



## Spring 2010 Public Services Panel

### Dear Panel Member

Welcome to the Spring 2010 PSP questionnaire. I would like to thank those of you who completed our last questionnaire. The information you gave us is being put to good use. Details of the results from the last survey and how we are using them are included within the enclosed newsletter.

This questionnaire is split down into two sections. The first of these sections looks at community safety and asks for information on topics such as crime prevention, road safety and accident prevention. The second section looks at the potential impact that the global economic recession will have on the council. One of the major consequences of the recession is that councils and other public sector organisations will receive less money from central government in coming years.

We have enclosed a booklet called Difficult Choices for Difficult Times which helps explain the situation in a bit more detail. This booklet is currently being sent to every household in Renfrewshire so you may already have a copy.

Also enclosed for you is an invitation to our Community Planning conference events which are taking place in venues across Renfrewshire during September.

Should you have any questions about the questionnaire or the Public Services Panel in general, please contact either: Paul Brennan (0141 840 3530) at Renfrewshire Council or Jim Patton (0800 121 4897) at Hexagon Research.



David Martin  
Chief Executive

## Section 1: Community Safety / Your Neighbourhood

Community safety has different meanings to different people at different stages of their lives. Community safety can be broadly defined as 'protecting people's right to live in confidence and without fear for their own or other people's safety'. This embraces a range of issues from crime prevention, domestic abuse, drug abuse, road safety, fire safety, accident prevention etc.

**Q1. Thinking about community safety, how satisfied are you with the work the council and others have done to tackle community safety?**

Very Satisfied	Satisfied	Neither/Nor	Dissatisfied	Very Dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q2. Thinking about the neighbourhood where you live, please state whether you 'agree' or 'disagree' with the following statements:**

	Strongly Agree	Agree	Neither/Nor	Disagree	Strongly Disagree
I am satisfied with my neighbourhood as a place to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My neighbourhood is safe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I think my local neighbourhood is a better place to live than it was five years ago	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Renfrewshire is a safe place to live	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q3. Tell us how worried you are about:**

	Very Worried	Fairly Worried	Not very Worried	Not at all Worried	Not applicable
Having your home broken into and something stolen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being mugged and robbed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being physically attacked or assaulted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being insulted or pestered by anybody, while in the street or any other public space	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being sexually assaulted or raped	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having things stolen from your car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being subject to physical attack because of your skin colour, ethnic origin or religion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having your car stolen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q4. Are you concerned about any of the following issues in your area?**

**(Please rank the issues you are most concerned by from 1 – 5 where 1 = most important and 5= least important)**

Damage/vandalism to your property	<input type="checkbox"/>	Car crime	<input type="checkbox"/>
Damage/vandalism to public property (e.g. schools, playgrounds or bus stops)	<input type="checkbox"/>	Antisocial neighbours	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	Housebreaking	<input type="checkbox"/>
Sexual violence	<input type="checkbox"/>	Violence in the street	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	Drugs/drug dealing	<input type="checkbox"/>
Drug abuse	<input type="checkbox"/>	Solvent abuse	<input type="checkbox"/>
Personal theft/mugging	<input type="checkbox"/>	Young people drinking in public	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	Racism	<input type="checkbox"/>

**Q5. Have you or any member of your household been a victim of any of the crimes listed below between 1<sup>st</sup> December 2008 and 1<sup>st</sup> December 2009?**

**(If yes, please tick in the table below and indicate how many times during this period you or a member of your family have been a victim of these crimes)**

	Have been victim to the crime	Number of times crime has taken place
Had your house broken into	<input type="checkbox"/> 1	
Had your shed or garage broken into	<input type="checkbox"/> 1	
Had your car or vehicle stolen	<input type="checkbox"/> 1	
Had your car or vehicle broken into (and something stolen)	<input type="checkbox"/> 1	
Had your car or vehicle damaged by vandals	<input type="checkbox"/> 1	
Been robbed in the street	<input type="checkbox"/> 1	
Been physically assaulted	<input type="checkbox"/> 1	
Had your house or property damaged by vandals	<input type="checkbox"/> 1	
Not been a victim of any crime during this period	<input type="checkbox"/> 1	GO TO Q7

**Q6. In your opinion was this offence due to your religion, ethnic origin, gender or sexual orientation? (please tick all that apply)**

	Religion	Ethnic origin	Gender	Sexual orientation	Don't know
Had your house broken into	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had your shed or garage broken into	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had your car or vehicle stolen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had your car or vehicle broken into (and something stolen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had your car or vehicle damaged by vandals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Been robbed in the street	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Been physically assaulted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Had your house or property damaged by vandals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q7. If you were a victim of a hate crime, would you report this to the Police?**

Yes  1 GO TO Q9

No  2 GO TO Q8

**Q8. Where would you go for help?**

Please specify \_\_\_\_\_

**Q9. Did you witness a crime any time between 1 December 2008 and 1 December 2009**

Yes  1 GO TO Q10

No  2 GO TO Q11

**Q10. Did you report it to the police?**

Yes  1

No  2

**Q11. How safe do you feel at night in town centres in Renfrewshire?**

	Very Safe	Safe	Unsafe	Very Unsafe	Don't Know
Paisley	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Johnstone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Renfrew	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Section 2: Antisocial Behaviour**

The Antisocial Behaviour etc. (Scotland) Act 2004 defines antisocial behaviour as acting “in a manner that causes or is likely to cause alarm or distress” or “pursuing a course of conduct that causes or is likely to cause alarm or distress”. This is a wide definition that includes a range of behaviours such as: dog fouling, litter, abusive or threatening behaviour, drunkenness in public, aggressive begging, shouting/swearing and general disorder, noise, vandalism, graffiti, harassment, neglect/abuse of property. These behaviours or acts where demonstrated by adults or young people would be considered as antisocial behaviour.

**Q12. How would you rank the impact of the following issues on you and your community?**

**Please rank the issues from 1 to 5, where 1 = most negative impact and 5 = least negative impact.**

	Impact on you personally	Impact on your community
Noisy neighbours or regular loud parties	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism, graffiti, or other damage to property	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish or litter lying around	<input type="checkbox"/>	<input type="checkbox"/>
Neighbour disputes	<input type="checkbox"/>	<input type="checkbox"/>
Neighbour nuisance	<input type="checkbox"/>	<input type="checkbox"/>
Groups or individuals intimidating or harassing others	<input type="checkbox"/>	<input type="checkbox"/>
Seen any instances of drug misuse or dealing	<input type="checkbox"/>	<input type="checkbox"/>
Rowdy behaviour e.g. hooliganism or loutish behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related disorder and drunkenness	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned and burnt out vehicles	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

**Q13. From the list below please state:**

- In the first column, those which you have personally experienced in the last 12 months (please tick any that apply)
- In the second column, please tick if you have reported any of these to anyone

	Experienced	Reported
Noisy neighbours or regular loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Vandalism, graffiti, or other damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Rubbish or litter lying around	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Neighbour disputes	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Neighbour nuisance	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Groups or individuals intimidating or harassing others	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Seen any instances of drug misuse or dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Rowdy behaviour e.g. hooliganism or loutish behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Alcohol related disorder and drunkenness	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Abandoned and burnt out vehicles	<input type="checkbox"/> 1	<input type="checkbox"/> 1
None of these	<input type="checkbox"/> 1	<input type="checkbox"/> 1

**Q14. If you did report the problem, who did you report it to? (please tick all that apply)**

Renfrewshire Antisocial Behaviour Helpline	<input type="checkbox"/> 1	Renfrewshire Warden's Service	<input type="checkbox"/> 1
Local Housing Association	<input type="checkbox"/> 1	Strathclyde Police	<input type="checkbox"/> 1
Private Landlords/Owner of property	<input type="checkbox"/> 1	Renfrewshire Council	<input type="checkbox"/> 1
		Other agencies e.g. Strathclyde Fire & Rescue	<input type="checkbox"/> 1

**Q15. How satisfied were you with the way your query was dealt with?**

	Very Satisfied	Fairly Satisfied	Neither Satisfied or Dissatisfied	Fairly Dissatisfied	Very Dissatisfied	No Opinion
Renfrewshire Antisocial Behaviour Helpline	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Renfrewshire Warden's 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
Strathclyde Police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Renfrewshire Council	<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 Housing Association	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Private Landlords/Owner of property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Other agencies e.g. Strathclyde Fire & Rescue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**Q16. Have you heard of the services offered by the following organisations which aim to tackle antisocial behaviour? (please tick all that apply)**

Renfrewshire Council's Antisocial Investigation Team	<input type="checkbox"/> 1	Renfrewshire Council's Noise Enforcement Team	<input type="checkbox"/> 1
Renfrewshire Council's Antisocial Behaviour Helpline	<input type="checkbox"/> 1	Renfrewshire Warden's Service	<input type="checkbox"/> 1
Strathclyde Police	<input type="checkbox"/> 1	Renfrewshire Council's Mediation Service	<input type="checkbox"/> 1
Housing Associations	<input type="checkbox"/> 1	Other agencies	<input type="checkbox"/> 1

**Q17. Are you aware of any of the following activities for young people within your area? (please tick all that apply)**

Street football	<input type="checkbox"/> 1	Youth Bus	<input type="checkbox"/> 1
The Box	<input type="checkbox"/> 1	Youth Gym	<input type="checkbox"/> 1

**Q18. Do you think that these activities have had an effect on your community?**

	Increase	No Change	Decrease
Youth disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Vandalism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Violence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Feeling safe	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Section 3: Accidents**

**Q19. Over the past 12 months have you or a member of your household experienced an accident that required medical attention? (e.g. a visit to a GP, Accident & Emergency or Hospitalisation?)**

Yes  1 GO TO Q20

No  2 GO TO Q24

**Q20. Over the past 12 months, please indicate if you or a member of your household received medical attention from any of the following services.**

	Number of visits
Your GP	<input type="checkbox"/>
Accident and Emergency	<input type="checkbox"/>
NHS 24	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

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**Q21. Thinking of the most recent occurrence, tick the box to indicate the age and sex of the person(s) concerned.**

<b>Age</b>	<b>Male</b>	<b>Female</b>
0 – 4 years	<input type="checkbox"/> 01	<input type="checkbox"/> 02
5 – 14 years	<input type="checkbox"/> 03	<input type="checkbox"/> 04
15 – 25 years	<input type="checkbox"/> 05	<input type="checkbox"/> 06
26 – 45 years	<input type="checkbox"/> 07	<input type="checkbox"/> 08
46 – 60 years	<input type="checkbox"/> 09	<input type="checkbox"/> 10
61 – 70 years	<input type="checkbox"/> 11	<input type="checkbox"/> 12
71 – 85 years	<input type="checkbox"/> 13	<input type="checkbox"/> 14
85+ years	<input type="checkbox"/> 15	<input type="checkbox"/> 16

**Q22. Please indicate the type of injury that was sustained:**

Sprain/strain	<input type="checkbox"/> 01	Concussion	<input type="checkbox"/> 08
Bruising	<input type="checkbox"/> 02	Dental problem	<input type="checkbox"/> 09
Fracture/break	<input type="checkbox"/> 03	Respiratory difficulty	<input type="checkbox"/> 10
Burn	<input type="checkbox"/> 04	Penetrating wounds	<input type="checkbox"/> 11
Poisoning (non food)	<input type="checkbox"/> 05	Bite	<input type="checkbox"/> 12
Food poisoning	<input type="checkbox"/> 06	Other	<input type="checkbox"/> 13
Dislocation	<input type="checkbox"/> 07		

**Q23. Where did the accident happen?**

- |                          |                             |                             |                             |
|--------------------------|-----------------------------|-----------------------------|-----------------------------|
| Own home                 | <input type="checkbox"/> 01 | Public building             | <input type="checkbox"/> 09 |
| Workplace                | <input type="checkbox"/> 02 | Relative's/friend's home    | <input type="checkbox"/> 10 |
| Public road (pedestrian) | <input type="checkbox"/> 03 | Sports facility             | <input type="checkbox"/> 11 |
| Public road (in vehicle) | <input type="checkbox"/> 04 | Swimming pool               | <input type="checkbox"/> 12 |
| Parking area             | <input type="checkbox"/> 05 | Shopping/entertainment area | <input type="checkbox"/> 13 |
| Lake, river or reservoir | <input type="checkbox"/> 06 | Footpath                    | <input type="checkbox"/> 14 |
| Nursery/school           | <input type="checkbox"/> 07 | Other (please specify)      | <input type="checkbox"/> 15 |
| Hospital                 | <input type="checkbox"/> 08 | _____                       |                             |

**Section 5: Road Safety**

**Q24. In terms of road safety, in your area what are the TWO biggest problems?**

- |   | <b>Biggest problem</b>     | <b>Second biggest problem</b> |
|---|----------------------------|-------------------------------|
| Children playing in the streets         | <input type="checkbox"/> 1 | <input type="checkbox"/> 1    |
| Not enough pedestrian/pelican crossings | <input type="checkbox"/> 2 | <input type="checkbox"/> 2    |
| Traffic travelling too fast             | <input type="checkbox"/> 3 | <input type="checkbox"/> 3    |
| Abandoned vehicles                      | <input type="checkbox"/> 4 | <input type="checkbox"/> 4    |
| Drunk drivers                           | <input type="checkbox"/> 5 | <input type="checkbox"/> 5    |
| Reckless driving                        | <input type="checkbox"/> 7 | <input type="checkbox"/> 7    |
| Inappropriate parking                   | <input type="checkbox"/> 8 | <input type="checkbox"/> 8    |
| Other (please specify)                  | <input type="checkbox"/> 9 | <input type="checkbox"/> 9    |
| _____                                   |                            |                               |

**Q25. Which TWO of the following do you think would make the roads in your area safer?**

	<b>Most important</b>	<b>Second most important</b>
Traffic calming measures	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Lower speed limits	<input type="checkbox"/> 3	<input type="checkbox"/> 3
More pedestrian crossings	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Better road maintenance	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Improved road markings	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Improved facilities for cyclists	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other (please specify)	<input type="checkbox"/> 8	<input type="checkbox"/> 8

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**Q26. Which of the following types of driver behaviour do you think form the biggest contributory factors in the majority of road crashes?**

**Choose the THREE you feel contribute most.**

	<b>Most likely</b>	<b>Second most likely</b>	<b>Third most likely</b>
Using mobile phone	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Aggression	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Speeding	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Driving too close to vehicle in front	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Drink/driving	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Tiredness	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Drug/driving	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Losing control	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Red light running	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Other (please specify)	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

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**Q27. What approaches do you consider would work best to influence or change driver behaviour?**

**Choose THREE you feel would impact most.**

	<b>Most important</b>	<b>Second most important</b>	<b>Third most important</b>
Publicity campaigns	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Driver training	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Education	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Enforcement	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Speed cameras (Hidden)	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
Speed cameras (highly visible)	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Physical measures (engineering)	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
Traffic Calming (Speed humps)	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
Improved road surface maintenance	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Improved street lighting facilities	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Other (please specify)	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11

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### **Section 5: Fire Safety**

**Q28. Have you ever had a fire in your house?**

Yes  1 No  2

**Q29. Do you have a smoke alarm?**

Yes  1 GO TO Q30 No  2 GO TO Q31

**Q30. Do you test it regularly e.g. monthly?**

Yes  1 No  2

**Q31. Has your family prepared a fire escape plan in the event of fire in your home?**

Yes

1

No

2

**Q32. How concerned are you about the following in the area where you live?**

	<b>Very Concerned</b>	<b>Fairly Concerned</b>	<b>Neither/ Nor</b>	<b>Not Very Concerned</b>	<b>Not Concerned At All</b>
Fires in houses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rubbish fires	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hoax fire calls	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Abuse of fire hydrants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bonfires	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Fireworks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

### Section 8: Difficult Choices for Difficult Times

The Council has always worked hard to provide good public services for people in Renfrewshire. Every year, we listen to feedback from customers about the many services we deliver and try to find new and better ways of working with you.

2010/2011 is the last year of our three-year grant settlement from the Scottish Government. We know that, with a more difficult economic climate this time round, our next settlement will be much less, with a cut in government grant funding highly likely.

With less money coming in and costs rising, the Council estimates that we may have a funding gap of up to £75 million.

We hope you understand that, with fewer resources available to us, we have to focus on our key priorities, and our commitment to protecting essential services for our most vulnerable residents and targeting resources where they are most needed.

The enclosed booklet entitled “Difficult Choices for Difficult Times” tells you about our priorities and the difficult choices we face, and we want your feedback on whether or not you think we're getting it right. This booklet is currently being sent to every household in Renfrewshire so you may already have a copy.

**Q33. Have you received a copy of the “Difficult Choices for Difficult Times” booklet with your Renfrewshire Magazine?**

Yes  1 GO TO Q34

No  2 GO TO Q35

**Q34. Have you already filled in the feedback form on the back of the “Difficult Choices for Difficult Times” booklet and posted it back to us?**

Yes  1 GO TO Q36

No  2 GO TO Q35

**Q35. Please indicate the extent to which you agree with the following statements.**

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither / Nor</b>	<b>Disagree</b>	<b>Strongly disagree</b>
The service priorities identified by the Council are the right ones	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I broadly agree with the approach taken to identify possible savings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I would be willing to pay more Council tax to help protect public services in Renfrewshire	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I would accept additional charges for some services if this would protect essential services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I would accept the Council closing some operational properties to protect and develop others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The information provided in the enclosed booklet is useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q36. Please use the space below to give any specific comments or views on the council's proposals**

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**Q37. Your views/comments**

Please use this space to add any other comments or suggestions.

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**Q38. Prize draw**

Every completed form will be entered into a prize draw. If you would like to be in with a chance of winning then please leave us your home or mobile phone number.

Phone number

**Thank you for completing this questionnaire. Please return it in the enclosed FREEPOST envelope**

**If you would like to complete future questionnaires online, please send your email address to Hexagon Research and Consulting at [office@hexagonresearch.co.uk](mailto:office@hexagonresearch.co.uk)**