

## **Our Place Our Future - Section 1**

Your response will be uploaded to https://ourplaceourfuture.commonplace.is/. Please do not mention any names or other personal information.

1. How old are you?
Select one option
15 or under
16-24
25-34
35-44
45-54
45-54 55-64
65-74
75-84
85 or older
Prefer not to say
2. What is your connection to the area? By area we mean the region of Hampshire, Portsmouth, Southampton
2. What is your connection to the area? By area we mean the region of Hampshire, Portsmouth, Southampton and the Isle of Wight. Please select all that apply to you currently.  Select one or more options  I live in the area  I work in the area  I study in the area  I have a business in the area  I work for a council in the area  I am an elected representative

4. Or
Select one option
I have lived here my whole life
I don't know
Prefer not to say
I do not live in the region of Hampshire, Portsmouth, Southampton and the Isle of Wight
5. What is your postcode?
Write your answer in the box below
6. Which is your local council?
Select one option
Basingstoke and Deane Borough Council
Eastleigh Borough Council
Fareham Borough Council
Hart District Council
Havant Borough Council
Isle of Wight Council
New Forest District Council
Portsmouth City Council
Rushmoor Borough Council
Southampton City Council
Test Valley Borough Council
Winchester City Council
None of the above
8. Thinking about Hampshire, Portsmouth, Southampton and the Isle of Wight, tell us the area you think of as
your 'local area'.
Write your response in the box below

Nrite your response in the box below	
The year respense in the Bex Selevi	
2. Tell us where you access service ospital visits) in or near the area.	es or run errands (e.g. shopping, going to the library, going to the GP,
Vrite your response in the box below	
	relax, exercise or socialise (this could be indoors or outdoors).
Vrite your response in the box below	

15. We want to understand how people feel about the area they live in. How much do you agree or disagree we the following statements?  Select one option per row								
	Strongly disagree	Tend to disagree	Neither agree nor disagree	Tend to agree	Strongly agree	Don't know		
I feel connected to my local community								
I feel proud to say I live in my local area								

There are plenty

of things to do in my local area My area has a strong local identity

My local area is a nice place to

spend time

### 16. How satisfied are you with the following aspects of your local area?

Select one option per row

	Don't know / I don't use this	Very dissatisfied	Quite dissatisfied	Neutral	Quite satisfied	Very satisfied
Well located and connected						
Public transport						
Safety						
Access to parks and green spaces						
Affordability of housing						
Good local schools						
Access to shopping and services (banks, restaurants, supermarkets)						
Health facilities (GPs, pharmacists)						
Entertainment, arts and cultural facilities (e.g. cinema, theatres, galleries)						
Sports and exercise facilities (e.g. gym, swimming)						
Cleanliness						
Quietness and peacefulness						
Good work opportunities						
Access to community centres / village halls						

	Very important	Quite important	Neutral	Quite unimportant	Very unimportant	Don't know
Delivers high- quality services						
Works to support a thriving local community						
Supports local businesses						
Represents local voices						
Includes residents in decision- making						
8. What do you		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	dislike most?					



## **Our Place Our Future - Section 2**

Your response will be uploaded to https://ourplaceourfuture.commonplace.is/. Please do not mention any names or other personal information.

	ch option in order of priority, with 1 being the highest
	Ensuring people have access to the care services they need
	Offering housing services
	Supporting businesses and encouraging economic development
	Providing planning and building services
	Providing waste and recycling services
	Keeping the area clean and tidy
_	Maintaining roads
	Providing public transport routes
	Providing parks and leisure facilities
	Providing good quality education and learning services
_	
- C	one thing would you like your council to focus on the most? Please be as specific as possible and
	our answer.
rı	response in the box below



## **Our Place Our Future - Section 3**

Your response will be uploaded to https://ourplaceourfuture.commonplace.is/. Please do not mention any names or other personal information.

	Strongly	Disagree	Neutral	Agree	Strongly agree	Don't know
It is important that my council reflects the identity of my local community	disagree					
Decisions about my local area should be made near my community						
Decisions about my local area should be considered alongside other areas in the region						
Local voices should have the strongest influence in decision making						

What do you li	ke about option 1?			
rite your response i	the box below			
<b>NA</b> /111				
	islike about option 1?			
rite your response i	1 the box below			
How do you fe	el option 1 might impact t	the way you use se	ervices locally?	
rite your response i		no nay you acc co		

How do you feel option 1 migh	impact the way that y	ou engage with loc	al decision-making	?
rite your response in the box below				
What do you like about option	2?			
	2?			
	2?			
	2?			
	2?			
	2?			
What do you like about option	2?			
	2?			
	2?			
	2?			

). What do you d	islike about option 2?
Vrite your response	n the box below
0. How do you f	eel option 2 might impact the way you use services locally?
Vrite your response	
14. Uaw da yau f	and aution 2 might impact the way that decisions are made in your lead area?
Vrite your response i	eel option 2 might impact the way that decisions are made in your local area?

3. What do you like about option 3?  Vite your response in the box below  4. What do you dislike about option 3?  Vite your response in the box below	′rite your response ir	the box below		
frite your response in the box below  4. What do you dislike about option 3?				
1. What do you dislike about option 3?				
ite your response in the box below  . What do you dislike about option 3?				
. What do you dislike about option 3?				
ite your response in the box below  . What do you dislike about option 3?				
. What do you dislike about option 3?				
ite your response in the box below  . What do you dislike about option 3?				
ite your response in the box below  . What do you dislike about option 3?				
ite your response in the box below  . What do you dislike about option 3?				
I. What do you dislike about option 3?				
I. What do you dislike about option 3?				
I. What do you dislike about option 3?				
	rite your response ir	the box below		
	I. What do you d	islike about option 3?		

	e box below				
6. How do you feel	option 3 might impact	the way that decisi	ons are made in yo	ur local area?	
rite your response in th	e box below				
7. How do you feel	option 3 might impact	the way that you er	ngage with local de	cision-making?	
rite your response in th	e box below				

0 What would	ver went the cour	seile te eeneid	~ " ?			
	you want the coun	iciis to conside	er?			
rite your response	e in the box below					
	ent do vou support	or oppose eac	ch of these optio	ns		
0. To what exte	,	51 5pp 555 551				
0. To what extended	er row					
	er row		1			
	Strongly oppose	Oppose	Neutral	Support	Strongly support	Don't know
elect one option p		Oppose	Neutral	Support	Strongly support	Don't know
elect one option p		Oppose	Neutral	Support	Strongly support	Don't know
elect one option p		Oppose	Neutral	Support	Strongly support	Don't know
elect one option p		Oppose	Neutral	Support	Strongly support	Don't know

# **About you**

This helps us understand more about who is responding to our survey. **This information will be stored securely and will never be shared publicly.** 

1. What is your age group?
What is your age group?  Select one option
13-15
16-24
25-34 35-44
45-54 55-64
□ 65-74 □ 75-84
85 or over
Prefer not to say
2. What is your home posteeds?
2. What is your home postcode?  Write your address in the box below
white your address in the box below
3. What is your gender?
Select one option
Female
Male
Prefer not to say

4. Wha	at is your ethnicity?
Select o	one option
	Asian/Asian British - Bangladeshi
	Asian/Asian British - Chinese
	Asian/Asian British - Indian
	Asian/Asian British - Pakistani
	Asian/Asian British - Other
	Black/African/Caribbean/Black British - African
	Black/African/Caribbean/Black British - Caribbean
	Black/African/Caribbean/Black British - Other
	Mixed/Multiple - White and Black Caribbean
	Mixed/Multiple - White and Black African
	Mixed/Multiple - White and Asian
	Mixed/Multiple - Other
	White - English/Welsh/Scottish/ Northern Irish/ British
	White - Irish
	White - Gypsy or Irish Traveller
	White - Roma
	White - Other
	Other ethnic group - Arab
	Other ethnic group - Any other ethnic group
	Prefer not to say
5. If yo	our ethnicity is not in the list, please specify:
Write ye	our answer in the box below
6. Do	you consider yourself as having a disability or long term health condition?
Select	one or more options
	Yes - sensory impairment e.g. hearing or visual
	Yes - physical/mobility impairment
	Yes - mental health condition
	Yes - learning disability/difficulty
	Yes - long standing illness or health condition
	No
	Prefer not to say

7. Do you live with anyone who relies on you for care (like children or adults who cannot live independently)? Select all that apply to you.
Select one or more options
Yes - child or children aged 3 or below
Yes - child or children aged 4-10 years
Yes - child or children aged 11-18 years
Yes - an adult under 65 who cannot live independently
Yes - an adult 65 or over who cannot live independently
No No .
Prefer not to say
8. Do you own or rent the home in which you are currently living?  Select one option
I own my home outright (without a loan / mortgage)
I own my home with a loan / mortgage
I rent from a private landlord
I rent from a local authority
I rent from a housing association or trust
I live rent-free with family or friends
The felt-field with failing of filefields
Prefer not to say

11. We're looking to understand how involved people are with local decision making. Which of the following
activities have you done in the last 3 years?
Select one or more options
Voted in a local election
Filled out a consultation about a change to your local area or local services
Contacted or met an elected representative such as a councillor or MP about a local issue
Attended a public meeting about local issues or services
Signed a petition about a local issue
Reported a problem to your local council
Been part of a resident association
Taken part in local community planning activities
Been involved with community partnerships
I have done none of these in the last 3 years
Email address
☐ Check this box if you would like to receive news and updates about this project and hear about Commonplaces in your area. You can unsubscribe at any time.
Privacy
By responding to this survey you agree to the following:
Commonplace's Terms of Use: https://www.commonplace.is/terms
Commonplace's refins of ose. https://www.commonplace.is/terms     Commonplace's Acceptable Use policy: https://www.commonplace.is/acceptable-use
Commonplace of Recoptable coe policy. https://www.commonplace.io/acceptable acc
If you provide your email address you will be notified when your comment has been added. Your personal information will not be shown publicly, but will be accessible to the project partners: project-team
Your personal data will be handled in accordance with our privacy policy:
https://www.commonplace.is/privacy-policy
For internal use only
Surveyor email address
Respondent does not wish to publish this comment