

# **Questionnaire 28**February 2013



ABERDEEN'S CITIZENS PANEL

## **FAIRER – EQUALITY AND DIVERSITY**

Local authorities have a central role to play in improving the lives of the people of their cities. This includes tackling disadvantage and inequality wherever they exist and bringing people together. In addition to this, the Scottish Government introduced specific duties for public authorities to produce and publish a set of 'equalities outcomes' by April 2013. An 'equality outcome' is a result that the authority aims to achieve in order to further one or more of the following needs: eliminate discrimination, advance equality of opportunity and foster good relations.

In preparation for these outcomes, Aberdeen City Council undertook a comprehensive evidence review and consultation. This gave us a baseline for developing priority areas of concern to allow us to measure progress and demonstrate that we have made a real difference in key areas of inequality.

The answers to the following questions will help the Council to monitor the progress in different areas of equality, identify any barriers and provide data that will enable us to track future progress.

| Have you, or a member of your household, experienced discrimination when receiving Council services because of the following during the past two years? (tick all that apply) |                                  |                                    |                                      |            |  |  |
|---|----------------------------------|------------------------------------|--------------------------------------|------------|--|--|
| a) Age  |                                  |                                    |                                      |            |  |  |
| b) Disability   |                                  |                                    |                                      |            |  |  |
| c) Gender reassi  | •                                |                                    |                                      |            |  |  |
| d) Marriage and   |                                  | ip                                 |                                      |            |  |  |
| e) Pregnancy an   | d maternity                      |                                    |                                      |            |  |  |
| f) Race<br>g) Religion and I  | haliaf                           |                                    |                                      |            |  |  |
| h) Sex  | Dellel                           |                                    |                                      |            |  |  |
| i) Sexual orienta   | ation                            |                                    |                                      |            |  |  |
| j) Not experienc  |                                  | on (ao to Q5)                      |                                      |            |  |  |
|   |                                  |                                    |                                      |            |  |  |
|   |                                  |                                    |                                      |            |  |  |
| Did you report  | this incident/                   | experience to                      | anyone?                              |            |  |  |
| <b>Did you report</b> a) Yes  | this incident/                   | experience to                      | anyone?                              |            |  |  |
|   |                                  | experience to                      | anyone?                              |            |  |  |
| a) Yes<br>b) No (go to Q4)  |                                  | •                                  | •                                    |            |  |  |
| a) Yes<br>b) No (go to Q4)  | isfied were yo                   | ou with the res                    | ponse you rec                        |            |  |  |
| a) Yes<br>b) No (go to Q4)  | isfied were yo                   | ou with the res                    | ponse you rec                        |            |  |  |
| a) Yes<br>b) No (go to Q4)<br>If yes, how sati<br>(Please rate fro  | isfied were yo<br>om 1 - 5, with | ou with the res                    | ponse you rec                        |            |  |  |
| a) Yes<br>b) No (go to Q4)<br>If yes, how sati<br>(Please rate fro<br>very satisfied)   | isfied were yo<br>om 1 - 5, with | ou with the res                    | ponse you rec                        | 5 being    |  |  |
| a) Yes b) No (go to Q4)  If yes, how sati (Please rate fro very satisfied)  Very dissatisfied   | isfied were yo<br>om 1 - 5, with | ou with the res<br>1 being very di | ponse you rec<br>ssatisfied and      | Very satis |  |  |
| a) Yes b) No (go to Q4)  If yes, how sati (Please rate fro very satisfied)  Very dissatisfied   | isfied were yo<br>om 1 - 5, with | ou with the res<br>1 being very di | ponse you rec<br>ssatisfied and      | Very satis |  |  |
| a) Yes b) No (go to Q4)  If yes, how sati (Please rate fro very satisfied)  Very dissatisfied   | isfied were your som 1 - 5, with | ou with the res<br>1 being very di | ponse you rec<br>ssatisfied and<br>4 | Very satis |  |  |

The term 'equality group' refer to persons who share a relevant protected characteristic. The public sector equality duty covers the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

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

|        |   | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree | Don't<br>know |
|--------|---|----------------------|----------|-------|-------------------|---------------|
| place  | perdeen is a welcoming<br>e for members of equality<br>ps to live and work.   |                      |          |       |                   |               |
| living | eople from equality groups<br>g and working in the City<br>valued and respected.  |                      |          |       |                   |               |
| 6.     | Did you know that infor the following formats?  |                      |          |       | s is availa       | ble in        |
| 7.     | a) Large print b) Community languages c) Audiotape / CD d) British Sign Language  How aware do you feel improve the quality of li (please tick one) | •                    |          |       | •                 |               |
|        | •   |                      |          |       |                   |               |
|        | <ul><li>a) Very aware</li><li>b) Aware</li><li>c) Unaware</li></ul>   |                      |          |       |                   |               |
| 8.     | b) Aware  |                      | •        | -     | ty of life fo     | or            |
| 8.     | b) Aware c) Unaware  What more could the Co   |                      | •        | -     | ty of life fo     | or            |
| 8.     | b) Aware c) Unaware  What more could the Co   |                      | •        | -     | ty of life fo     | or            |

If you would like to know more about the work we do on equalities, please contact the Equality Team at: equality\_and\_diversity@aberdeencity.gov.uk

## **FAIRER – CARERS**

Do you look after someone? The Carers Strategy for Scotland (2010-15) estimates that there are approximately 25,000 carers in Aberdeen City. A carer is someone who provides unpaid help and support to a relative, partner, friend or neighbour who is in need of help because they are ill, frail, have a disability, mental illness or have a substance misuse issue. Keeping track of how many people are carers or what support they need can be difficult as this role is often done unofficially and therefore not recorded or counted.

The Aberdeen City Health & Social Care Partnership are currently reviewing the support it offers to carers and wants to reach out to as many careers as possible to help shape future policy and support. We want to compare the results from this questionnaire with a previous survey to see if the caring situation has changed and if so, how. We also hope this survey will raise the profile of carers in Aberdeen City and encourage more of them to seek support.

| Using the definition above, would you say you were a 'carer?  a) Yes   |   |
|--|---|
| b) No (go to page 7)   |   |
| b) No (go to page 7)   |   |
| How long have you been a carer? (please tick)  |   |
| a) Less than a year  |   |
| b) 1 – 5 years   |   |
| c) 5 – 10 years  |   |
| d) Over 10 years   |   |
| How many people do you care for? (please tick)   |   |
| a) 1   |   |
| b) 2   |   |
| c) 3   |   |
|  |   |
| d) 4 or more   |   |
| d) 4 or more  What is your relationship with the person(s) you care for? (please tick all that apply)  |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent  |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter  |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner  |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner d) I care for a friend   |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner  |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner d) I care for a friend   |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner d) I care for a friend e) I care for a neighbour   |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner d) I care for a friend e) I care for a neighbour f) I care for another family member   |   |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner d) I care for a friend e) I care for a neighbour f) I care for another family member   | a |
| What is your relationship with the person(s) you care for? (please tick all that apply)  a) I care for a parent b) I care for my son/daughter c) I care for my husband/wife/partner d) I care for a friend e) I care for a neighbour f) I care for another family member g) Other (please specify)  Do you live in the same house as the person you mainly (if you compare the person you mainly you mainly you wantly you | a |

| e) Cooking ) Feeding ) Medication ) Toileting ) Housework ) Laundry ) Emotional Support ) Shopping n) Keeping company 1) Do-it-yourself 1) Getting out and about 1) Gardening 1) Keeping safe or supervising 1) Help to communicate 1) Help with paperwork 1) Transport 1) Accompanying to appointments 1) Other (please specify)  o you or the person you care for get help or support from billowing? (Please tick as appropriate)   | 1                                      | 2           | 3            | 4                     | 5           | 6          |
|--|--|-------------|--------------|-----------------------|-------------|------------|
| Up to 4 hours   4 - 8 hours   8 - 12 hours   8 - 12 hours   10 More than 12 hours   10 More tick all that apply   10 Getting in and out of bed   10 Dressing   10 Moshing   10 Moshing   10 Modication   10 Toileting   11 Mousework   12 Mousework   12 Mousework   13 Moshing   10 Moshing   |  |             |              |                       |             |            |
| 4 - 8 hours   8 - 12 hours     More than 12 hours     Mease tick all that apply     Getting in and out of bed     Dressing     Washing     Bathing     Cooking     Feeding     Medication     Toileting     Housework     Laundry     Emotional Support     Shopping     Keeping company     Gerting out and about     Gardening     Help to communicate     Help with paperwork     Transport     Accompanying to appointments     Other (please specify)     Oyou or the person you care for get help or support from collowing? (Please tick as appropriate)     You Person     Support organisation (please name)  | How long                               | , on an av  | erage day,   | do you s <sub>l</sub> | pend caring | g? (please |
| Nore than 12 hours   More th   | a) Up to 4                             | hours       |              |                       |             |            |
| What type of care/help do you provide for the person? (or polease tick all that apply)  (a) Getting in and out of bed (b) Dressing (c) Washing (c) Bathing (c) Cooking (c) Feeding (c) Medication (c) Toileting (c) Housework (c) Laundry (c) Emotional Support (c) Shopping (c) Keeping company (c) Do-it-yourself (c) Getting out and about (c) Gardening (c) Keeping safe or supervising (c) Help to communicate (c) Help with paperwork (c) Transport (c) Accompanying to appointments (c) Other (please specify)  (c) You Person (d) Leen City Council (d) Support organisation (please name)   |  |             |              |                       |             |            |
| Vhat type of care/help do you provide for the person? (or polease tick all that apply)  (a) Getting in and out of bed (b) Dressing (c) Dressing (c) Washing (c) Bathing (c) Cooking (c) Feeding (c) Medication (c) Toileting (c) Housework (c) Laundry (c) Emotional Support (c) Shopping (c) Keeping company (c) Do-it-yourself (c) Getting out and about (c) Gardening (c) Keeping safe or supervising (c) Help to communicate (c) Help with paperwork (c) Transport (c) Accompanying to appointments (c) Other (please specify)  O you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person  Jeen City Council Support organisation (please name)  | c) $8 - 12 \text{ h}$                  | ours        |              |                       |             |            |
| olease tick all that apply)  i) Getting in and out of bed  i) Dressing ) Washing i) Bathing i) Cooking i) Feeding i) Medication i) Toileting i) Housework i) Laundry i) Emotional Support i) Shopping ii) Keeping company ii) Do-it-yourself ii) Getting out and about ii) Gardening ii) Keeping safe or supervising ii) Help to communicate ii) Help with paperwork ii) Transport iii) Accompanying to appointments iii) Other (please specify)  o you or the person you care for get help or support from ollowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)  | d) More th                             | an 12 hou   | rs           |                       |             |            |
| Getting in and out of bed  Dressing  Washing  Bathing  Cooking  Feeding  Medication  Toileting  Housework  Laundry  Emotional Support  Shopping  Keeping company  Do-it-yourself  Getting out and about  Gardening  Keeping safe or supervising  Help to communicate  Help with paperwork  Transport  Accompanying to appointments  Other (please specify)  o you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person  leen City Council  support organisation (please name)   |  |             |              | ı provide             | for the per | son? (or p |
| o) Dressing ) Washing (i) Bathing (ii) Cooking ) Feeding (i) Medication (i) Toileting (i) Housework (i) Laundry (i) Emotional Support (i) Shopping (iii) Keeping company (iii) Do-it-yourself (iii) Gardening (iii) Keeping safe or supervising (iii) Help to communicate (iii) Help with paperwork (iii) Accompanying to appointments (iii) Accompanying to appointments (iii) Other (please specify)  o you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person Reen City Council (iii) Support organisation (please name)   | -                                      |             |              |                       |             |            |
| ) Washing () Bathing () Cooking () Feeding () Medication () Toileting () Housework () Laundry () Emotional Support () Shopping () Do-it-yourself () Getting out and about () Gardening () Keeping safe or supervising () Help to communicate () Help with paperwork () Transport () Accompanying to appointments () Other (please specify)  To you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person (leen City Council support organisation (please name)   | •                                      |             | 0. 200       |                       |             |            |
| Bathing     Cooking     Feeding     Medication     Toileting     Housework     Laundry     Emotional Support     Shopping     Ob-it-yourself     Getting out and about     Gardening     Keeping safe or supervising     Help to communicate     Help with paperwork     Transport     Accompanying to appointments     Other (please specify)     Oyou or the person you care for get help or support from collowing? (Please tick as appropriate)     You Person     Support organisation (please name)  |  | ~           |              |                       |             |            |
| cooking Feeding Medication Toileting Housework Laundry Emotional Support Shopping Sh | d) Bathing                             |             |              |                       |             |            |
| ) Medication () Toileting () Housework () Laundry () Emotional Support () Shopping () Keeping company () Do-it-yourself () Getting out and about () Gardening () Keeping safe or supervising () Help to communicate () Help with paperwork () Transport () Accompanying to appointments () Other (please specify)  o you or the person you care for get help or support from billowing? (Please tick as appropriate)  You Person leen City Council () support organisation (please name)   | e) Cooking                             |             |              |                       |             |            |
| 1) Toileting 1) Housework 2) Laundry 2) Emotional Support 3) Shopping 4) No-it-yourself 4) Getting out and about 5) Gardening 6) Keeping safe or supervising 7) Help to communicate 8) Help with paperwork 9) Transport 10) Accompanying to appointments 10) Other (please specify)  10) You Person 11) Report Organisation (please name)  | f) Feeding                             |             |              |                       |             |            |
| Housework Laundry Discrete Emotional Support Discrete Emotion Support Discrete Em | g) Medicat                             | tion        |              |                       |             |            |
| Laundry ) Emotional Support ) Shopping n) Keeping company 1) Do-it-yourself 0) Getting out and about 1) Gardening 1) Keeping safe or supervising 1) Help to communicate 1) Help with paperwork 1) Transport 1) Accompanying to appointments 1) Other (please specify)  To you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person deen City Council Support organisation (please name)   | h) Toileting                           | ]           |              |                       |             |            |
| Shopping  (a) Shopping (b) Keeping company (c) Do-it-yourself (d) Getting out and about (d) Gardening (e) Keeping safe or supervising (e) Help to communicate (f) Help with paperwork (f) Transport (f) Accompanying to appointments (f) Other (please specify)  (g) Oyou or the person you care for get help or support from collowing? (Please tick as appropriate)  (g) You Person deen City Council support organisation (please name)   | i) Housewo                             | ork         |              |                       |             |            |
| Shopping  n) Keeping company  1) Do-it-yourself  1) Getting out and about  1) Gardening  1) Keeping safe or supervising  1) Help to communicate  1) Help with paperwork  1) Transport  1) Accompanying to appointments  1) Other (please specify)  1) Oyou or the person you care for get help or support from collowing? (Please tick as appropriate)  1) You Person deen City Council support organisation (please name)   | j) Laundry                             |             |              |                       |             |            |
| n) Keeping company n) Do-it-yourself n) Getting out and about n) Gardening n) Keeping safe or supervising n) Help to communicate n) Help with paperwork n) Transport n) Accompanying to appointments n) Other (please specify) no you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)   |  |             |              |                       |             |            |
| Do-it-yourself Of Getting out and about Of Gardening Of Keeping safe or supervising Of Help to communicate Of Help with paperwork Of Transport Of Accompanying to appointments Of Other (please specify)  To you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person deen City Council Support organisation (please name)  |  | _           |              |                       |             |            |
| o) Getting out and about o) Gardening o) Keeping safe or supervising o) Help to communicate o) Help with paperwork o) Transport o) Accompanying to appointments o) Other (please specify)  o you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)  |  |             | 1            |                       |             |            |
| o) Gardening () Keeping safe or supervising () Help to communicate () Help with paperwork () Transport () Accompanying to appointments () Other (please specify)  o you or the person you care for get help or support from collowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)   |  |             |              |                       |             |            |
| Now Person  Weeping safe or supervising  Help to communicate  Help with paperwork  Transport  Accompanying to appointments  Other (please specify)  Oyou or the person you care for get help or support from pollowing? (Please tick as appropriate)  You Person  Heen City Council  Support organisation (please name)  | -                                      |             | out          |                       |             |            |
| Help to communicate Help with paperwork Transport Other (please specify)  o you or the person you care for get help or support from ollowing? (Please tick as appropriate)  You Person Heen City Council Support organisation (please name)  |  |             |              |                       |             |            |
| ) Help with paperwork ) Transport  i) Accompanying to appointments ) Other (please specify)  o you or the person you care for get help or support from pllowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)   |  |             |              |                       |             |            |
| ) Transport  1) Accompanying to appointments  2) Other (please specify)  10 you or the person you care for get help or support from pollowing? (Please tick as appropriate)  10 You Person leen City Council support organisation (please name)  |  |             |              |                       |             |            |
| o you or the person you care for get help or support from ollowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)  |  |             | JIK          |                       |             |            |
| o you or the person you care for get help or support from pllowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)  |  |             | annaintman   | to.                   |             |            |
| o you or the person you care for get help or support from ollowing? (Please tick as appropriate)  You Person leen City Council support organisation (please name)  |  |             |              | lS                    |             |            |
| You Person leen City Council support organisation (please name)  | —————————————————————————————————————— |             | , ii y j     |                       |             |            |
| leen City Council support organisation (please name)   | -                                      | •           | -            | _                     |             | ort from a |
| support organisation (please name)   |  |             |              |                       | You         | Person y   |
| support organisation (please name)   | deen City                              | Council     |              |                       |             |            |
| employer   |  | organisatio | n (please na | ame)                  |             |            |
| employer   | er support o                           |             |              |                       |             |            |
|  |  |             |              |                       |             |            |
|  | mployer                                | e, Physioth | erapist)     |                       |             |            |

| rece | eives from them (if applicable):   |
|------|--|
|      | king about yourself, do you have any health issues that impact our caring role? If yes, please tell us about them if you wish. |
|      |  |
|      | ise tell us what one thing could improve support for you in you  |

If you have any concerns or questions in relation to support for carers, please contact Sandy Reid, Programme Development Manager, Aberdeen City Community Health Partnership, Tel  $-\,01224\,522245$  Email - SandyReid@aberdeencity.gov.uk

# ADDITIONAL QUESTIONS – TRANSPORT TO HEALTHCARE INFORMATION CENTRE

Some people experience problems getting to healthcare appointments, such as local clinics, outpatient or specialist hospital appointments because of transport issues. To try and ease these problems, a new initiative is being piloted in the Grampian region. Aberdeen City, Aberdeenshire and Moray councils, along with NHS Grampian, the Scottish Ambulance Service and Nestrans have joined forces to address the transport difficulties faced by patients by supporting the Transport to Healthcare Information Centre.

The centre opened in January 2013 and acts as a dedicated helpline offering advice on accessing suitable transport for the public to get to and from their appointments where they may have no personal means of transport. For the first three months the pilot will cover 3 areas; patients from across the region going to the Dental School and the Eye Clinic and the whole of Moray. Following evaluation, we hope to roll out across all regions and services. The information City Voice panellists provide will help us to measure demand for this service in Aberdeen City and help us to plan for variations across the Grampian area.

Those health services included in the pilot will be NHS hospital or health service referral appointments (e.g. specialist or consultant services, diagnostic treatments, pre-assessment appointments for planned hospital treatment, outpatient services following treatment). The pilot will NOT cover visits to GPs, appointments unrelated to an NHS referral (e.g. attending a private podiatrist), or emergency visits.

1. In the last 12 months, have you attended an NHS healthcare appointment for a service in any of the categories described below?

Specialist or consultant services, diagnostic treatment (e.g. scan), pre-assessment appointment from planned hospital treatment, outpatient services following treatment. Do NOT include visits to your GP, emergency hospital visits or appointments unrelated to an NHS referral.

|    | a) Yes (Go to Q2)   |   |  |  |  |
|----|---|---|--|--|--|
|    | b) No (Go to Q4)  |   |  |  |  |
| 2. | Where did you go for the appointment(s)? Please tick all that apple for appointments during the last 12 months. | y |  |  |  |
|    | a) A clinic or service in your local area (not a hospital)  |   |  |  |  |
|    | b) A hospital or clinic elsewhere in Aberdeen   |   |  |  |  |
|    | c) Somewhere else (please specify)  |   |  |  |  |
|    |   |   |  |  |  |

| b) Own vehicle (ca  | r, bike, van etc)  |
|---|--|
| c) Friend or relative   | e drove me   |
| d) Public bus   |  |
| e) Community bus  |  |
| f) Train  |  |
| g) Taxi   |  |
| h) Patient Transpor   | rt Service   |
| i) Can't remember   | :£.\   |
| j) Other (please sp   | еспу)  |
| Have any of the fo  | ollowing happened to you in the last 12 montl  |
| -   | ition to a healthcare appointment? (please tic   |
| a) Vau missad an a  |  |
| a) you missed an a else came up   | appointment because something  |
|   | appointment because you forgot about it  |
| c) You missed an a suitable transport   | appointment because you could not get  |
|   | or an appointment because of transport   |
| availability  |  |
| e) You had to rearr   | range an appointment to fit in with transport  |
| availability  |  |
|   |  |
|   |  |
| -   | he next 6 months, if you had to attend a health  |
| appointment, hov  | w do you think you would get there? You may  |
| appointment, hov<br>more than one bo  | <u>-</u>   |
| appointment, hov<br>more than one bo<br>transport.<br>a) Walk   | w do you think you would get there? You may box if you think you would take more than one t  |
| appointment, hove<br>more than one bo<br>transport.<br>a) Walk<br>b) Own vehicle (ca  | w do you think you would get there? You may to you think you would take more than one to you, bike, van etc)                           |
| appointment, how<br>more than one bo<br>transport.<br>a) Walk<br>b) Own vehicle (ca<br>c) Friend or relative  | w do you think you would get there? You may to you think you would take more than one to you, bike, van etc)                           |
| appointment, how<br>more than one bo<br>transport.<br>a) Walk<br>b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus   | w do you think you would get there? You may to you think you would take more than one to you, bike, van etc)                           |
| appointment, how<br>more than one bo<br>transport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus   | w do you think you would get there? You may to you think you would take more than one to you, bike, van etc)                           |
| appointment, how<br>more than one bot<br>transport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus<br>f) Train  | w do you think you would get there? You may to you think you would take more than one to you, bike, van etc)                           |
| appointment, how<br>more than one bot<br>transport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus<br>f) Train<br>g) Taxi   | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me        |
| appointment, how<br>more than one bottransport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus<br>f) Train<br>g) Taxi<br>h) Patient Transpor                            | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me        |
| appointment, how<br>more than one bottransport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus<br>f) Train<br>g) Taxi<br>h) Patient Transport<br>i) Don't know          | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me        |
| appointment, how<br>more than one bottransport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus<br>f) Train<br>g) Taxi<br>h) Patient Transport<br>i) Don't know          | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me        |
| appointment, how<br>more than one bottransport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus<br>f) Train<br>g) Taxi<br>h) Patient Transport<br>i) Don't know          | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me        |
| appointment, how<br>more than one bottransport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus f) Train g) Taxi h) Patient Transport i) Don't know j) Other (please spe | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me ecify) |
| appointment, how<br>more than one bottransport.  a) Walk b) Own vehicle (ca<br>c) Friend or relative<br>d) Public bus e) Community bus f) Train g) Taxi h) Patient Transport i) Don't know j) Other (please spo | w do you think you would get there? You may box if you think you would take more than one to ar, bike, van etc) e will drive me        |

| •  | Thinking about the pilot Transport to Healthcare Information Centre, which of the following aspects of the service do you think would be useful to you? Please tick all that apply. |               |         |  |  |  |  |  |
|----|---|---------------|---------|--|--|--|--|--|
|    | a) Informing you about their detailed travel options  |               |         |  |  |  |  |  |
|    | b) Rearranging appointments on your behalf where appropriate, to link with available transport  |               |         |  |  |  |  |  |
|    |   | le to the nil | nt      |  |  |  |  |  |
| •  | Which of the following best describes your attitude to the pilot Transport to Healthcare Information Centre? Please tick one box.   |               |         |  |  |  |  |  |
|    | a) It will be a useful service and I think it will be of bender to me or a member of my household   | efit          |         |  |  |  |  |  |
|    | b) It will be a useful service but I don't think it will be of benefit for me or a member of my household   |               |         |  |  |  |  |  |
|    | c) I don't think this service is needed   |               |         |  |  |  |  |  |
|    | Which of the following do you think would be the place(s) to promote a service such as this? Please   |               |         |  |  |  |  |  |
|    | a) Leaflets / posters in GP surgeries   |               |         |  |  |  |  |  |
|    | b) Leaflets / posters in hospitals  |               |         |  |  |  |  |  |
|    | c) Information on NHS / other partners' websites d) Information in local newspapers   |               |         |  |  |  |  |  |
|    | e) Information in local newspapers e) Information issued with people's appointment notice   | S             |         |  |  |  |  |  |
|    | f) Other (please specify)   |               |         |  |  |  |  |  |
| 0. | Were you to access a service such as this, which do you think you would use? Please tick all that a   |               | wing    |  |  |  |  |  |
|    | a) A dedicated telephone number   |               |         |  |  |  |  |  |
|    | b) A website  |               |         |  |  |  |  |  |
|    | c) Mobile phone app   |               |         |  |  |  |  |  |
| 1. | Your answers to the following will help us to interthe preceding questions.   | pret the res  | ults to |  |  |  |  |  |
|    |   | Yes           | No      |  |  |  |  |  |
|    | a) Do you have a disability or other condition that limits your mobility?   |               |         |  |  |  |  |  |
|    | b) Do you have access to a motor car or other private vehicle (your own or someone else's)?   |               |         |  |  |  |  |  |
|    | c) Do you have access to the internet?  |               |         |  |  |  |  |  |
|    | d) Are you comfortable using the internet / transacting online?   |               |         |  |  |  |  |  |
|    |   |               |         |  |  |  |  |  |

Please watch the local press for updates on the Transport to Healthcare Information Centre and if you have any specific enquiries regarding the project please contact Alex Geddes, HTAP Programme Manager; e-mail Alex.Geddes@grampian.pnn.police.uk - Tel 01224 305212

### **ADDITIONAL QUESTIONS – CITY WARDENS**

The City Warden Service has been operating in Aberdeen since January 2009. They undertake high visibility patrols throughout the city to help ensure safety, cleanliness and free flow of traffic. The City Warden Service has been recognised nationally winning several awards including the British Parking Awards 2011 'Parking in the Community' category and a Bronze Award from COSLA in the 'One to Watch' category.

Between April and December 2012, the City Wardens issued over 30,000 Penalty Charge Notice for illegal parking, uplifted 164 vehicles for non-payment of Penalty Charge Notices and issued over 620 Fixed Penalty Notice's to people who litter or let their dog foul and fail to pick it up. They have also made 11,500 reports to our partners in Grampian Police, Grampian Fire and Rescue as well as other partnership agencies including Aberdeen City Council departments. These reports consist of Environmental, Anti-Social Behaviour and General fault reporting.

The new Community Safety Hub is now operational with the first staff from the Council, Grampian Police and Grampian Fire and Rescue Service moved into the Hub in January. The City Warden's will be part of this Hub, being involved in daily briefings on how the Community Safety Partnership can best serve the city.

The City Warden Service want to measure the impact our service is having and to get your feedback so we can develop it to best meet the needs of the city.

| yet y | your reedback so we can develop it to best meet the needs of the city.       |    |
|-------|--|----|
| 1.    | Over the last 12 months, have you seen city wardens in your local area?      |    |
|       | a) Yes   |    |
|       | b) No  |    |
|       | c) Don't know  |    |
| 2.    | Over the last 12 months, have you seen city wardens anywhere el in the city? | se |
|       | a) Yes   |    |
|       | b) No  |    |
|       | c) Don't know  |    |
| 3.    | Over the last 12 months, have you sought assistance from city wardens?       |    |
|       | a) Yes   |    |
|       | b) No (Go to Q5)   |    |
| 4.    | If yes, how helpful did you find city wardens?                               |    |
|       | a) Very Unhelpful  |    |
|       | b) Unhelpful   |    |
|       | c) Helpful   |    |
|       | d) Very helpful  |    |
|       |  |    |

| (         | Please tick on   | e)       |             |                       |             |             |                      |  |  |  |
|-----------|--|----------|-------------|-----------------------|-------------|-------------|----------------------|--|--|--|
|           | "The City wardens have been effective in making Aberdeen City a safer place" |          |             |                       |             |             |                      |  |  |  |
|           | a) Strongly disaç<br>b) Disagree   | gree     |             |                       |             |             |                      |  |  |  |
|           | c) Agree   |          |             |                       |             |             |                      |  |  |  |
|           | d) Strongly agre   | е        |             |                       |             |             |                      |  |  |  |
|           | e) Don't know  |          |             |                       |             |             |                      |  |  |  |
|           | How well do yo<br>problems in yo   |          | city Warde  | ns deal wi            | th the foll | owing       |                      |  |  |  |
|           |  |          |             |                       |             |             | t aware              |  |  |  |
|           |  | Very     |             | Quite V               | ery Do      |             | nis is a<br>oblem in |  |  |  |
|           |  | ,        |             |                       |             | •           | y area               |  |  |  |
| al Antio  | social behaviour   |          |             |                       |             |             |                      |  |  |  |
| and cri   |  |          |             |                       |             |             |                      |  |  |  |
|           | al parking   |          |             |                       |             |             |                      |  |  |  |
| c) Dog    | •  |          |             |                       |             |             |                      |  |  |  |
| d) Litte  | ring   |          |             |                       |             |             |                      |  |  |  |
|           | To what extent<br>statements.  | do you a | gree or dis | agree with            | the follo   | wing        |                      |  |  |  |
|           |  | Strongly |             | Neither<br>agree or   |             | Strongly    | Don'                 |  |  |  |
|           |  | disagree | Disagree    | disagree              | Agree       | agree       | know                 |  |  |  |
| a) My I   | ocal area  |          |             |                       |             |             |                      |  |  |  |
| benefit   | s from having  |          |             |                       |             |             |                      |  |  |  |
| City Wa   | ardens   |          |             |                       |             |             |                      |  |  |  |
| •         | dens are well  |          |             |                       |             |             |                      |  |  |  |
|           | and know<br>ney are doing  |          |             |                       |             |             |                      |  |  |  |
|           | , ,  |          |             |                       |             |             |                      |  |  |  |
|           | dens engage<br>ith people in   |          |             |                       |             |             |                      |  |  |  |
| my loca   |  |          |             |                       |             |             |                      |  |  |  |
| d) War    | dens are visible   |          |             |                       |             |             |                      |  |  |  |
| on the    | streets  |          |             |                       |             |             |                      |  |  |  |
|           | dens deal with   |          |             |                       |             |             |                      |  |  |  |
| probler   | ns effectively   |          |             |                       |             |             |                      |  |  |  |
|           | easy to get in   |          |             |                       |             |             |                      |  |  |  |
|           | vith wardens<br>rou need to  |          |             |                       |             |             |                      |  |  |  |
| vviicii y | อน ทอธิน เป  |          |             |                       |             |             |                      |  |  |  |
| 16        | . 1.1.19   | . (      |             | 0:. \\ \              | 1.          |             |                      |  |  |  |
| -         | rould like more in<br>dens@aberdeen  |          |             |                       |             |             |                      |  |  |  |
|           | n the Aberdeen   |          |             | _ , <i>0_1</i> 000. I |             | . 0411 4100 | 20                   |  |  |  |

How strongly do you agree or disagree with the following statement.

**5**.

February 2013 11

http://www.aberdeencity.gov.uk/community\_life\_leisure/crime\_prevention/city\_

warden/crp\_\_warden.asp

