

## **Public engagement questionnaires** **SEFTON LIBRARY USERS**

As part of our Transformation Programme we are seeking views regarding the future shape of the Council. As part of this programme of work we are undertaking a review of the Library Service.

It's essential that we gather a wide range of views from our staff, customers and the wider community to help us develop a shared vision of what Sefton's Library Service of the future may look like. The Council is looking forward to working with you to help us design the shape of the Library Service, providing services that local people value and enjoy.

At this stage of the review we wish to seek information about how you use the current Library Service, and at a later stage we will gain your views about some possible options and recommendations for the future. You can take part in this consultation by completing this questionnaire. There will also be other opportunities for you to take part. Details will be displayed in libraries and other community buildings and on the Council website.

Your views are important to us and the closing date for this first stage of consultation has been extended to 31 July 2012. Your views and the information provided will be used, together with information about the Library Service and the local community, as part of a report for Councillors to consider options for further consultation later in the year.

To help us with the first stage of the library review, please complete this questionnaire and hand it in to any Sefton library, Children's Centre, Leisure Centre, Town Hall, Family Centre or One Stop Shop by 31 July 2012.

Or you can return it by post to: FREE POST RRKT- HXYX-YJCX, Service Development, Landscape Services Department, Sefton Council, 2nd Floor Magdalen House, 30 Trinity Road, Bootle, L20 3NJ

This survey is also available to complete on-line at [www.sefton.gov.uk/libraries](http://www.sefton.gov.uk/libraries)

Background information about this review is available in the form of a Project Initiation Document (PID). If you require more information please ask to see the reference copy of this document available at any of the venues listed above.

If you would like to receive feedback on this first stage consultation by email please email your details to [libraryreview@sefton.gov.uk](mailto:libraryreview@sefton.gov.uk)

### **Thank you for your time and contribution**

If you require assistance in completing this form or need it in another format or language please contact: Tricia Evers on 0151 934 3610 or Nicola Beattie on 0151 934 4664.

**Please note: this survey is for Sefton library users only. If you do not use any library or use a library outside Sefton, please complete the Sefton Library Non-users Survey (available where you collected this one or at any Sefton library) or on-line at [www.sefton.gov.uk/libraries](http://www.sefton.gov.uk/libraries)**

**Q1: Please provide the first part of your postcode (i.e. the first 3 or 4 characters)**

**Q.2: How did you find out about the Library Service Review?  
(Please tick one option only)**

- Council website
- Local press
- Library
- One Stop Shop
- Contact Centre
- Children's Centre
- Family Centre
- Day Care Centre
- Leisure Centre
- School/college
- Community Centre
- Tourist Information Service
- Other (please specify ) \_\_\_\_\_

**Q.3: What is the main way you are involved with Sefton's Library Service?**

**(Please tick one option only)**

- I am a library user
  - I am a friend or relative of a library user
  - I work in a library
  - I work voluntarily in a library
  - I represent a partner organisation/potential partner organisation
  - I represent/own a local business
  - I represent a community group
  - I am responding on behalf of an organisation
  - Other Please specify: \_\_\_\_\_
- \_\_\_\_\_

**Q.4: If you answered the question above to state that you are a partner/potential partner, own a local business, represent a community group or are responding on behalf of an organisation please provide your details here**

<b>Name of the organisation</b>
<b>Contact details for the organisation</b>
<b>Email address of the organisation</b>

**Q.5: Which libraries do you visit and how often?  
(Please tick all options that apply)**

	Every day	More than once a week	Once a week	Once or twice a month	A few times per year	Not used the service in over 12 months
Ainsdale						
Aintree						
Birkdale						
Bootle						
Churchtown						
College Road (Carnegie)						
Crosby						
Formby						
Litherland						
Meadows (Maghull)						
Netherton						
Orrell						
Southport						
Mobile						
Home Visits Service						
School/college						
Other library						

**Q.6 If other library location, please tell us where:**

**Q.7: Why do you use the libraries you have chosen in questions 5 and 6?**

**(Please tick all options that apply)**

	Close to home	Close to work	Close to school /college	Close to the shops	Parking facilities	Other Council services offered at library
<b>Ainsdale</b>						
<b>Aintree</b>						
<b>Birkdale</b>						
<b>Bootle</b>						
<b>Churchtown</b>						
<b>College Road (Carnegie)</b>						
<b>Crosby</b>						
<b>Formby</b>						
<b>Litherland</b>						
<b>Meadows (Maghull)</b>						
<b>Netherton</b>						
<b>Orrell</b>						
<b>Southport</b>						
<b>Mobile</b>						
<b>Home Visits Service</b>						
<b>School/college</b>						
<b>Other library</b>						

**Q. 8 If any other reason, please tell us why:**

**Q.9: How do you normally travel to the library?  
(Please tick one option only)**

- On foot
- By car
- Public transport
- Cycle
- Other. Please specify: \_\_\_\_\_

**Q10: What do you do when you use the library service?  
Please let us know what library services you use and how often  
(Please tick one option per row)**

	Every visit	Often	Rarely	Never	Not aware of service
Borrow/return books					
Borrow/return music CDs					
Borrow/return DVDs					
Borrow/return audio books					
Use computers					
Read newspapers/magazines					
Read books					
Study/research					
Do homework					
Find information					
Local/family history					
Attend library events for children					
Attend library events for adults					
Computer lessons					
Other learning activity					
Socialise					
Attend meetings					
Use online library services					
Interact with staff					

**Q.11: Do you have access to the internet at home?**

- Yes
- No

**Q12: If you answered Yes, what type of service do you use?**

- Broadband
- Dial-up

**Q.13: What other Sefton Council services do you use and what do you use them for?**

**(Please tick all options that apply)**

	Pay bills	Information	Participate in activities	Socialise	Report an incident	Request a service
Visit council website						
Visit One Stop Shop						
Phone the Council						
Children's Centre						
Family Centre						
Day Care Centre						
Leisure Centre						
Community Centre						
Tourist Information Service						
Youth Centre						

**Q.14: If you access any other Sefton Council services not listed above let us know which ones and what you use them for**

**Q.15: Do you have any other comments about Sefton’s Library Service and/or the Library Service Review?**

**If you would like to receive feedback on this first stage consultation by email please email your details to [libraryreview@sefton.gov.uk](mailto:libraryreview@sefton.gov.uk)**

**Thank you for completing this section of the questionnaire. To help us monitor who is using our services and completing this questionnaire, please complete the diversity questions on the following two pages. For further information about why we need this information, please see the “What’s it got to do with you?” booklet available from any venue listed on the front page. Thank you.**



## Diversity Monitoring Form

Answer as much or as little as you want. Whatever information you give, we will not be able to identify you as an individual, so your identity is safe. Information you provide will help us build an overall profile of who has taken part in the consultation.

<p><b>Please enter the first part of your Postcode</b> (ie: the first 3 or 4 characters)</p> <p>_____</p>	<p><b>Are you...</b>    <input type="checkbox"/> Male    <input type="checkbox"/> Female</p> <hr/> <p><b>What is your age?</b>    _____ years</p>
<p><b>Disability: Do you have any of the following? (Please tick all that apply)</b></p> <p><input type="checkbox"/> Physical Impairment                      <input type="checkbox"/> Visual Impairment</p> <p><input type="checkbox"/> Learning Difficulty                              <input type="checkbox"/> Hearing Impairment / Deaf</p> <p><input type="checkbox"/> Mental Health/Mental Distress    <input type="checkbox"/> Long term illness that affects your daily activity</p> <p><input type="checkbox"/> Other (please specify) _____</p>	
<p><b>Please read the following statement...</b></p> <p>If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under legislation. Do you consider yourself to be 'disabled'?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                                      <input type="checkbox"/> No</p>	

**Which of these options best describes your situation?**

<p><input type="checkbox"/> Full time worker</p> <p><input type="checkbox"/> Part time worker</p> <p><input type="checkbox"/> Fully retired</p> <p><input type="checkbox"/> Self employed</p> <p><input type="checkbox"/> Full time student</p>	<p><input type="checkbox"/> Unemployed and available to work</p> <p><input type="checkbox"/> Unable to work due to illness / disability</p> <p><input type="checkbox"/> Look after the home / family</p> <p><input type="checkbox"/> Government training scheme</p> <p><input type="checkbox"/> Other (please specify if you wish) _____</p>
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**Please turn over to complete**

**Which of these options best describes your ethnic background?  
Please tick one box for each (the options are listed alphabetically)**

**Ethnicity – do you identify as...**

**Asian:**

- Bangladeshi                       Indian                       Pakistani  
 Other Asian background (please specify if you wish) \_\_\_\_\_

**Black:**

- African                       Caribbean  
 Other Black background (please specify if you wish) \_\_\_\_\_

**Chinese:**

- Chinese  
 Other Chinese background (please specify if you wish) \_\_\_\_\_

**Mixed Ethnic Background:**

- Asian & White                       Black African & White                       Black Caribbean & White  
 Other Mixed background (please specify if you wish) \_\_\_\_\_

**White:**

- British                       English                       Irish                       Scottish  
 Welsh                       Polish                       Latvian  
 Gypsy / Traveller  
 Other White background (please specify if you wish) \_\_\_\_\_

**The following questions are a little more personal and you can choose to stop here if you wish; however, it would be really helpful if you would consent to complete them... PLEASE NOTE: we have no way of identifying you individually, so answers remain anonymous.**

**Do you have a religion or belief?**                       Yes                       No

If yes, please tick one of the below...

- Buddhist                       Christian                       Hindu  
 Jewish                       Muslim                       Sikh  
 Other (please specify if you wish) \_\_\_\_\_

**How would you describe your sexual orientation?**

- Heterosexual                       Gay                       Lesbian                       Bisexual

**Do you currently live in the gender you were given at birth?**

- Yes                       No

## SEFTON LIBRARY NON-USERS

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**Thank you for your time and contribution**

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**Please note: this survey is for people who do not use any library or who do not use a library in Sefton. If you do use a library in Sefton, please complete the Sefton Library Users Survey (available where you collected this one or at any Sefton library) or on-line at [www.sefton.gov.uk/libraries](http://www.sefton.gov.uk/libraries)**

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**Q.2: How did you find out about the Library Service Review? (Please tick one option only)**

- Council website
  - Local press
  - Library
  - One Stop Shop
  - Contact Centre
  - Children's Centres
  - Family Centre
  - Day Care Centre
  - Leisure Centre
  - School/College
  - Community Centre
  - Tourist Information Service
  - Other (please specify)
-

**Q.3: Which of these best describes yourself?**

**(Please tick one option only)**

- I am a member of the public who does not use any library
  - I do not use a library in Sefton but do use a library somewhere else
  - I am a friend or relative of a library user
  - I represent a partner organisation/potential partner organisation.
  - I represent/own a local business
  - I represent a community group
  - I am responding on behalf of an organisation
  - Other . Please specify: \_\_\_\_\_
- 

**Q.4: If you answered the question above to state that you are a partner/potential partner, own a local business, represent a community group or are responding on behalf of an organisation please provide your details here**

<b>Name of the organisation</b>
<b>Contact details for the organisation</b>
<b>Email address of the organisation</b>

**Q.5: Please tell us why you do not use Sefton's Library Service?  
(Please tick all options that apply)**

- I prefer to buy books from a shop/online
  - I'm too busy
  - Nothing of interest to me at a library
  - Have internet at home
  - I download e-books
  - I don't like reading
  - My nearest library is too far away
  - Internet gives better access to information/more convenient
  - Opening hours aren't long enough
  - Difficulty getting to the library (e.g. parking restrictions, poor public transport)
  - Prefer to go to a library outside Sefton
  - Prefer to go elsewhere e.g. coffee shops, bookshops
  - Other (Please Specify): \_\_\_\_\_
- 

**Q.6: Have you ever used Sefton's Library Service in the past?**

- Yes      Please go to question 7
- No        Please go to question 9

**Q.7: How long is it since you used Sefton's Library Service?  
(Please tick one option only)**

- Less than one year
- More than one year
- Between two and five years ago
- More than five years ago

**Q.8: If you used Sefton's Library Service in the past, please tell us why you stopped?**

**Q.9: Do you have access to the internet at home?**

- Yes
- No

**Q.10: If you answered Yes, what type of service do you use?**

- Broadband
- Dial-up

**Q.11: What other Sefton Council services do you use and what do you use them for?**

**(Please tick all options that apply)**

	<b>Pay bills</b>	<b>Information</b>	<b>Participate in activities</b>	<b>Socialise</b>	<b>Report an incident</b>	<b>Request a service</b>
<b>Visit Council website</b>						
<b>Visit One Stop Shop</b>						
<b>Phone the Council</b>						
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<b>Youth Centre</b>						

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<b>Please enter the first part of your Postcode</b> (ie: the first 3 or 4 characters) _____	<b>Are you...</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>What is your age?</b> _____ years
<b>Disability: Do you have any of the following? (Please tick all that apply)</b> <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Hearing Impairment / Deaf <input type="checkbox"/> Mental Health/Mental Distress <input type="checkbox"/> Long term illness that affects your daily activity <input type="checkbox"/> Other (please specify) _____	
<b>Please read the following statement...</b> If you have ticked any of the boxes above, or you have cancer, diabetes or HIV this would be classed as 'disability' under the legislation. Do you consider yourself to be 'disabled?' <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Which of these options best describes your situation?

<input type="checkbox"/> Full time worker	<input type="checkbox"/> Unemployed and available to work
<input type="checkbox"/> Part time worker	<input type="checkbox"/> Unable to work due to illness / disability
<input type="checkbox"/> Fully retired	<input type="checkbox"/> Look after the home / family
<input type="checkbox"/> Self employed	<input type="checkbox"/> Government training scheme
<input type="checkbox"/> Full time student	<input type="checkbox"/> Other (please specify if you wish) _____

**Please turn to next page to complete**

**Which of these options best describes your ethnic background?  
Please Tick one box for each (the options are listed alphabetically)**

<b>Ethnicity – do you identify as...</b>			
<b>Asian:</b>			
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	
<input type="checkbox"/> Other Asian background (please specify if you wish) _____			
<b>Black:</b>			
<input type="checkbox"/> African	<input type="checkbox"/> Caribbean		
<input type="checkbox"/> Other Black background (please specify if you wish) _____			
<b>Chinese:</b>			
<input type="checkbox"/> Chinese			
<input type="checkbox"/> Other Chinese background (please specify if you wish) _____			
<b>Mixed Ethnic Background:</b>			
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Black African & White	<input type="checkbox"/> Black Caribbean & White	
<input type="checkbox"/> Other Mixed background (please specify if you wish) _____			
<b>White:</b>			
<input type="checkbox"/> British	<input type="checkbox"/> English	<input type="checkbox"/> Irish	<input type="checkbox"/> Scottish
<input type="checkbox"/> Welsh	<input type="checkbox"/> Polish	<input type="checkbox"/> Latvian	<input type="checkbox"/> Gypsy / Traveller
<input type="checkbox"/> Other White background (please specify if you wish) _____			

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PLEASE NOTE: we have no way of identifying you individually, so answers remain anonymous.**

<b>Do you have a religion or belief?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please tick one of the below...		
<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu
<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
<input type="checkbox"/> Other (please specify if you wish) _____		

<b>How would you describe your sexual orientation?</b>	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Bisexual
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<b>Do you currently live in the gender you were given at birth?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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