



## **Welcome to the 46<sup>th</sup> City Voice questionnaire!**

City Voice is Aberdeen's Citizens Panel. It is run by Community Planning Aberdeen, a partnership of public, private and third sector organisations working together to improve outcomes across the City.

At the start of 2022, we carried out a review of the City Voice. This identified a number of recommendations. The first of these was to undertake a 'refresh' of the City Voice panel. This involved contacting existing panellists to see whether they wished to remain on the panel, as well as a recruitment exercise to bring new members onto the panel. This has now been completed. Thank you to existing panellists for your continued support and a warm welcome to our new members.

Other recommendations from the review include moving from producing one long questionnaire each year, to several shorter (themed) questionnaires. This programme will start in earnest in 2023. However, a number of the questions regularly included in previous questionnaires are used to measure success in delivering our Local Outcome Improvement Plan (LOIP). These are brought together in this survey to ensure we have a continuous run of data.

Thank you for taking the time to complete this questionnaire. A full copy of the results will be made available online at **[www.communityplanningaberdeen.org.uk/city-voice/](http://www.communityplanningaberdeen.org.uk/city-voice/)**. We intend to publish the results in January 2023.

If you have any questions or comments about this questionnaire, please email [cityvoice@aberdeencity.gov.uk](mailto:cityvoice@aberdeencity.gov.uk).

## **ECONOMY**

### **Access to food**

Some individuals and households are unable to obtain healthy or nutritious food for a number of different reasons. We are asking these questions to help give us more information about access to food and the choices people make.

1. During the last 12 months, was there a time when, because of lack of money or other resources: *(Please tick one box in each row)*

	Yes	No	Don't know
You were worried you would not have enough food to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were unable to eat healthy and nutritious food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You ate only a few kinds of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You had to skip a meal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You ate less than you thought you should?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your household ran out of food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were hungry but did not eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You went without eating for a whole day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Your heating**

Some individuals and households are unable heat their homes for a number of different reasons. We are asking these questions to help give us more information about heating and the choices people make.

1. During the last 12 months, was there a time when, because of lack of money or other resources: *(Please tick one box in each row)*

	Yes	No	Don't know
You were worried you would not be able to heat your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were worried about having to choose between heating your home or eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You could only afford to either to heat your home or feed yourself/your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You had to go without heating for more than one day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You had to go without heating for one week or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You have had to seek support for paying for heating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for heating has meant that you have had to miss out on other activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for heating has meant that you have gone into arrears e.g. rent, Council tax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Energy Use and Climate Change

1. What things are you and your family doing now to reduce your energy use and what would you be prepared to do in the future? (Please tick one box in each row.)

Actions	Currently do	Prepared to do	Not prepared to do	Not applicable
<b>YOUR HOME: Reduce the energy demand of your home by:</b>				
Install energy saving light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install / upgrade to more energy efficient appliances, e.g. fridge, boiler, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade wall, floor and / or roof insulation levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install renewable energy technologies, e.g. solar panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other actions – please specify and tick appropriate box:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>YOUR HOME: Reduce your use of energy in your home by:</b>				
Installing a smart meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning down thermostats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing clothes on a lower setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not overfilling pans and kettles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turning off / unplugging electrical items not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other actions – please specify and tick appropriate box:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Extreme weather can have a devastating effect on our homes, businesses and institutions. Please rate how much you agree or disagree about you and your community's readiness in the event of a major weather event.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
I am worried about my home and my community being vulnerable to severe weather events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can be relied upon by my neighbours and community in general, to provide support if anything were to happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community would support me if anything were to happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know where to find information and resources to help prepare for severe weather events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have taken steps to protect my home against severe weather (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has taken steps to prepare against severe weather (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steps I have taken:						
Steps my community has taken:						

## Digital Skills

Digital technologies are part of daily life for most people. They are also transforming how we deliver services, allowing communities to engage in different ways. The following set of questions seeks to establish the current level of essential digital skills that citizens feel they have. We will use this data to understand where citizens of Aberdeen currently view their level of digital skills and identify areas of support that can be offered through initiatives.

1. Do you own or have easy access to: (Please tick all that apply)

- ☐ A smart phone
- ☐ A tablet
- ☐ A laptop or PC

2. Do you have access to the internet at home? (Please tick all that apply)

- ☐ Yes, there is household access to internet at home
- ☐ Yes, I can access the internet at home using a mobile device
- ☐ No, there is no internet access at home

3. The following questions are foundation skills which underpin all essential digital skills. (Please tick one box in each row)

	I can do this	I can't do this	I want to learn how to do this
I can turn on a device and enter any account information as required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can use the controls on my device e.g. turn the volume up, use the keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make use of accessibility tools on my device to make it easier to use, e.g. increase the font size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can find applications by choosing the correct icons on the home screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can connect a device to the internet using the Wi-Fi settings, and insert the password when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I keep login information for a device and any websites secure, not shared with anyone or written down and left prominently near my device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can update and change my password when prompted to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **PEOPLE**

In Aberdeen City it is estimated, from the Scottish Health Survey, that 38% of males and 19% of females drink above recommended levels. These questions will help us to understand the knowledge of the wider population regarding drinking alcohol in a responsible way. We will use this information to plan communication about responsible drinking across the city.

1. What is the maximum number of units of alcohol recommended over a week?

(Please tick one box)

- ☐ Don't know
- ☐ 7 units
- ☐ 10 units
- ☐ 14 units
- ☐ 19 units
- ☐ 21 units
- ☐ 24 units
- ☐ 30 units

2. Do you know how many units are in the alcoholic drinks you consume? (Please tick one box)

- ☐ Yes
- ☐ No
- ☐ Don't drink alcohol

3. Do you think about how many units you are drinking before, during or after you drink alcohol? (Please tick one box)

- ☐ Before
- ☐ During
- ☐ After
- ☐ Not at all
- ☐ Don't drink alcohol

## **PLACE**

### **Travel and transport**

We aim to increase the number of people walking and cycling as a mode of travel which is good for the environment and for health and wellbeing. These questions will help us to understand the modes of travel people are using. We will use this information to plan communication about available modes of travel.

1. Which of the following modes have you tried in the last year? *(Please tick all that apply)*

	<b>Rest of City</b>	<b>City Centre</b>
Walk	<input type="checkbox"/>	<input type="checkbox"/>
Cycle standard pedal bike	<input type="checkbox"/>	<input type="checkbox"/>
Cycle e-bike	<input type="checkbox"/>	<input type="checkbox"/>
Wheeling (Active-travel based wheeled transport such as wheelchairs, mobility scooters, adapted bikes, handcycles, scooters, pram)	<input type="checkbox"/>	<input type="checkbox"/>
Bus	<input type="checkbox"/>	<input type="checkbox"/>
Park and ride	<input type="checkbox"/>	<input type="checkbox"/>
Train	<input type="checkbox"/>	<input type="checkbox"/>
Taxi	<input type="checkbox"/>	<input type="checkbox"/>
Motorbike/ moped/motorized scooter	<input type="checkbox"/>	<input type="checkbox"/>
Car Club vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Non-plug-in car/van as driver	<input type="checkbox"/>	<input type="checkbox"/>
Plug-in car/van as driver	<input type="checkbox"/>	<input type="checkbox"/>
Non-plug-in car/van as passenger	<input type="checkbox"/>	<input type="checkbox"/>
Plug-in car/van as passenger	<input type="checkbox"/>	<input type="checkbox"/>

## Your Neighbourhood

Please answer the following questions with your **local neighbourhood** in mind, however, please think about/consider the wider area it sits within if it helps you to answer the questions. Everyone will have their own idea about what a local neighbourhood is, for the purpose of these questions we suggest that the relevant area is within a 15 minute walk from your home.

Please answer each question by rating your neighbourhood on a scale from 1 to 7, where 1 means there is a lot of room for improvement and 7 means there is very little room for improvement.

### 1. Identity and Belonging:

Does your neighbourhood have a positive identity, and do you feel that you belong?

A lot of room  
for improvement

Very little room  
for improvement

Don't  
know

1  
☐

2  
☐

3  
☐

4  
☐

5  
☐

6  
☐

7  
☐

☐

### 2. Influence and Sense of Control:

Do you feel able to participate in decisions and help change things for the better?

A lot of room  
for improvement

Very little room  
for improvement

Don't  
know

1  
☐

2  
☐

3  
☐

4  
☐

5  
☐

6  
☐

7  
☐

☐



## Green Space

These questions ask about your satisfaction with “green spaces” in the City. Green space includes a wide variety of different environments from parks, playing fields, play areas, allotments and community gardens, woodland and more natural areas, canal paths and riversides.

1. How satisfied or dissatisfied are you with the quality of local green / open space in Aberdeen City? (Please tick one box)

- ☐ Satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Dissatisfied

2. Generally, how satisfied or dissatisfied are you with the overall quality of green / open spaces in Aberdeen? (Please *tick one box*)

- ☐ Satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Dissatisfied

## City Voice User Panel

Feedback from several panel members received during our review of the City Voice indicated that they thought some of the topics or questions were not relevant/appropriate. To try to address this issue, we are hoping to set up a User Panel. This will be made up of a small group of panel members (approx. 10-20) who agree to be contacted to provide feedback on planned questionnaires (e.g. is the topic relevant or are the questions easy to understand) in advance of them going out to the broader panel.

1. Would you be interested in being part of the User Panel?

- ☐ Yes
- ☐ No

**Thank you** for taking the time to complete this questionnaire. Please use the box below to give any comments you may have on this questionnaire or your answers.

# Thank you!

Please return your completed questionnaire in the prepaid envelope provided. If you have not received an envelope, please return it to the Freepost address below (no stamp required):

Freepost RUBB-UEY-YHYE  
Aberdeen City Voice  
Mariscal College  
Broad Street  
Aberdeen  
AB10 1AB

Alternatively, if you would like to complete an online version of this questionnaire, please contact:  
[cityvoice@aberdeencity.gov.uk](mailto:cityvoice@aberdeencity.gov.uk)

To notify us of any changes to your contact details, please email:  
[cityvoice@aberdeencity.gov.uk](mailto:cityvoice@aberdeencity.gov.uk)

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