

Monks Hill Perceptions Survey - 2010

Hello, I am from the department for adult services and housing. We are doing a survey of the estate and really want to know if you have any issues or concerns. Can I ask you a few questions?

First Name

Surname

Full Postal Address

Telephone Number (Home Work or Mobile)

Q1 Which age band do you fall under?

- 16 - 19.....
- 20 - 29.....
- 30 - 59.....
- 60 - 74.....
- 75 and Over.....

Q2 Gender

- Male.....
- Female.....

Q3

What is the ethnicity of your Household

- | | White | Black/African
Caribbean | Asian | Chinese | Eastern
European | Mixed
Other |
|--------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| You | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Your Partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q4 Do you consider yourself to have a disability?

- Yes.....
- No.....

if yes - details

Q6 Household

- 1 adult under 60.....
- 1 adult over 60.....
- 2 adults both under 60.....
- 2 adults both over 60.....
- 2 adults at least 1 over 60.....
- 2 parent family at least 1 child under 16.....
- 1 parent family at least 1 child under 16.....
- other.....

Q5 What is your tenure type? (tick all that apply)

- Council Tenant.....
- Council Leaseholder.....
- Private Leaseholder.....
- Housing Association Tenant.....
- Freeholder.....
- Permanent (if Council or HA).....
- Temporary (if Council or HA).....

Q7 How safe or unsafe do you feel at home during the day and night?

	DAY	NIGHT
Very Secure	<input type="checkbox"/>	<input type="checkbox"/>
Fairly Secure	<input type="checkbox"/>	<input type="checkbox"/>
Neither way	<input type="checkbox"/>	<input type="checkbox"/>
Fairly Insecure	<input type="checkbox"/>	<input type="checkbox"/>
Very Insecure	<input type="checkbox"/>	<input type="checkbox"/>

Q8 How safe or unsafe do you feel walking around your area during the day and the night?

	DURING THE DAY	AT NIGHT
Very Secure	<input type="checkbox"/>	<input type="checkbox"/>
Fairly Secure	<input type="checkbox"/>	<input type="checkbox"/>
Neither Way	<input type="checkbox"/>	<input type="checkbox"/>
Fairly insecure	<input type="checkbox"/>	<input type="checkbox"/>
Very Insecure	<input type="checkbox"/>	<input type="checkbox"/>

Q9 What do you think could be done to increase your feeling of safety in your home or local area?

Q10 Have you or a member of your household experienced any of the following types of crime or anti-social behaviour in the last 2 years?

- Burglary.....
- car crime.....
- street crime/assault.....
- sexual crime.....
- nuisance drinking.....
- fly tipping/rubbish dumping.....
- vandalism.....
- Graffiti.....
- abandoned vehicles.....
- joyriding (including mopeds and motorbikes etc.).....
- neighbour abuse/harassment.....
- abuse or bullying at school/college...
- abuse or bullying in the community. .
- racial harassment.....
- harassment due to religious beliefs. .
- homophobic abuse.....
- arson.....
- gun crime.....
- drug Dealing.....
- Disability Harassment.....
- Damage to cars.....
- Dog Fouling.....
- General dog nuisance / noise.....

Q11 If yes , did you report this to:-

- Police.....
- Tenancy Officer.....
- Neighbourhood wardens.....
- Other Organisation.....
- College/School.....

Q12 If not reported, Why Not?

Q13

How satisfied are you with the following in your area

	Very Satisfied	Fairly satisfied	Neither way	Fairly dissatisfied	Very dissatisfied
Local Environment (street)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door entry systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caretaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 If fairly or very dissatisfied, please say why

Q15 Do you allow your children to play on the estate?

- Yes.....
- No.....

Q16 If yes, Where?

Q17 If No to Q 16, Why not?

Q18 Are you a member of any community/resident group in your area?

- Yes.....
- No.....

Please give details

Q19 Have you been to any meetings relating to your area in the past 12 months?

- Yes.....
- No.....

Q20 If there was a resident association on the estate, would you become a member?

- Yes.....
- No.....

Q21 If Yes, Would you like to be involved in running the group? (with support from officers of the resident participation team)

- Yes.....

No.....

Q22 If there was a less formal officer lead group which met only to talk about specific issues as they arise (eg; ASB of any kind), would you be interested in attending these meetings?

- Yes.....
- No.....

Are you aware of the following ways to be

Q23 involved? (tick all that apply)

- Community Housing Panel.....
- Housing Sounding Board.....
- Neighbourhood Voice.....
- Mystery Shopping.....
- Resident Inspectors.....
- Specialist Panels - HEMP, leasehold, Sheltered, disability.....

Q24 Are there any other suggestions you would like to make to help us to improve Monks Hill estate?

Thank you very much for your time
Completed by (name and date)

