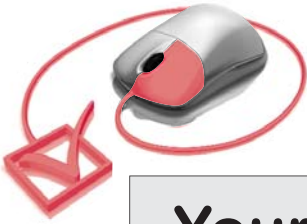


Your membership number is:



## Your Living in Lancashire survey

1. Please read the instructions carefully and use blue or black pen to fill in the questionnaire.
2. Please check you have answered all the appropriate questions.
3. Return your completed questionnaire in the reply-paid envelope provided.

### Views about my neighbourhood

Please answer the following questions thinking about your immediate neighbourhood, by which we mean your street or block.

**1**

**How much do you agree with the following statements about your neighbourhood?** PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
The friendships and associations I have with other people in my neighbourhood mean a lot to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I need advice I could go to someone in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I borrow and exchange things with my neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to remain a resident of this neighbourhood for a number of years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like to think of myself as similar to the people who live in this neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I regularly stop and talk with people in this neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be willing to work together on something to improve my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighbourhood help each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

Suppose you lost your purse/wallet containing your address details, and it was found in the street by someone living in your neighbourhood. How likely is it that it would be returned to you with nothing missing?

PLEASE TICK ONE BOX ONLY

- Very likely
- Quite likely
- Not very likely
- Not at all likely
- Don't know

Now thinking about your local area, which is the area a 15-20 minute walk from your home.

3

How do you find out about what's going on in your local area?

PLEASE TICK AS MANY AS APPLY

- From family or friends
- Local newspapers
- Local radio
- Local television
- Posters or leaflets
- Information through my door
- Internet
- From schools (eg newsletters)
- Other (please write in below)

- None of these
- Don't know

4

How strongly do you feel you belong to your immediate neighbourhood, your local area and Lancashire? PLEASE TICK ONE BOX ONLY IN EACH COLUMN

	Your immediate neighbourhood	Your local area	Lancashire
Very strongly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fairly strongly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Not very strongly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5****Which of the following community services or facilities...****a) are the most important to have in your local area?****b) do you have in your local area?****c) have you or your family used in the last 12 months?**

PLEASE TICK AS MANY AS APPLY IN EACH COLUMN

	a) Most important to have	b) Facilities have in area	c) Used in last 12 months
A GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A chemist/pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corner shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hairdresser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A bank/cash point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Park/open spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community centre/church hall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School (eg primary, secondary, special)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports/leisure facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local activity groups (eg scouts, art society)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petrol station/garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takeaway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please write in below)			
<input style="width: 300px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Participation in local issues

6

Do you agree or disagree that you can influence decisions affecting your local area? Please think of your local area as a 15-20 minutes walk from your home. PLEASE TICK ONE BOX ONLY

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

7

How important is it for you personally to feel that you can influence decisions in your local area? Would you say it is...? PLEASE TICK ONE BOX ONLY

- |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very important           | Quite important          | Not very important       | Not at all important     | Don't know               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8

Generally speaking, would you like to be more involved in the decisions the council makes that affect your local area? PLEASE TICK ONE BOX ONLY

- |                      |                          |
|----------------------|--------------------------|
| Yes                  | <input type="checkbox"/> |
| No                   | <input type="checkbox"/> |
| Depends on the issue | <input type="checkbox"/> |
| Don't know           | <input type="checkbox"/> |

9

If you wanted to influence decisions in your local area, how would you go about it? PLEASE TICK AS MANY AS APPLY

- |   |                          |
|---|--------------------------|
| Contact the council/a council official              | <input type="checkbox"/> |
| Contact my councillor                               | <input type="checkbox"/> |
| Contact my MP                                       | <input type="checkbox"/> |
| Contact a local campaigner                          | <input type="checkbox"/> |
| Contact a local religious leader                    | <input type="checkbox"/> |
| Contact a local policeman/community support officer | <input type="checkbox"/> |
| Sign a petition                                     | <input type="checkbox"/> |
| Organise a petition                                 | <input type="checkbox"/> |
| Attend a council meeting                            | <input type="checkbox"/> |
| Attend a public meeting                             | <input type="checkbox"/> |
| Contact local media or journalists                  | <input type="checkbox"/> |
| Other (please write in below)                       |                          |

- |                      |                          |
|----------------------|--------------------------|
| Wouldn't do anything | <input type="checkbox"/> |
| Don't know           | <input type="checkbox"/> |

**10**

Below is a list of some things people have said would make it easier for them to influence decisions in their local area. Which, if any, of these might make it easier for you to influence decisions in your local area?

PLEASE TICK AS MANY AS APPLY

- If the council got in touch with me and asked me
- If I could give my opinion online/by email
- If I knew what issues were being considered
- If I had more time
- If it was easy to contact my local councillor
- If I knew who the local councillor was
- If I could get involved in a group making decisions about issues affecting my local area/neighbourhood
- Other (please write in below)

- I'm not interested in influencing decisions affecting my local area
- Don't know

**11**

To what extent do you agree or disagree with the following statements?

PLEASE TICK ONE BOX ONLY FOR EACH STATEMENT

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
By working together, people in my area can influence decisions that affect the local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighbourhood pull together to improve the neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my neighbourhood could work together to run local services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12**

Which, if any, of the following people would you describe as a local community leader in your area? PLEASE TICK AS MANY AS APPLY

- MP (Member of Parliament)
- County councillor
- District councillor
- Town/parish councillor
- Local community organiser
- Local campaigner
- Religious leader
- Other (please write in below)

- None of these
- Don't know

**13**

**In the last 12 months have you taken any of the following actions in an attempt to solve a problem affecting people in your local area?**

PLEASE TICK AS MANY AS APPLY

Contacted a local radio station, television station or newspaper

Contacted the appropriate organisation to deal with the problem, such as the council

Contacted a local councillor or MP

Attended a public meeting or neighbourhood forum to discuss local issues

Attended a tenants/local residents group

Attended a protest meeting or joined an action group

Helped organise a petition on a local issue

Other (please write in below)

No local problems

None of these

Don't know

**14**

**In the last 12 months, have you done any of the following things? Please do not include any activities related to your job.**

PLEASE TICK AS MANY AS APPLY

Been a local councillor (for the local authority, town or parish)

Been a school governor

Been a magistrate

Member of a group making decisions on local health services

Member of a decision making group set up to regenerate the local area

Member of a decision making group set up to tackle local crime problems

Member of a tenants' group decision making committee

Member of a group making decisions on local education services

Member of a group making decisions on local services for young people

Member of another group making decisions on services in the local community

None of these



**17****Do you ever feel lonely?**

PLEASE TICK ONE BOX ONLY

- Never
- Rarely
- Occasionally
- Often

**18****Who, if anyone, could you ask for help in each of the following situations?****a) You are ill in bed and need help at home (eg cooking, cleaning and making a cup of tea)****b) You are in financial difficulty and need to borrow some money to see you through the next few days****c) You are going on holiday and need someone to keep an eye on your house**

PLEASE TICK AS MANY AS APPLY IN EACH COLUMN

	a) Ill in bed and need help	b) Financial difficulty and need to borrow some money	c) On holiday ask someone to keep eye on house
Husband/wife/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other household member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative (outside household)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary or other organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else (please write in below)			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would prefer not to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is no one I can ask for help from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Involvement in local groups, clubs and organisations

The next questions are about involvement in groups, clubs and organisations. These could be formally organised groups or just groups of people who get together to do an activity or talk about things. Please exclude just paying a subscription, giving money and anything that was a requirement of your job.

**19**

**In the last 12 months, have you been involved with any groups of people who get together locally to do an activity or to talk about things (eg evening classes, support groups, slimming clubs, keep-fit classes, pub teams)?** PLEASE TICK ONE BOX ONLY

Yes  → go to Q20No  → go to Q21



**20****How often, if at all, do you take part in each of the following?**

PLEASE TICK ONE BOX FOR EACH

	At least once a week	At least once a month	At least once every three months	Less often	Not applicable/ don't know
Hobbies/social clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports/exercise groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community or neighbourhood groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups for children or young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult education groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups for older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and welfare groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups representing the interest of specific communities (eg disability, faith, lesbian, gay, bisexual, transgender)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trade union groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religious groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Volunteering**

In this section we would like to ask you about voluntary and community work, and any other community activities you may be involved in, have supported, or used.

Please note that 'supported' could include raising or handling money, working on a committee, organising or helping to run an activity or event, visiting or befriending people, giving advice, information or counselling, secretarial, administration or clerical work, providing transport or driving, campaigning, and giving other practical help.

**21****Do you know of opportunities to volunteer locally?**

PLEASE TICK ONE BOX ONLY

Yes No Don't know **22****Have you volunteered for a voluntary organisation, community group or club in the last 12 months? (Include anything you've taken part in, supported or that you've helped in any way, either on your own or with others. And exclude giving money and anything that was a requirement of your job.)** PLEASE TICK ONE BOX ONLYYes  → go to Q25No  → go to Q23

**23**

**Please tell us what stops you from volunteering, or from volunteering more?** PLEASE TICK AS MANY AS APPLY

- I have work commitments
- I do other things with my spare time
- I have to look after children, the home
- I don't know any groups that need help
- I have to look after someone who is elderly or ill
- I haven't heard about the opportunities to give help
- I have to study
- I'm new to the area
- I'm too young
- I've never thought about it
- I'm too old
- Other (please write in below)

**24**

**Which of the following would make you more likely to volunteer in the future?** PLEASE TICK AS MANY AS APPLY

- If someone asked me directly to get involved
- If my friends and family got involved along with me
- If someone who was already involved was there to help me get started
- If there was more information about the things I could do
- If I could do it from home
- If someone could provide transport when I needed it
- If information on volunteering opportunities was more accessible
- If I knew it would help me improve my skills or get qualifications
- If I knew it would benefit me in my career or improve my job prospects
- If I knew I could have my expenses paid
- I can't volunteer more
- Nothing would encourage me to volunteer

## Giving unpaid help

**25**

And aside from any formal volunteering, have you given unpaid help to someone who was not a relative in the last 12 months? (Include any unpaid help you, as an individual, may have given to other people, for example to a friend, neighbour or someone who isn't a relative. And exclude any help you have given through a voluntary organisation, community group or club.) PLEASE TICK ONE BOX ONLY

Yes  → go to Q26

No  → go to Q29

**26**

In which of the following ways have you given unpaid help to someone who was not a relative in the last 12 months? PLEASE TICK AS MANY AS APPLY

Cooking, cleaning, laundry, gardening or other routine household jobs

Doing shopping, collecting a pension or paying bills

Writing letters or filling in forms

Representing someone (eg talking to a council department or doctor on their behalf)

Transporting or escorting someone (eg to hospital or on an outing)

Sitting with or providing personal care (eg washing, dressing) for someone who is sick or frail

Decorating or doing any kind of home or car repairs

Babysitting or caring for children

Giving advice

Looking after a property or a pet for someone who is away

Keeping in touch with someone who has difficulty getting out and about (eg visiting in person, telephoning, emailing)

**27**

On average, how often during the last 12 months have you given unpaid help to someone who was not a relative? PLEASE TICK ONE BOX ONLY

At least once  
a week

About once  
a month

A few times  
a year

Once a  
year

Don't know/  
can't remember

**28**

Approximately how many hours in the last 4 weeks have you given unpaid help to someone who was not a relative? PLEASE WRITE IN BELOW

hours

Don't know/can't remember

**29**

In the past 12 months have you received any unpaid help in any of the following ways? Please do not count help from people living with you or from an organisation or group. PLEASE TICK AS MANY AS APPLY

- Cooking, cleaning, laundry, gardening or routine household jobs  → go to Q30
- Collecting shopping, a pension or paying bills  → go to Q30
- Help writing letters or filling in forms  → go to Q30
- Being represented (eg talking to a council department or doctor on my behalf)  → go to Q30
- Transporting or escorting me (eg to hospital or on an outing)  → go to Q30
- Sitting with me, or providing personal care (eg washing, dressing)  → go to Q30
- Decorating or any kind of home or car repairs  → go to Q30
- Babysitting or caring for children  → go to Q30
- Getting advice  → go to Q30
- Someone looking after my property/pet while I'm away  → go to Q30
- Keeping in touch (eg visiting in person, telephoning, emailing)  → go to Q30
- I have not received any unpaid help  → end of survey

**30**

Approximately how many hours in the last 4 weeks have you received unpaid help from someone who was not a relative? PLEASE WRITE IN BELOW

hours

Don't know/can't remember

**Please return the questionnaire in the reply-paid envelope.  
Thank you for being part of Living in Lancashire.**