

**Purpose of Report:**

To prompt a preliminary discussion of the proposed questions for 2013 Staff Survey, the questions from the 2010 staff survey are also contained to support the discussion.

<b>DRAFT</b>	<b>LEWES DISTRICT COUNCIL EMPLOYEE SURVEY 2013</b>
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<b>Thinking about top management (chief executive, directors and corporate heads) to what extent do you agree with the following statements? – Please tick in the boxes below</b>							
		Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/ No opinion
1	Top management are regularly visible and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Top management have a clear vision of where LDC is going	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Top management act on the feedback they receive from employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Top management are interested in listening to employee opinions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Here are some phrases which might be used when talking about recent changes at Lewes District Council. Please indicate to what extent you agree or disagree with each.</b>							
		Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/ No opinion
5	The reasons for change are well communicated to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Change here is well managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I feel that I can influence change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please indicate to what extent you agree or disagree with the following statements:</b>							
		Strongly Agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/ No opinion
<b>8</b>	Promotion is based on merit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9</b>	I am able to have a say in how I do my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10</b>	People are treated with fairness and respect here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11</b>	<b>Which of these phrases would you use to describe Lewes District Council (LDC), as an employer, to people outside the organisation:</b>	
	I would speak highly of LDC without being asked	<input type="checkbox"/>
	I would speak highly of LDC if I am asked	<input type="checkbox"/>
	I would be neutral towards LDC	<input type="checkbox"/>
	I would be critical of LDC if I am asked	<input type="checkbox"/>
	I would be critical of LDC without being asked	<input type="checkbox"/>
	Don't know if it applies/ no opinion	<input type="checkbox"/>

<b>12</b>	<b>Over all, how well informed do you feel about the organisation as a whole?</b>	
	I feel fully informed	<input type="checkbox"/>
	I feel fairly informed	<input type="checkbox"/>
	I have only a limited amount of information	<input type="checkbox"/>
	I don't know much at all about what is going on	<input type="checkbox"/>
	Don't know/ no opinion	<input type="checkbox"/>

<b>13</b>	<b>Please indicate how often the following statement applies: "My immediate manager/supervisor creates a workplace where I feel supported."</b>	
	Always applies	<input type="checkbox"/>

Usually applies	<input type="checkbox"/>
Sometimes applies	<input type="checkbox"/>
Never applies	<input type="checkbox"/>
Don't know if it applies/ no opinion	<input type="checkbox"/>

<b>14</b>	<b>Have you had an appraisal in the last 12 months?</b>	
	Definition: appraisal or 'job chat' is an annual discussion about your performance and setting work for next year. The discussion is recorded and reviewed the following year.	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	No but I have been working at Lewes District Council for less than 12 months	<input type="checkbox"/>
	Don't know/ can't remember	<input type="checkbox"/>

<b>15</b>	<b>Please use the space below to make any further comments or suggestions about working for Lewes District Council if you would like to.</b>

<b>16</b>	<b>Over the last six months have you:</b>							
	a) Experienced harassment, bullying, victimisation or discrimination within your service?							
	b) Personally witnessed any incidents of harassment, bullying, victimisation or discrimination within your service?							
	c) Who or what is the source of your witnessing or experiencing the incidents							
Please tick as many as apply in both columns:				c) Please tick as many as apply:				
	a) Experienced	b) Witnessed	Staff	Manager	Service user	Member	Partner	Policy/ process
Harassment, bullying, victimisation or discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you ticked a box above was this related to:								
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Anyone who has experienced or witnessed harassment, bullying, victimisation or discrimination in the previous question please answer the following question too. If you have not please go onto the next question.

**17 Thinking about the most recent incident of harassment, bullying, victimisation or discrimination, was it reported? (by you or by someone else)**

Yes, formally	<input type="checkbox"/>
Yes, informally	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/can't remember	<input type="checkbox"/>

**Confidentiality Promise**

In completing this survey your response cannot be linked to you as an individual and we cannot tell who has or has not responded. We need to ask some questions about your diversity as views expressed can depend on a number of factors, for example, whether you have caring responsibilities, so we will want to report on your views as a relevant group, but we will NOT analyse the details below in such a way that you can be identified.

**Which Department/service do you work in?**

Housing	<input type="checkbox"/>	District Services	<input type="checkbox"/>
Environment & Planning (excl District Services)		Legal and Democratic (excl Corporate Support)	
Corporate Support	<input type="checkbox"/>	Property, Regeneration and Enterprise	<input type="checkbox"/>
Finance	<input type="checkbox"/>	CEO /HR / IT	<input type="checkbox"/>

Are you working?			
Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>

Are you?	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Transgender male to female	<input type="checkbox"/>
Transgender female to male	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>

In which age category are you?			
Up to 25	<input type="checkbox"/>	46 - 55	<input type="checkbox"/>
26 - 35	<input type="checkbox"/>	56 - 65	<input type="checkbox"/>
36 - 45	<input type="checkbox"/>	Over 65	<input type="checkbox"/>
Do not wish to answer			<input type="checkbox"/>

Are you?			
Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>
Gay man	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>
Do not wish to answer			<input type="checkbox"/>

Do you have day to day caring responsibilities for any of the following?			
	Yes	No	Do not wish to answer
Dependant Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disabled/sick/elderly relatives/friends/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you describe your ethnic group?	
White (including all British, Irish, Gypsy or Irish Traveller, or any other white background)	<input type="checkbox"/>
Mixed (Including White and Black Caribbean, White and Black African, White and Asian, any other mixed background)	<input type="checkbox"/>
Asian or Asian British (Including, Indian, Pakistani, Bangladeshi, Chinese, any other Asian background)	<input type="checkbox"/>
Black or Black British (Including Caribbean, African, any other Black background)	<input type="checkbox"/>
Other ethnic group (Including Arab, any other background)	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>

Which of the following religions or faith groups do you identify with?			
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Other	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	No religion or faith group	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>

Under the 2010 Equalities Act definition do you consider yourself to be disabled? (Definition: Someone who has a mental or physical impairment, that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.)	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>

Are you a member of a trade union?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Do not wish to answer	<input type="checkbox"/>