

SURVEY

This survey is about proposed changes to the mobile library service. By completing this survey you are consenting to Essex County Council using your data to inform decisions it makes about the future design of the service. Taking part in this survey is voluntary. You do not have to complete it all, though it is helpful to us if you do. Your response is confidential and will be held securely on SelectSurvey. We will anonymise the data before passing it on to a third party to analyse and produce a report for the council about the results. That report will not identify individual responses but may quote comments made by respondents. If you give your name and address it will not be passed on to the third party.

Separate versions of this survey are available for children under 16, Braille, and an EasyRead version for people with learning disabilities. If you would like a copy of any of these, a large print copy or would like help to complete the survey please call 0345 603 7628.

Children aged 11 to 16 can complete the children's survey or this one. If you are a child completing this survey, please ask your parent/guardian to complete the consent form below.

Are you aged under 16?

☐ Yes ☐ No

Parental Consent

I give permission for my child to take part in the survey.

Name of child/young person: _____

Relationship to child/young person: _____

Parent/guardian's name: _____

1. Are you responding as:

- ☐ a. An individual?
- ☐ b. A family with children under 11?
- ☐ c. An organisation?

If organisation, please add name and organisation type?

Name of organisation: _____

Please tick:

- ☐ Town or parish council
- ☐ District or borough council
- ☐ Other public body
- ☐ Community group
- ☐ Registered charity
- ☐ Other, please specify: _____

2. Do you or your child have an Essex Libraries card?

☐ Yes ☐ No

3. Do you or your child use the mobile library service? If yes, please give the name of the mobile library stop you usually use.

☐ Yes ☐ No

Name of mobile library stop: _____

4. When did you or your child last use the mobile library service?

- ☐ a. Within last month
- ☐ b. Within the last three months
- ☐ c. Within the last year
- ☐ d. More than a year ago

5. Do you or your child also use a library building?

☐ Yes ☐ No

Please name the library you use most often: _____

6. What do you value from the mobile library service? (Tick all that apply)

- ☐ a. Borrowing books
- ☐ b. Borrowing other items
- ☐ c. It comes to my village/community
- ☐ d. Chance for a chat
- ☐ e. Place to meet neighbours/friends
- ☐ f. Other, please specify: _____

7. How do you or your child travel to your mobile library? (Tick one)

- ☐ Own transport ☐ Public transport
- ☐ On foot ☐ Bicycle ☐ Other

8. How do you or your child travel to your nearest library building? (Tick one)

- ☐ Own transport ☐ Public transport
- ☐ On foot ☐ Bicycle ☐ Other

9. Do you or your child use any other library services? (Tick all that apply)

- ☐ Home Library Service
- ☐ Online bookings
- ☐ Other, please specify: _____

PROPOSALS

10. Criteria for keeping mobile library stops – to what extent do you agree or disagree with this proposal?

a. Remove mobile library stops if the stop is less than two miles from a library building

- ☐ Strongly Agree ☐ Agree ☐ Neither
- ☐ Disagree ☐ Strongly disagree

b. Withdraw or remove mobile library stops that consistently have no visitors over at least six months.

- ☐ Strongly Agree ☐ Agree ☐ Neither
- ☐ Disagree ☐ Strongly disagree

c. Merge stops which service the same community.

- ☐ Strongly Agree ☐ Agree ☐ Neither
- ☐ Disagree ☐ Strongly disagree

d. Increase the minimum stop time to 30 minutes.

- ☐ Strongly Agree ☐ Agree ☐ Neither
- ☐ Disagree ☐ Strongly disagree

Please tell us why: _____

11. Are there other criteria you think we should use to decide where mobile library stops should be?

12. Frequency – to what extent do you agree or disagree with the proposals below?

a. Visit a stop once every three weeks. This would mean fewer stops available overall but there would be a gap of three weeks between visits.

- ☐ Strongly Agree ☐ Agree ☐ Neither
- ☐ Disagree ☐ Strongly disagree

b. Visit a stop once every four weeks. This would mean more stops available overall but there would be a gap of four weeks between visits.

- ☐ Strongly Agree ☐ Agree ☐ Neither
- ☐ Disagree ☐ Strongly disagree

c. Stops available on different days than currently available. This could mean stops available on Sundays, Mondays or later in the day. (Stops at your preferred day or time cannot be guaranteed.)

☐ Strongly Agree ☐ Agree ☐ Neither

☐ Disagree ☐ Strongly disagree

Please tell us why: _____

Impact of potential changes

13. If your mobile stop is withdrawn, is it likely that you can access other library services?

☐ Yes ☐ No ☐ Don't know

14. Would you like to add anything else that has not been covered above? Do you have any other ideas about how we can provide a mobile library service that is relevant to people's lives and financially viable?

ABOUT YOU

As a local authority we need to know more about the people using our services and where to focus our efforts. Your answers here will help us understand what types of people are using mobile libraries and the needs of different communities. The information you give is confidential and will be used solely for monitoring and to help us get our services right, for you, your family and the wider community.

You are not obliged to answer all questions, but the more information you supply the more effective our monitoring will be. If you choose not to answer these questions, it will not affect your participation in the survey.

15. Which district/borough do you live in?

☐ Basildon ☐ Epping Forest

☐ Braintree ☐ Harlow

☐ Brentwood ☐ Maldon

☐ Castle Point ☐ Rochford

☐ Chelmsford ☐ Tendring

☐ Colchester ☐ Uttlesford

☐ Other, please state: _____

16. What is your post code? _____

17. What is your age?

☐ Under 16

☐ 17 – 20

☐ 21 – 30

☐ 31 – 40

☐ 41 – 50

☐ 51 – 60

☐ 61 – 70

☐ 71 – 80

☐ 81 – 90

☐ 91 or over

☐ Prefer not to say

18. What is your gender?

☐ Male ☐ Female ☐ Prefer not to say

☐ Prefer to use my own term: _____

19. What is your ethnicity?

☐ White British

☐ White Irish

☐ White Other

☐ Gypsy / Roma

☐ Traveller of Irish Heritage

☐ Black or Black British African

☐ Black or Black British Caribbean

☐ Mixed White / Black African

☐ Mixed White / Black Caribbean

☐ Black Other

☐ Asian or Asian British Pakistani

- | | |
|--|---|
| <input type="checkbox"/> Asian or Asian British Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Asian or Asian British Other | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Mixed White/Asian | <input type="checkbox"/> Mixed Other |
| <input type="checkbox"/> Asian Other | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Other, please specify: |

20. What is your religion/faith?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Christian | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> None |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> Other, please state: |

21. Do you consider yourself to have an impairment and/or a disability?

- ☐ Yes ☐ No

22. If yes, which of the following would best describe your impairment/disability?

- ☐ Physical impairment/disability
- ☐ Sensory Impairment
- ☐ Learning Difficulty or Disability
- ☐ Mental Health Needs
- ☐ Other, please specify: _____

23. What is your sexual orientation?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer to use my own term |

Being involved in the delivery of library services. (for over 16s only)

We are keen to find out whether people are interested in getting involved as volunteers in helping to deliver library services in their community. Information about these opportunities is available in the consultation document (see page 8). Please answer these questions and give your contact details in the boxes below.

1. Would you or someone you know be interested in applying for a Friends & Family card?

- ☐ Yes ☐ No ☐ Don't know

2. Are you interested in volunteering for the Home Library Service?

- ☐ Yes ☐ No ☐ Don't know

3. Are you interested in getting involved in setting up a community library?

- ☐ Yes ☐ No ☐ Don't know

4. Is there a venue near you that you think would make a good venue for a community library?

STAYING INVOLVED IN FUTURE ENGAGEMENT

Essex Libraries are also looking at other ways to increase community involvement and ensure libraries are fit for the future and relevant to people's lives. If you would like to get involved in helping to shape or deliver library services in future, please give us your contact details.

Name: _____

Email address or postal address: _____

Would you like to receive a copy of the full report?

- ☐ Yes ☐ No