



Spring/Summer 2009 Public Services Panel

Dear Panel Member

Welcome to the Spring/Summer 2009 PSP questionnaire. For many of you this will be the first time you have filled out one of our questionnaires. We hope you find it worthwhile and we are sure that you will soon be able to see the positive difference you are making as a member of the Public Services Panel.

This questionnaire is longer than we would normally expect panel members to complete. Questionnaires are usually between 12 and 16 pages in length but we feel it is important that we ask you some additional questions about the current financial situation and also about anti social behaviour and community safety. As a Council we need to ensure that we are offering the right services to people and especially so during this time of global recession.

We appreciate your contribution to the Panel and we hope that you can find the time to fill out this very important questionnaire. Your views will be used to inform our strategies for improving our services and will help guide the work of all the public and voluntary sector agencies working in Renfrewshire.

Should you have any questions about the questionnaire or the Public Services Panel in general, please contact either: Craig Glover (0141 840 3251) at Renfrewshire Council or Jim Patton (0800 121 4897) at Hexagon Research.



David Martin
Chief Executive

Section 1: Financial Services and Products

This information will be used to help inform the Renfrewshire Anti-Poverty Strategy. In the current economic climate, it is important that we have information to determine if the Council and its Community Planning Partners are offering the right financial services, advice and support to Renfrewshire residents. Please be assured that all responses are confidential.

Q1. Do you or your partner have any of the following? (please tick all that apply)

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|------------|
| Bank Account | <input type="checkbox"/> | 1 | Post Office Card Account | <input type="checkbox"/> | 1 |
| Building Society Account | <input type="checkbox"/> | 1 | Do not have any account | <input type="checkbox"/> | 1 GO TO Q2 |
| Credit union Account | <input type="checkbox"/> | 1 | | | |

Q2. If you don't you have a bank account, why is this?

- | | | | | | |
|---|--------------------------|---|---|--------------------------|---|
| No money, little money to put in an account | <input type="checkbox"/> | 1 | Get paid cash | <input type="checkbox"/> | 1 |
| No bank in local area | <input type="checkbox"/> | 1 | Afraid I might get overdrawn | <input type="checkbox"/> | 1 |
| Have has difficulties trying to open an account | <input type="checkbox"/> | 1 | There might be too many expensive charges | <input type="checkbox"/> | 1 |
| Can't prove identity to open an account | <input type="checkbox"/> | 1 | Prefer dealing in cash | <input type="checkbox"/> | 1 |
| Have been refused access to account | <input type="checkbox"/> | 1 | Religious or ethical reasons | <input type="checkbox"/> | 1 |
| On benefits/state pension | <input type="checkbox"/> | 1 | Other reasons | <input type="checkbox"/> | 1 |

Q3. Do you have insurance to cover your home contents, buildings or life?

- | | | | | | |
|-----|--------------------------|------------|----------|--------------------------|------------|
| Yes | <input type="checkbox"/> | 1 GO TO Q5 | Not sure | <input type="checkbox"/> | 3 GO TO Q5 |
| No | <input type="checkbox"/> | 2 GO TO Q4 | | | |

Q4. If not, why not?Too expensive 1No need 1Can't afford it 1Don't know how to access it 1Not got round to it 1Refused it 1Don't bother 1Other 1**Savings****Q5. Do you currently use any of the following ways to save money? (please tick all that apply)**Bank or Building Society (Savings or Deposit Account) 1Investment Savings Account (ISA) 1Post Office Card Account 1A Christmas Club or similar run by a local shop 1Credit Union Account 1Informally with work colleagues, friends or the committee system 1National Savings Certificates 1Putting money in a jar or envelope 1Premium Bonds 1Asking relatives or friends to save or look after money for you 1**Q6. Do you currently have any money saved?**Yes – less than £500 1Yes – more than £5,000 4Yes – between £500 and £1,000 2No savings at all 5Yes – between £1,000 and £5,000 3Don't want to say but have savings 6

Q7. How often do you put money into a savings account or save money?

- | | | | | | |
|--|--------------------------|---|--|--------------------------|---|
| I save regularly at least once a month | <input type="checkbox"/> | 1 | Not added any money since the account was opened | <input type="checkbox"/> | 5 |
| I save regularly less than once a month | <input type="checkbox"/> | 2 | Don't save/never | <input type="checkbox"/> | 6 |
| I put money in as and when I can | <input type="checkbox"/> | 3 | Not sure | <input type="checkbox"/> | 7 |
| Paid in money before but not in the past 12 months | <input type="checkbox"/> | 4 | | | |

Loans and Credit

Q8. Do you currently have any of the following types of credit? (please tick all that apply)

- | | | | | | |
|--|--------------------------|---|---|--------------------------|---|
| Personal Loan from a Bank/Building Society | <input type="checkbox"/> | 1 | Loan from a licensed finance company such as Provident or London Scottish | <input type="checkbox"/> | 1 |
| Credit Cards (like Mastercard or Visa) | <input type="checkbox"/> | 1 | Bank where weekly repayments are made, often on the doorstep | <input type="checkbox"/> | 1 |
| Shop or Store Cards (like Marks & Spencer, Argos or Dorothy Perkins) | <input type="checkbox"/> | 1 | Pawnbrokers or Cash Converters | <input type="checkbox"/> | 1 |
| Catalogues or Mail Order Schemes | <input type="checkbox"/> | 1 | Social Fund Loan | <input type="checkbox"/> | 1 |
| Hire or Rental Purchase Agreements | <input type="checkbox"/> | 1 | Pay Day Lender | <input type="checkbox"/> | 1 |
| Credit Union Loan | <input type="checkbox"/> | 1 | Loan from friend, relative or other private individual | <input type="checkbox"/> | 1 |
| Student Loan Company Loan | <input type="checkbox"/> | 1 | Other type of credit or loan (please specify) | <input type="checkbox"/> | 1 |
| Loan from an unlicensed money lender | <input type="checkbox"/> | 1 | None of these | <input type="checkbox"/> | 1 |

Managing Your Money

Q9. At present how well do you think you manage your money?

- | | | | | | |
|------------------|--------------------------|---|---------------------------|--------------------------|---|
| Managing well | <input type="checkbox"/> | 1 | Getting into difficulties | <input type="checkbox"/> | 3 |
| Just getting buy | <input type="checkbox"/> | 2 | Don't know | <input type="checkbox"/> | 4 |

Q10. How confident are you in your skills and ability to:

- | | Very
Confident | Quite
Confident | Not Very
Confident | Not at all
Confident |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Keep track of your finances | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Manage your money effectively | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Plan ahead for your financial commitments | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Choose financial products | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Stay informed about financial matters | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Q11. At present, how worried are you about getting into or being in debt?

- | | | | | | |
|------------------|--------------------------|---|--------------------|--------------------------|---|
| Very worried | <input type="checkbox"/> | 1 | Not at all worried | <input type="checkbox"/> | 4 |
| Fairly worried | <input type="checkbox"/> | 2 | Not sure | <input type="checkbox"/> | 5 |
| Not very worried | <input type="checkbox"/> | 3 | | | |

Q12. How aware are you of your financial commitments and how much money you owe to different companies, organisations or people?

- | | | | | | |
|-------------|--------------------------|---|------------------|--------------------------|---|
| Very Aware | <input type="checkbox"/> | 1 | Not Very Aware | <input type="checkbox"/> | 3 |
| Quite Aware | <input type="checkbox"/> | 2 | Not Aware At All | <input type="checkbox"/> | 4 |

Q13. How confident are you that you are receiving all the different tax or welfare benefits that you might be entitled to?

- | | | | | | |
|-----------------|--------------------------|---|----------------------|--------------------------|---|
| Very Confident | <input type="checkbox"/> | 1 | Not Very Confident | <input type="checkbox"/> | 3 |
| Quite Confident | <input type="checkbox"/> | 2 | Not At All Confident | <input type="checkbox"/> | 4 |

Q14. How easily would you say you find it to manage your fuel bills at the moment?

- | | | | | | |
|----------------------|--------------------------|---|----------------|--------------------------|---|
| Very easily | <input type="checkbox"/> | 1 | Very difficult | <input type="checkbox"/> | 4 |
| Quite easily | <input type="checkbox"/> | 2 | Not sure | <input type="checkbox"/> | 5 |
| Have some difficulty | <input type="checkbox"/> | 3 | | | |

Q15. How do you pay your fuel bills?

- | | | | | | |
|---------------------------------------|--------------------------|---|-----------------------------|--------------------------|---|
| Card meter or card that you charge up | <input type="checkbox"/> | 1 | Cheque | <input type="checkbox"/> | 5 |
| Key meter/token meter | <input type="checkbox"/> | 2 | Direct debit/standing order | <input type="checkbox"/> | 6 |
| Coin meter | <input type="checkbox"/> | 3 | Other | <input type="checkbox"/> | 7 |
| Cash | <input type="checkbox"/> | 4 | | | |

Financial Information and Advice

Q16. Have you had financial difficulties for any of the following reasons? (please tick all that apply)

- | | | | | | |
|--|--------------------------|---|--|--------------------------|---|
| Unemployment, redundancy, short time working | <input type="checkbox"/> | 1 | Income is not enough to cover all expenses | <input type="checkbox"/> | 1 |
| Gained Employment | <input type="checkbox"/> | 1 | Unable to keep up-to-date with repayments | <input type="checkbox"/> | 1 |
| Retirement | <input type="checkbox"/> | 1 | Problems managing money | <input type="checkbox"/> | 1 |
| Ill health/Disabilities | <input type="checkbox"/> | 1 | Overspending/Overcommitment | <input type="checkbox"/> | 1 |
| Bereavement | <input type="checkbox"/> | 1 | Taken on first home/tenancy | <input type="checkbox"/> | 1 |
| Having children | <input type="checkbox"/> | 1 | Delays/Errors in Benefits | <input type="checkbox"/> | 1 |
| Family break up | <input type="checkbox"/> | 1 | Business Related Problems | <input type="checkbox"/> | 1 |
| Relationship breakdown | <input type="checkbox"/> | 1 | Other | <input type="checkbox"/> | 1 |

Q17. With the current economic downturn which issues affecting you and your family are you most concerned about? (please tick all that apply)

- | | | | | | |
|--|--------------------------|---|---|--------------------------|---|
| Rising Food Costs | <input type="checkbox"/> | 1 | Struggling to pay the rent/rent arrears | <input type="checkbox"/> | 1 |
| Redundancy/Losing Your Job | <input type="checkbox"/> | 1 | Ability to repay Loans/ Loan Default | <input type="checkbox"/> | 1 |
| Paying Your Energy Bills | <input type="checkbox"/> | 1 | Credit Card Costs | <input type="checkbox"/> | 1 |
| Overspending/Being Overcommitted | <input type="checkbox"/> | 1 | Low Interest Rates on Savings | <input type="checkbox"/> | 1 |
| Difficulties paying your Mortgage/Mortgage Default | <input type="checkbox"/> | 1 | Ability to pay Council Tax | <input type="checkbox"/> | 1 |
| House being Repossessed | <input type="checkbox"/> | 1 | Other issues | <input type="checkbox"/> | 1 |
| | | | Not been affected | <input type="checkbox"/> | 1 |

Q18. Over the past 12 months, have you been anywhere for advice about money matters? (please tick all that apply)

- | | | | | | |
|--|--------------------------|---|-------------------------|--------------------------|---|
| Citizens Advice Bureau | <input type="checkbox"/> | 1 | Solicitor or Lawyer | <input type="checkbox"/> | 1 |
| Advice Works Offices in Johnstone, Paisley or Renfrew (Renfrewshire Council) | <input type="checkbox"/> | 1 | Credit Union | <input type="checkbox"/> | 1 |
| Renfrewshire Council - Housing and/or Benefits staff | <input type="checkbox"/> | 1 | Insolvency Practitioner | <input type="checkbox"/> | 1 |
| Bank or Building Society | <input type="checkbox"/> | 1 | Place of Worship | <input type="checkbox"/> | 1 |
| Independent Financial Advisor | <input type="checkbox"/> | 1 | Family member or friend | <input type="checkbox"/> | 1 |
| National Debtline | <input type="checkbox"/> | 1 | No, nowhere | <input type="checkbox"/> | 1 |
| Consumer Credit Counselling Service | <input type="checkbox"/> | 1 | Other | <input type="checkbox"/> | 1 |
| Social Worker | <input type="checkbox"/> | 1 | | | |

Section 2: Community Safety

Q19. 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

Q20. Overall how would you rate the services to improve community safety provided in Renfrewshire?

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

Q21. Do you feel that there has been any improvement in Community Safety in Renfrewshire over the last 12 months?

Significant Improvement	Some Improvement	Little Improvement	No Improvement
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Q22. Which of the following methods of communication do you use most to find out about Community Safety Issues, including anti-social behaviour/ crime/ road safety etc...? (please tick all that apply)

Local newspapers	<input type="checkbox"/> 1	Community Centre	<input type="checkbox"/> 1
National newspapers	<input type="checkbox"/> 1	Libraries	<input type="checkbox"/> 1
TV/ Radio	<input type="checkbox"/> 1	Other	<input type="checkbox"/> 1
Internet	<input type="checkbox"/> 1		

Q23. Which the following methods of communication influence how you feel about Community Safety in your area including the fear of crime, anti-social behaviour etc...?

Local newspapers	<input type="checkbox"/> 1	Community Centre	<input type="checkbox"/> 5
National newspapers	<input type="checkbox"/> 2	Libraries	<input type="checkbox"/> 6
TV/ Radio	<input type="checkbox"/> 3	Other	<input type="checkbox"/> 7
Internet	<input type="checkbox"/> 4		

Your Neighbourhood

Q24. 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

Your Safety & Well-being

Q25. 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

Q26. How much is your own quality of life affected by fear of crime? (please rate on a scale of 1-10, with 1 being 'no effect' and 10 being 'total effect')

- 01 02 03 04 05 06 07 08 09 10

Q27. What aspects of your neighbourhood, if any, do you particularly like? (please tick all that apply)

- | | | | | | |
|-----------------------------|--------------------------|---|-------------------------|--------------------------|---|
| Area well maintained | <input type="checkbox"/> | 1 | Local shops | <input type="checkbox"/> | 1 |
| No/little traffic | <input type="checkbox"/> | 1 | Safe area/low crime | <input type="checkbox"/> | 1 |
| Quiet/peaceful | <input type="checkbox"/> | 1 | Good sense of community | <input type="checkbox"/> | 1 |
| Safe/slow traffic | <input type="checkbox"/> | 1 | Local Schools | <input type="checkbox"/> | 1 |
| Leisure facilities | <input type="checkbox"/> | 1 | Public transport | <input type="checkbox"/> | 1 |
| Clean/tidy place to live | <input type="checkbox"/> | 1 | Good neighbours | <input type="checkbox"/> | 1 |
| Outlook/view | <input type="checkbox"/> | 1 | Friendly people | <input type="checkbox"/> | 1 |
| Facilities for young people | <input type="checkbox"/> | 1 | Nothing | <input type="checkbox"/> | 1 |
| Other | <input type="checkbox"/> | 1 | | | |

Q28. What aspects of your neighbourhood, if any, do you particularly dislike? (please tick any that apply)

Area poorly maintained	<input type="checkbox"/>	1	Poor local leisure facilities	<input type="checkbox"/>	1
Problems with neighbours	<input type="checkbox"/>	1	Nowhere for children to play	<input type="checkbox"/>	1
Poor local shops	<input type="checkbox"/>	1	Too much traffic	<input type="checkbox"/>	1
Alcohol abuse	<input type="checkbox"/>	1	Litter & rubbish	<input type="checkbox"/>	1
Young people hanging about/nothing for young people to do	<input type="checkbox"/>	1	Poor outlook/overview	<input type="checkbox"/>	1
Parking problems	<input type="checkbox"/>	1	Unsafe area/crime	<input type="checkbox"/>	1
Vandalism/graffiti	<input type="checkbox"/>	1	Poor local schools	<input type="checkbox"/>	1
Environmental noise	<input type="checkbox"/>	1	Fast/speeding traffic	<input type="checkbox"/>	1
Poor public transport	<input type="checkbox"/>	1	Drug abuse & dealing	<input type="checkbox"/>	1
Problems with dogs	<input type="checkbox"/>	1	Nothing	<input type="checkbox"/>	1
Other	<input type="checkbox"/>	1			

Q29. How common would you say the following things are in your neighbourhood?

	Very common	Fairly common	Not very common	Not at all common	Don't know
Noisy neighbours or regular loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Vandalism, graffiti, or other damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rubbish or litter lying around	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Neighbour disputes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Neighbour nuisance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Groups or individuals intimidating or harassing others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Seen any instances of drug misuse or dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Rowdy behaviour e.g. drunkenness, hooliganism or loutish behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q30. 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
- In the third column please tick which ONE of these experiences has had the most negative impact upon you?

	Experienced	Reported	Impact
Noisy neighbours or regular loud parties	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Vandalism, graffiti, or other damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Rubbish or litter lying around	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3
Neighbour disputes	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 4
Neighbour nuisance	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 5
Groups or individuals intimidating or harassing others	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 6
Seen any instances of drug misuse or dealing	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 7
Rowdy behaviour e.g. drunkenness, hooliganism or loutish behaviour	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 8
None of these	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 9

Q31. 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	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

Q32. Regardless of whether they were able to solve your problem, 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
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

Q33. Are you aware 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	Strathclyde Police	<input type="checkbox"/> 1
Renfrewshire Council's Mediation Service	<input type="checkbox"/> 1	Housing Associations	<input type="checkbox"/> 1
Renfrewshire Warden's Service	<input type="checkbox"/> 1	Other agencies	<input type="checkbox"/> 1

Q34. What if anything makes you or your family feel unsafe? (please tick all that apply)

- | | | | | | |
|--|--------------------------|---|--|--------------------------|---|
| Roads and traffic | <input type="checkbox"/> | 1 | Antisocial behaviour | <input type="checkbox"/> | 1 |
| Groups of young people in the street | <input type="checkbox"/> | 1 | Neighbourhood disputes | <input type="checkbox"/> | 1 |
| Fear of crime and criminal activity | <input type="checkbox"/> | 1 | Equipment, surfacing or location of play areas | <input type="checkbox"/> | 1 |
| Vandalism | <input type="checkbox"/> | 1 | Bullying at school | <input type="checkbox"/> | 1 |
| Poor lighting or street closes, public areas | <input type="checkbox"/> | 1 | Other | <input type="checkbox"/> | 1 |

Q35. Do you have a fear of crime in your area?

Yes 1 GO TO Q36

No 2 GO TO Q37

Q36. Which THREE of the following crimes do you fear the most?

- | | Crime feared most | Second most | Third most |
|----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| House breaking | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 | <input type="checkbox"/> 01 |
| Sexual violence | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 | <input type="checkbox"/> 02 |
| Personal theft/mugging | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 | <input type="checkbox"/> 03 |
| Underage drinking | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 | <input type="checkbox"/> 04 |
| Domestic violence | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 | <input type="checkbox"/> 05 |
| Violence in the street | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 | <input type="checkbox"/> 06 |
| Racist crime | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 | <input type="checkbox"/> 07 |
| Drugs/drug dealing | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 | <input type="checkbox"/> 08 |
| Vandalism | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 | <input type="checkbox"/> 09 |
| People drinking in public places | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| Car crime | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |

Q37. Are you afraid to go out at night in your own neighbourhood?

Yes 1

No 2

Q38. Are you afraid to go out at night in town centres in Renfrewshire? (i.e Paisley, Johnstone, Renfrew)

Yes 1

No 2

Q39. Which five of the following are you most concerned about 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

Car crime

Damage/vandalism to public property (e.g. schools, playgrounds or bus stops)

Antisocial neighbours

Domestic violence

Housebreaking

Sexual violence

Violence in the street

Drugs/drug dealing

Personal theft/mugging

People drinking in public places

Graffiti

Racism

Q40. Where in your neighbourhood do you think most crimes occur? Tick one only.

Shopping areas 1

Schools 5

Pubs/night clubs 2

Car parks 6

On the streets 3

Other 7

Derelict areas/waste land 4

Q41. Which THREE of the following would help make you feel safer in your area?

Please tick.

	First	Second	Third
Improved lighting on streets	<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
Personal alarms	<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
Better public transport	<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
Neighbourhood watch scheme	<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
Tougher sentences in the courts	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
More facilities for young people	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
Renfrewshire warden service	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
High profile police patrols	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
More town centre closed circuit TV (CCTV)	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
Traffic calming measures	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Design safer building and public areas	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
Improvements to play areas	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
Security devices in the home	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
Other	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14

Q42. In the last 12 months have you been bothered by neighbourhood nuisance?

Yes 1 GO TO Q43

No 2 GO TO Q44

Q43. What has been the cause of this nuisance?

- | | | | |
|------------------------------------|----------------------------|---------------|----------------------------|
| Loud noise | <input type="checkbox"/> 1 | Harassment | <input type="checkbox"/> 4 |
| Youth disorder | <input type="checkbox"/> 2 | Alcohol/drugs | <input type="checkbox"/> 5 |
| Violence/threats to your household | <input type="checkbox"/> 3 | Other | <input type="checkbox"/> 6 |

Q44. Have you or any member of your household been a victim of any of the crimes listed below between 1st December 2007 and 1st December 2008?

(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 by a member of your household	<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 Q46

Q45. 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 by a member of your household	<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

Q46. Have you or a member of your household ever done any of the following to protect yourself against crime? (please tick all that apply)

- | | | | | | |
|---------------------------|--------------------------|---|--------------------------------------|--------------------------|---|
| Installed a burglar alarm | <input type="checkbox"/> | 1 | Used a steering wheel/gearstick lock | <input type="checkbox"/> | 1 |
| Stayed indoors in daytime | <input type="checkbox"/> | 1 | Kept a dog | <input type="checkbox"/> | 1 |
| Stayed indoors at night | <input type="checkbox"/> | 1 | Taken self defence lessons | <input type="checkbox"/> | 1 |
| Fitted window locks | <input type="checkbox"/> | 1 | Installed a car alarm | <input type="checkbox"/> | 1 |
| Fitted extra door locks | <input type="checkbox"/> | 1 | Carried a personal alarm | <input type="checkbox"/> | 1 |
| | | | Other | <input type="checkbox"/> | 1 |

Q47. Have you witnessed a crime in the last 12 months? (any time between 1 December 2007 and a 1 December 2008)

- Yes 1 GO TO Q48 No 2 GO TO Q49

Q48. Did you report it to the police

- Yes 1 No 2

Road Safety

Q49. In terms of road safety, in your area what are the TWO biggest problems?

	Biggest problem	Second biggest problem
Not enough parking facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Children playing in the streets	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Not enough pedestrian/pelican crossings	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Traffic travelling too fast	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Abandoned vehicles	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Untaxed vehicles	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Drunk drivers	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Reckless driving	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Q50. Which TWO of the following do you think would make the roads in your area safer?

	Most important	Second most important
Increased parking spaces	<input type="checkbox"/> 1	<input type="checkbox"/> 1
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
More children's crossing patrols	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Better road maintenance	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other	<input type="checkbox"/> 7	<input type="checkbox"/> 7

Q51. Do you consider driver behaviour to be a significant factor in road crashes?

Yes 1 No 2

Q52. 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.

	Most likely	Second most likely	Third most likely
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
Other	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9

Q53. To what extent do you think driver behaviour can be influenced by safety measures, campaigns or other measures? (please tick ONE)

Very Significantly Not Very Not at all
Significantly
 1 2 3 4

Q54. What approaches do you consider would work best to influence or change driver behaviour?

Choose THREE you feel would impact most.

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

Home Safety/Security

Q55. Which ONE of the following is a major concern regarding safety in the home?

- | | | | |
|-------------|----------------------------|-------------------|----------------------------|
| Fires | <input type="checkbox"/> 1 | Burns/scalds | <input type="checkbox"/> 5 |
| Falls | <input type="checkbox"/> 2 | Personal safety | <input type="checkbox"/> 6 |
| Electricity | <input type="checkbox"/> 3 | Domestic violence | <input type="checkbox"/> 7 |
| Stairs | <input type="checkbox"/> 4 | Other | <input type="checkbox"/> 8 |

Q56. Do you feel your home is secure?

Yes 1 GO TO Q58

No 2 GO TO Q57

Q57. Which of the following are you concerned about in your area? (please tick all that apply)

Alcohol abuse 1

Damp housing 1

Drug abuse 1

Access to health care 1

Solvent abuse 1

Environmental problems 1

Young people drinking in public 1

Other 1

Domestic violence 1

Fire Safety

Q58. Have you ever had a fire in your house?

Yes 1

No 2

Q59. Do you have a smoke alarm?

Yes 1 GO TO Q60

No 2 GO TO Q63

Q60. Do you test it regularly?

Yes 1

No 2

Q61. Is it battery or mains powered?

Battery powered 1 GO TO Q62

Mains powered 2 GO TO Q63

Q62. Do you have problems changing the battery?

Yes 1 No 2

Q63. Do you have any other fire safety equipment in the house?

Yes 1 No 2

Q64. Has your family prepared a fire escape plan in the event of fire in your home?

Yes 1 No 2

Q65. How concerned are you about the following in the area where you live?

	Very Concerned	Fairly Concerned	Neither/ Nor	Not Very Concerned	Not Concerned At All
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

Environmental Safety

Q66. Which TWO of the following do you think are the biggest problems in your area?

	Biggest problem	Second biggest problem
Rubbish/Litter	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Broken glass	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Discarded needles	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Dog fouling/stray dogs	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Derelict land	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Unsafe play areas	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Fumes from car exhausts	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Other	<input type="checkbox"/> 8	<input type="checkbox"/> 8

Accidents

Q67. 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 Doctor, Accident & Emergency or Hospitalisation?)

Yes 1 GO TO Q68

No 2 GO TO THE END

Q68. Thinking of the most recent occurrence, tick the box to indicate the age and sex of the person(s) concerned.

Age	Male	Female
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

Q69. Did the medical attention received prevent them from attending work or school?

Yes 1 GO TO Q70

No 2 GO TO Q71

Q70. Please write in the number of work/school days missed?

Work days

School days

Q71. 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 inquiry | <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 | | |

Q72. Where did the accident happen?

- | | | | |
|--|-----------------------------|--|-----------------------------|
| Own home, living or sleeping area | <input type="checkbox"/> 01 | Public road | <input type="checkbox"/> 11 |
| Own home kitchen | <input type="checkbox"/> 02 | Parking area | <input type="checkbox"/> 12 |
| Own home, bathroom, laundry, or toilet | <input type="checkbox"/> 03 | Lake, river or reservoir | <input type="checkbox"/> 13 |
| Own home elsewhere | <input type="checkbox"/> 04 | Building site | <input type="checkbox"/> 14 |
| Daycare-nursery playground | <input type="checkbox"/> 05 | Beach | <input type="checkbox"/> 15 |
| Daycare-nursery (not playground) | <input type="checkbox"/> 06 | Country park | <input type="checkbox"/> 16 |
| Residential institution including hospital | <input type="checkbox"/> 07 | Sports centre, pitch or court | <input type="checkbox"/> 17 |
| Farm | <input type="checkbox"/> 08 | Public swimming pool | <input type="checkbox"/> 18 |
| School playground | <input type="checkbox"/> 09 | Shopping/entertainment area (e.g. shop, pub, cinema) | <input type="checkbox"/> 19 |
| Footpath | <input type="checkbox"/> 10 | | |

Q73. Your views/comments

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

Q74. 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