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|  | **Housing - Tenant Participation Survey** |

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|  | **Do you know how to get involved with Housing Services and have your views / opinions / thoughts heard?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Partly |

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|  | **If you've given your views / opinions / thoughts to Housing Services did you receive feedback about what would happen next?** (please tick only one)  |
|  |   | Yes |
|  |   | No |
|  |   | Not applicable |

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|  | **Do you feel safe within your home?** (please tick only one) |
|  |   | Yes |
|  |   | No |

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|  | **Do you feel safe within the community you live in?** (please tick only one) |
|  |   | Yes |
|  |   | No |

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|  | **Do you feel proud of the community you live in?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Not sure / don't know |

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|  | **Please use this space to make any comments that you have**

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|  | **If you wanted to get more involved in your community would you know how to do this?** (please tick only one) |
|  |   | Yes |
|  |   | No |

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|  | **Do you feel supported to engage / get involved / take part with Housing Services?** (please tick only one) |
|  |   | Yes |
|  |   | No |

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|  | **Do you feel confident to engage / get involved / take part with Housing Services?** (please tick only one) |
|  |   | Yes |
|  |   | No |

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|  | **In what ways would you prefer to engage with us / tell us your opinions in order to make improvements to Housing Services?** (please tick all that apply) |
|  |   | On the phone |
|  |   | Via email |
|  |   | Via social media |
|  |   | At events |
|  |   | Face-to-face |
|  |   | Via a Tenants and Residents Group |
|  |   | At a quarterly meeting with us |
|  |   | Online surveys |
|  | Other, please specify …………………………………………………………………………. |
|  | **Do you know about the Tenant Participation Strategy?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Partly |

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|  | **As a Pembrokeshire County Council tenant do you feel listened to when important decisions are being made within the Housing Service?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Partly |

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|  | **Would you like to help us make a new Tenant Participation Strategy? You can get involved by coming to one of our focus groups / filling out an online survey / proof-reading / talking to us on the phone** (please tick only one) |
|  |   | Yes |
|  |   | No |
|   | **Would you like to be in with a chance of winning supermarket vouchers in our prize draw (1st prize £50, 2nd prize £30, 3rd prize £10)?** (please tick only one) |  |
|  |   | Yes |
|  |   | No |
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|  |  | **If you have answered Yes to either or both of the questions above please give your contact details below. We will only use this information as you’ve asked us to and it will not be linked to any other answers you’ve given**

|  |  |
| --- | --- |
| Name |  |
| Telephone Number |  |
| Email |  |

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|  | **About You** |
|  | Why do we ask these questions? www.pembrokeshire.gov.uk/equalities/why-do-we-ask-equality-questions |

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|  | **In which language do you prefer to communicate?** (please tick only one) |
|  |   | English |
|  |   | Welsh |
|  |   | Prefer not to say |
|  | Other, please specify ……………………………………………………………………… |
|  | **Are you?** (please tick only one) |
|  |   | Male |
|  |   | Female |
|  |   | Prefer not to say |

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|  | **Are you?** (please tick only one) |
|  |   | Aged 16 or under |
|  |   | Aged 17 - 24 |
|  |   | Aged 25 - 64 |
|  |   | Aged 65 - 74 |
|  |   | Aged 75 or over |
|  |   | Prefer not to say |

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|  | **Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last at least 12 months?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Prefer not to say  |

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|  | **Do you provide regular, unpaid, substantial care for a relative, friend or neighbour who is unable to manage at home without help because of sickness, age or disability?** (please tick only one) |
|  |   | Yes |
|  |   | No |
|  |   | Prefer not to say |

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|  | **What is your ethnic group?** (please tick only one) |
|  |   | White (Welsh, English, Scottish, Irish, British) |
|  |   | Other White, including Gypsy or Irish Traveller |
|  |   | Mixed / multiple ethnic groups |
|  |   | Asian / Asian Black |
|  |   | Black / African / Caribbean / Black British |
|  |   | Prefer not to say |
|  | Other, please specify …………………………………………………………………………. |
|  | **Please use this space to tell us about any other protected characteristics you share should you with to** |
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 **Once complete please return to** **surveys@pembrokeshire.gov.uk** **or Pembrokeshire**

 **County Council, Policy, 2D County Hall, Haverfordwest, SA61 1TP by 24/04/19**