP/ Hospital	The Council, including Children's Centres & Libraries	Local Councillor	Social Care Provider	Voluntary organisations, including Citizens Advice, Age UK	Police	Housing Association	Friends or family	Internet search	School/ College Other	Don't know
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child learning and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children and young people at risk of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults at risk of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social care (all ages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hate crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health (including depression and anxiety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction (including drug/alcohol misuse and gambling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt, loan, benefits and money advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on careers education and employment skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q17. If you have received help or advice on any of the issues in Q16 from the Council in the last 3 years, please tell us how satisfied or dissatisfied you were with this help or advice. (Please indicate which issue you are referring to).**

*Please tell us in the box below.*





**Q21. Is there anything preventing you from participating in activities more often? Please cross all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> I don't have enough free time           | <input type="checkbox"/> I don't have anyone to participate with    |
| <input type="checkbox"/> Transport issues                        | <input type="checkbox"/> I am too busy with work                    |
| <input type="checkbox"/> Activities cost too much                | <input type="checkbox"/> I have poor health/a disability            |
| <input type="checkbox"/> What I would like to do isn't available | <input type="checkbox"/> I don't feel like it/nothing appeals to me |
| <input type="checkbox"/> I don't know what there is to do        | <input type="checkbox"/> I don't have the confidence to do it       |
| <input type="checkbox"/> I have caring responsibilities          | <input type="checkbox"/> Other <input type="text"/>                 |
| <input type="checkbox"/> The weather                             |   |

**Q22. How satisfied or dissatisfied are you with the following aspects of bus services (not including park and ride) in your local area? Please cross one box per line.**

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know/NA
Availability of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of bus fares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness of buses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessibility of buses (wheelchairs, pushchairs etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health and Wellbeing

We are interested in your views on this topic because the Council is required by government to support health and wellbeing and has a responsibility for Public Health.

**Q23. How is your health in general? Please cross one box only.**

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very good                | Good                     | Fair                     | Bad                      | Very bad                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q24. Below are some statements about feelings and thoughts. Please cross the box that best describes your experience of each over the last 2 weeks.**

Please cross one box per line.

	None of the time	Rarely	Some of the time	Often	All of 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 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 close to other people	<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"/>



## Quality of Life

**Q29. Do any of the following present a problem to you and affect your quality of life?**

*Please cross one box per line.*

Major problem      Minor problem      Not a problem

Being able to get transport when I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to get to the doctor/GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing what services are available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing what benefits are available to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to see friends and neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to have a cooked meal everyday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to find paid employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debt or money worries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding an affordable home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to keep my home warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone to contact when I need help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to access a local shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to access leisure and cultural services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please tell us in the box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Education and Employment

**Q30. How satisfied or dissatisfied are you with the level of support available to...? Please**

*cross one box per line.*

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Don't know
Help local unemployed residents find suitable employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare young people for work on leaving school or college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help those in work further improve their skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support those in work who want to change jobs or careers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q31. If you answered 'fairly dissatisfied' or 'very dissatisfied', please tell us your reasons.**

*Please tell us in the box below.*

## Economy and Business

**Q32. What impact, if any, do you think Brexit (Britain exiting the European Union) will have over the next 3 years....?** *Please cross one box per line.*

	Positive impact	No impact	Negative impact	Don't know
On you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q33. Thinking about where you live, do you think the local economy has improved, stayed the same or got worse over the past 3 years?** By 'local' we mean a distance of about 15 to 20 minutes walk from your home.  
*Please cross one box only.*

Improved    Stayed the same    Got worse    I have not lived in the area for three years

The Council works with other organisations to improve the local economy and regenerate areas of Cheshire West and Chester. There have been a range of regeneration projects across the Borough in recent years and more are expected in the near future, including:

- Northwich: Barons Quay development
- Ellesmere Port: a new college, sports village and flagship Marks and Spencer store
- Winsford: regeneration planned for the town centre and expansion of the industrial estate
- Chester: the Northgate Development in Chester City Centre, including Storyhouse cultural centre and new bus station
- Rural: support for rural businesses to grow and develop, including rural business grants.

There will be other developments in your local area that the Council supports, which you may also want to consider when answering the following questions.

**Q34. How much, if at all, do you feel that you are benefitting from regeneration ....?** (please see above for examples) *Please cross one box per line.*

	Benefitting a lot	Benefitting a little	Not benefitting much	Not benefitting at all
in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
across Cheshire West and Chester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q35. Please give reasons for your answer in the box below.**

## Housing

**Q36. How well does your home meet your/your family's needs? Please cross one box only.**

Extremely  
well

Quite  
well

Not  
well

Not  
at all well

**Q37. If you feel that your home does not meet your needs, please indicate the reasons why. Please cross all that apply.**

Too small

Too large

Needs major repairs

Unsuitable for physical needs

Want to live independently

Need to live closer to employment

Need to live closer to family

Need to live closer to a carer or to give care

Family breakup

Need cheaper mortgage/rent

Too expensive to run

Need permanent home as living  
in temporary accommodation

Other

**Q38. If your home does not meet your needs, do you think you will be able to resolve these issues within the next five years? Please cross one box only.**

Yes

No

Don't know

**Q39. Please explain your answer in the box below?**

**Q40. If you have any other comments to add about any of the topics covered in the survey or would like to explain your answers to particular questions, please do so in the box below?**



**Q46. Which of these activities best describes what you are doing at present?**

*Please cross one box only. Only cross 'looking after the home or family' if this is your main activity and none of the other options apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Employed Part-Time (under 30 hrs a week)        | <input type="checkbox"/> In full-time education |
| <input type="checkbox"/> Employed Full-Time (30 hrs plus per week)       | <input type="checkbox"/> Unemployed             |
| <input type="checkbox"/> Don't work due to long-term sickness/disability | <input type="checkbox"/> Retired                |
| <input type="checkbox"/> On a Government training scheme                 | <input type="checkbox"/> Doing something else   |
| <input type="checkbox"/> Looking after the home or family                | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Self employed full or part-time                 |   |

**Q47. In which of these ways does your household occupy your current accommodation?**

*Please cross box only.*

- |   |  |
|---|--|
| <input type="checkbox"/> Owned outright         | <input type="checkbox"/> Rent from Housing Association/Council |
| <input type="checkbox"/> Buying on mortgage     | <input type="checkbox"/> Rented from private landlord          |
| <input type="checkbox"/> Other (please specify) |  |

Continued overleaf...

**Q48. What is your ethnic group? Please cross one box only.****White**

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Any other White background (Please tell us in the box below)

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (Please tell us in the box below)

**Other ethnic group**

- Arab
- Other ethnic group (Please tell us in the box below)

**Black or Black British**

- Caribbean
- African
- Any other Black background (Please tell us in the box below)

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (Please tell us in the box below)

**Travelling Community**

- Gypsy/Roma
- Traveller of Irish descent
- Other member of the travelling community (Please tell us in the box below)

**Q49. Which of these best describes your religious belief/ faith? Please cross one box only.**

- Buddhist     Christian (state denomination in box if you wish)
- Hindu     Jewish     Muslim     Sikh     None     Prefer not to say
- Other (please tell us in the box)

**Q50. Which of these best describes your sexual orientation?***Please cross one box only.*

- Heterosexual/Straight     Prefer not to say
- Bisexual     Prefer to use own term (please specify)
- Gay/Lesbian

**Thank you for completing this questionnaire. Please return it in the pre-paid envelope provided by Monday 27th February 2017.**

**No stamp is required.**

**Don't forget to fill in your prize draw sheet and send it in with your questionnaire**