

**DRAFT****LEWES DISTRICT COUNCIL EMPLOYEE SURVEY 2014**

Thank you for taking the time to complete the survey. Please return it direct to Survey Monkey by.....

## Confidentiality Promise

Thank you for taking ten minutes of your time to complete this survey.

It is important to us to consider the views and experiences of all our staff, so we can check that everyone has a pleasant and fair work environment. The aim of the survey is to help identify any issues and highlight if improvements can be made.

The survey asks you questions about you and your personal situation, as well as about your views and experiences at work. It is not compulsory for you to complete any of the questions, but completing the sections on your gender, sexuality, disability, religion and so on will enable us to check if any particular groups of people working for us are less happy than others and help us improve things where needed.

The survey is confidential and your responses will not be linked to you personally. The information you give will be analysed & published in a way that ensures no-one can be personally identified.

<b>Thinking about top management (chief executive, directors and heads of service) 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
<b>1</b>	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"/>
<b>2</b>	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"/>
<b>3</b>	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"/>
<b>4</b>	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
<b>5</b>	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"/>
<b>6</b>	Change here is well managed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	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>Over all, how well do you feel you understand the overall aim of the Council and how your work fits into it?</b>	
	I fully understand the aims of the Council and how my work fits into this	<input type="checkbox"/>
	I fairly well understand the aims of the Council and how my work fits into this	<input type="checkbox"/>
	I have only a limited amount of understanding about the Council's aim and how my work fits into it	<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>14</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>15</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>16</b>	<b>Have you had a team meeting in the last 3 months?</b>	
	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
	No but I have been working at Lewes District Council for less than 3 months	<input type="checkbox"/>
	Don't know/ can't remember	<input type="checkbox"/>

<b>17</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>18</b>	<b>During the last year have you had the opportunity to attend one of the briefing sessions for all staff at which either of the Directors (Gillian or Nazeya) or the Chief Executive (Jenny) have talked about the changes at LDC?</b>	
	Yes, I had the opportunity and attended	<input type="checkbox"/>
	Yes I had the opportunity and decided not to attend	<input type="checkbox"/>
	No	<input type="checkbox"/>
	Don't know/can't remember	<input type="checkbox"/>

<b>19</b>	<b>Over the last twelve months have you:</b>							
	<b>a) Experienced harassment, bullying, victimisation or discrimination within your service?</b>							
	<b>b) Personally witnessed any incidents of harassment, bullying, victimisation or discrimination within your service?</b>							
	<b>c) Who or what is the source of your witnessing or experiencing the incidents</b>							
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.

**20** 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 (for example by way of a personal challenge)	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know/can't remember	<input type="checkbox"/>

**21** Do you feel supported through emotionally demanding work?

Yes, always	<input type="checkbox"/>
Yes, most of the time	<input type="checkbox"/>
Not always	<input type="checkbox"/>
Never	<input type="checkbox"/>
Don't feel this is applicable to my role	<input type="checkbox"/>

22	<b>Please use the space below to make any further comments you may have about your experience of going through change at LDC</b>	
23	<b>During the last year have you felt pressured to work long hours?</b>	
	Yes, often <input type="checkbox"/>	
	Yes, but not often <input type="checkbox"/>	
	No <input type="checkbox"/>	
	Don't know/can't remember <input type="checkbox"/>	
24	<b>If you answered yes to the above question do you feel this pressure has been more or less than the year before</b>	
	Definitely more <input type="checkbox"/>	
	Occasionally more <input type="checkbox"/>	
	The same as the year before <input type="checkbox"/>	
	Less than the year before <input type="checkbox"/>	
	Don't know/can't remember <input type="checkbox"/>	

<b>Which Department/Service do you work in?</b>							
Housing		<input type="checkbox"/>	District Services			<input type="checkbox"/>	
Environment & Planning (excl District Services)		<input type="checkbox"/>	Legal and Democratic Services & CEO (excl corporate support)			<input type="checkbox"/>	
Corporate Support		<input type="checkbox"/>	Property, Regeneration and Enterprise			<input type="checkbox"/>	
Finance		<input type="checkbox"/>	Human Resources			<input type="checkbox"/>	
			IT			<input type="checkbox"/>	
<b>Are You working?</b>				<b>How would you describe your ethnic group?</b>			
Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	White			
				English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>		
				Irish	<input type="checkbox"/>		
				Gypsy or Irish Traveller	<input type="checkbox"/>		
				Any other white background, write in box	<input type="checkbox"/>		
<b>Are You?</b>				Mixed/multiple ethnic groups			
				White and Black Caribbean	<input type="checkbox"/>		
				White and Black African	<input type="checkbox"/>		
				Any other mixed/multiple ethnic background, write in box	<input type="checkbox"/>		
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Asian or Asian British			
				Indian	<input type="checkbox"/>		
				Pakistani	<input type="checkbox"/>		
				Bangladeshi	<input type="checkbox"/>		
				Chinese	<input type="checkbox"/>		
				Any other Asian background)			
Transgender Male to Female	<input type="checkbox"/>	Transgender Female to Male	<input type="checkbox"/>	Black/African/Caribbean			
				African	<input type="checkbox"/>		
				Caribbean	<input type="checkbox"/>		
				Any other Black/African/Caribbean background	<input type="checkbox"/>		
Do not wish to answer	<input type="checkbox"/>			Other ethnic group			
				Arab	<input type="checkbox"/>		
				Any other ethnic group, write in box	<input type="checkbox"/>		
				Do not wish to answer	<input type="checkbox"/>		
<b>In which age category are you?</b>							
Up to 25	<input type="checkbox"/>	46 - 55	<input type="checkbox"/>	<b>What is your religion?</b>			
26 – 35	<input type="checkbox"/>	56 - 65	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
36 - 45	<input type="checkbox"/>	Over 65	<input type="checkbox"/>	Christian	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Are you?</b>				Hindu	<input type="checkbox"/>	No religion or faith group	<input type="checkbox"/>

Bisexual	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>
Gay Man	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	Muslim	<input type="checkbox"/>		
Do not wish to answer	<input type="checkbox"/>	Questioning/undecided	<input type="checkbox"/>	<b>Do you have a mental or physical impairment that has a substantial or long-term effect on your ability to carry out normal day-to-day activities?</b>			
<b>Do you have day to day caring responsibilities for any of the following?</b>				Yes		<input type="checkbox"/>	
	Yes	No	Do not wish to answer	No		<input type="checkbox"/>	
Dependent Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do not wish to answer		<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"/>				
<b>With regard to your marital status, are you:</b>							
Married or in a civil partnership	<input type="checkbox"/>	Single	<input type="checkbox"/>				
Divorced	<input type="checkbox"/>	Co-habiting	<input type="checkbox"/>				
Widowed	<input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>				