

QR CODE

Tenant Satisfaction Survey Your chance to have your say!

Your views are really important to EPIC Housing and this survey will help them to understand what you think about your home, the services they provide and what you would like them to do in the future.

EPIC Housing has asked Acuity to carry out an independent survey on its behalf. It should take around 10 minutes to fill in the questionnaire. What you tell us will be strictly confidential. We will report your responses to EPIC Housing without identifying you unless you give your permission at the end of the survey.

The survey will be used to calculate the annual Tenant Satisfaction Measures (or TSMs) which will be published by EPIC Housing and reported back to tenants as required by the Regulator of Social Housing.

Please return the completed survey in the Freepost envelope provided. If you have any difficulties in completing the survey, please call us on 01273 287114 or email acuity@arap.co.uk



Complete online! If you prefer to complete the survey online scan the QR code at the top of the survey or go to: www.starsurveys.co.uk/EPIC and input your unique reference code which is **[REFCODE]**.

Thank You!

Everyone who completes the survey will be entered into a prize draw. As EPIC Housing is 25 years old this year, ten winners will be selected at random who will each receive a £25 shopping voucher.



Join us for our next Tenant Engagement Event on 26 and 28 June, see our website for more details: www.epichousing.co.uk

Overall Services and Your Home



1 Taking everything into account, how satisfied or dissatisfied are you with the service provided by EPIC Housing? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

2 How satisfied or dissatisfied are you that EPIC Housing provides a home that is well maintained? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

3 Thinking about the condition of the property or building you live in, how satisfied or dissatisfied are you that EPIC Housing provides a home that is safe? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable / don't know

4 If you are not satisfied that your home is well maintained and/or safe, please explain why and what could be done to improve this.



Communal Areas and Neighbourhood



5 Do you live in a building with communal areas, either inside or outside, that EPIC Housing is responsible for maintaining? Tick one box only

Yes (Go to **6**) No (Go to **7**) Don't know (Go to **7**)

6 How satisfied or dissatisfied are you that EPIC Housing keeps these communal areas clean and well maintained? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

7 How satisfied or dissatisfied are you that EPIC Housing makes a positive contribution to your neighbourhood? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable / don't know

8 How satisfied or dissatisfied are you with EPIC Housing's approach to handling anti-social behaviour? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable / don't know

9 Do you consider any of the following a problem in your neighbourhood? Tick as many as apply

- | | |
|---|---|
| <input type="checkbox"/> Car parking | <input type="checkbox"/> Vandalism and graffiti |
| <input type="checkbox"/> Rubbish or litter | <input type="checkbox"/> People damaging your property |
| <input type="checkbox"/> Noisy neighbours | <input type="checkbox"/> Drug use and dealing |
| <input type="checkbox"/> Dog fouling/dog mess | <input type="checkbox"/> Abandoned vehicles |
| <input type="checkbox"/> Other problems with pets/animals | <input type="checkbox"/> Other crime |
| <input type="checkbox"/> Disruptive children/young people | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Racial or other harassment | <input type="checkbox"/> Other (please specify below ↓) |
| <input type="checkbox"/> Drunk or rowdy behaviour | |
| <input type="checkbox"/> Noise from traffic | |

Repairs and Maintenance Services



10 Has EPIC Housing carried out a repair to your home in the last 12 months? Tick one box only

Yes (Go to **11**) No (Go to **13**)

11 How satisfied or dissatisfied are you with the overall repairs service from EPIC Housing over the last 12 months? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

12 How satisfied or dissatisfied are you with the time taken to complete your most recent repair after you reported it? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

13 How satisfied or dissatisfied are you with the way EPIC Housing deals with repairs and maintenance? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

14 Is there anything EPIC Housing could do to improve its repairs service?



15 Does your home currently suffer from any damp or mould issues? *(If you tick 'Yes', we will pass on your name and address to EPIC Housing)* Tick one box only

Yes (Go to **16**) No (Go to **17**)

16 And if yes, have you reported it to EPIC Housing? Tick one box only

Yes No

Getting Involved and Having an Influence



17 How satisfied or dissatisfied are you that EPIC Housing listens to your views and acts upon them? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable / don't know

18 How satisfied or dissatisfied are you that EPIC Housing keeps you informed about things that matter to you? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable / don't know

19 To what extent do you agree or disagree with the following "EPIC Housing treats me fairly and with respect"? Tick one box only

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree Not applicable / don't know

20 Are you interested in finding out ways in which you can influence and get involved in how EPIC Housing is run? *(If you are interested, we will tell EPIC Housing)* Tick one box only

Yes No

Customer Contact



21 How satisfied or dissatisfied are you that EPIC Housing is easy to deal with? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

22 How satisfied or dissatisfied are you that when you contact EPIC Housing they respond and deal with your request? Tick one box only

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied Not applicable / don't know

Making a Complaint



23 Have you made a complaint to EPIC Housing in the last 12 months? Tick one box only

Yes (Go to **24**) No (Go to **27**)

24 How satisfied or dissatisfied are you with EPIC Housing’s approach to complaints handling? Tick one box only

Very satisfied

Fairly satisfied

Neither satisfied nor dissatisfied

Fairly dissatisfied

Very dissatisfied

25 What was your complaint related to? Tick one box only

Quality of repairs

Repairs not complete

Communal repairs

Damp and mould

Staff or contractor attitude

Communication

Tenancy matters

Rent or service charge matters

Other (please specify below ↓)

26 How did you make your complaint? Tick one box only

EPIC Housing complaints procedure

Telephone call to the office

Email to the office or via the website

To a visiting officer

To a regulatory body, e.g., Housing Ombudsman

Through a legal representative

Other (please specify below ↓)

27 Are you aware of how to make a complaint to EPIC Housing? Tick one box only

Yes

No

Recommending EPIC Housing



28 How likely would you be to recommend EPIC Housing to other people on a scale of 10 to 0, where 10 is extremely likely and 0 is not at all likely? Tick one box only

Extremely likely

10

9

8

7

6

5

4

3

2

1

0

Not at all likely

Improving Services



29 Is there anything EPIC Housing could do to improve its services?



Your Well-being



30 Do you currently struggle with any of the following...? Tick one box only for each

| | Yes | No | I am worried about the future | Prefer not to say |
|--|--------------------------|--------------------------|-------------------------------|--------------------------|
| Paying your rent or service charges | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meeting the costs of household bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Meeting the cost of utility/fuel bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31 Do you or a member of your household have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Tick one box only

Yes (Go to **32**) No (Go to **33**)

32 Please indicate the type of impairment which applies to you. If you experience more than one type of impairment, please tick all the types that apply. If your disability does not fit any of these types, please mark "Other" and specify.

- | | |
|--|--|
| <input type="checkbox"/> Physical/mobility impairment, such as difficulty using your arms or mobility issues which require you to use a wheelchair or crutches | <input type="checkbox"/> Learning disability/difficulty, such as Down's syndrome or dyslexia or a cognitive impairment, such as autistic spectrum disorder |
| <input type="checkbox"/> Visual impairment, such as being blind or having a serious visual impairment | <input type="checkbox"/> Long-standing illness or health condition, such as dementia, cancer, HIV, diabetes, chronic heart disease or epilepsy |
| <input type="checkbox"/> Hearing impairment, such as being deaf or having a serious hearing impairment | <input type="checkbox"/> Other (please specify below ↓) |
| <input type="checkbox"/> Mental health condition, such as depression or schizophrenia | <div style="border: 1px solid black; border-radius: 10px; height: 40px; width: 100%;"></div> |

About You



33 How confident or able are you with the following...? Tick one box only for each

| | Very | Somewhat | Not very | Not at all |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Carrying out general home cleaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Decorating (i.e. painting internal walls and ceilings) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making basic home improvements and internal repairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining your outdoor space/garden | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

34 Which of the following do you have? Tick as many that apply

- | | |
|--|---|
| <input type="checkbox"/> Internet/broadband in your home | <input type="checkbox"/> A mobile phone |
| <input type="checkbox"/> A laptop or tablet | <input type="checkbox"/> A smartphone |
| <input type="checkbox"/> A contract/pay monthly phone | |

35 How often do you use the internet and online services? Tick one box only

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Daily or almost daily | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Used over a month ago | <input type="checkbox"/> Never use |

Permissions and Confidentiality

36 If you were contacted again in the future and asked to take part in another survey what is your preferred method for taking part? Tick one box only

- | | |
|---|---|
| <input type="checkbox"/> Telephone call | <input type="checkbox"/> Text with link to online survey |
| <input type="checkbox"/> Postal questionnaire | <input type="checkbox"/> Email with link to online survey |

37 EPIC Housing would welcome the opportunity to see your individual answers and comments. Are you happy for your individual responses to be passed back to EPIC Housing? Tick one box only

- Yes (Go to **38**) No (End)

38 Are you happy for EPIC Housing to contact you regarding any information you have provided in this survey? Tick one box only

- Yes (Go to **39**) No (End)

39 If yes, what is your preferred method of contact? Tick one box only

- By Phone Email Letter



Thank you for taking the time to complete this survey. Please return this questionnaire in the FREEPOST envelope provided (you do not need a stamp). EPIC Housing will inform you about the results.