

Tenant Satisfaction Survey

Your chance to have your say!

«ShortLink QR
Code»

Your views are important to EPIC Housing and this survey will help them understand what you think about your home and the services EPIC Housing provide, as well as what you would like them to do in the future. 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. It should take around 10 minutes to complete the survey.

What you tell us will be strictly confidential. We will report your responses to EPIC Housing identifying you unless you do not give your permission at the end of the survey.

If you would prefer to complete the survey online, please go to: www.starsurveys.co.uk/EPIC and input your unique code which is «Resp_Code». If you have any difficulties completing the survey, please call us on 01273 287114 or email acuity@arap.co.uk.

Part A – Tenant Satisfaction Survey

Your Home and Overall Services

- 1 Taking everything into account, how satisfied or dissatisfied are you with the service provided by EPIC Housing?**

- ☐ 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?**

- ☐ 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?**

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

Communal Areas

- 4 Do you live in a building with communal areas, either inside or outside, that EPIC Housing is responsible for maintaining?**

- ☐ Yes (Go to **5**)
☐ No (Go to **6**)
☐ Don't know (Go to **6**)

- 5 How satisfied or dissatisfied are you that EPIC Housing keeps these communal areas clean and well maintained?**

- ☐ Very satisfied
☐ Fairly satisfied
☐ Neither satisfied nor dissatisfied
☐ Fairly dissatisfied
☐ Very dissatisfied

- 6 If you are not satisfied with your home and/or communal areas, please provide more information and what EPIC Housing could improve.**

Repairs and Maintenance

7 Has EPIC Housing carried out a repair to your home in the last 12 months?

- ☐ Yes (Go to **8**)
☐ No (Go to **10**)

8 How satisfied or dissatisfied are you with the overall repairs service from EPIC Housing over the last 12 months?

- ☐ Very satisfied
☐ Fairly satisfied
☐ Neither satisfied nor dissatisfied
☐ Fairly dissatisfied
☐ Very dissatisfied

9 How satisfied or dissatisfied are you with the time taken to complete your most recent repair after you reported it?

- ☐ Very satisfied
☐ Fairly satisfied
☐ Neither satisfied nor dissatisfied
☐ Fairly dissatisfied
☐ Very dissatisfied

10 Generally, how satisfied or dissatisfied are you with the way EPIC Housing deals with repairs and maintenance?

- ☐ Very satisfied
☐ Fairly satisfied
☐ Neither satisfied nor dissatisfied
☐ Fairly dissatisfied
☐ Very dissatisfied

11 If you are not satisfied with the repairs and maintenance service, please provide more information and what EPIC Housing could improve.

Customer Service, Communications and Information

12 How satisfied or dissatisfied are you that EPIC Housing listens to your views and acts upon them?

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

13 How satisfied or dissatisfied are you that EPIC Housing keeps you informed about things that matter to you?

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

14 To what extent do you agree or disagree with the following 'EPIC Housing treats me fairly and with respect'?

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

15 How satisfied or dissatisfied are you that EPIC Housing is easy to deal with?

- ☐ Very satisfied
☐ Fairly satisfied
☐ Neither satisfied nor dissatisfied
☐ Fairly dissatisfied
☐ Very dissatisfied

16 If you are not satisfied with customer service and communications, please provide more information and what EPIC Housing could improve.

Your Neighbourhood

17 How satisfied or dissatisfied are you that EPIC Housing makes a positive contribution to your neighbourhood?

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

18 How satisfied or dissatisfied are you with EPIC Housing's approach to handling anti-social behaviour?

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

Making a Complaint

19 Have you made a complaint to EPIC Housing in the last 12 months?

- ☐ Yes (Go to **20**)
- ☐ No (Go to **28**)

20 How satisfied or dissatisfied are you with EPIC Housing's approach to complaints handling?

- ☐ Very satisfied
- ☐ Fairly satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Fairly dissatisfied
- ☐ Very dissatisfied

21 Please can you explain why you have given this rating?

22 What was your complaint related to? (Tick all that apply)

- ☐ Repairs service
- ☐ Property condition
- ☐ ASB
- ☐ Communal areas or repairs
- ☐ Damp and mould
- ☐ Staff or contractor attitude
- ☐ Communication
- ☐ Tenancy matters
- ☐ Rent or service charge matters
- ☐ Other (please specify below ↓)

23 How did you make your complaint? (If you have gone through more than one route, please tick all that apply)

- ☐ Telephone call to the contact centre
- ☐ Email to the contact centre
- ☐ To a housing officer
- ☐ Via the website
- ☐ In writing
- ☐ Complaints procedure
- ☐ Through a legal representative
- ☐ To a regulatory body, e.g. Housing Ombudsman
- ☐ Other (please specify below ↓)

24 Has your complaint now been resolved?

- ☐ Yes - I am happy with the resolution
- ☐ Yes - I am not happy with the resolution
- ☐ No - complaint is still ongoing
- ☐ No - my landlord has not acknowledged my complaint

25 What stage in the complaints process did your complaint reach?

- ☐ Stage 1
- ☐ Stage 2
- ☐ Informal complaint / service failure
- ☐ Not sure / don't know

26 What went well about the way your complaint was handled (if not already mentioned in Q21)?

27 How could your landlord improve the way it handles complaints? (Tick all that apply)

- ☐ Improve communication / keep me updated
- ☐ Improve internal communication (communication between teams)
- ☐ Listen more
- ☐ Better attitude of staff to complaints
- ☐ Be more proactive in resolving my complaint
- ☐ Make it clearer how to make a complaint
- ☐ Make it easier to make a complaint
- ☐ Acknowledge complaints
- ☐ N/A
- ☐ Other (please specify below ↓)

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?

- ☐ 10 (extremely likely)
- ☐ 9
- ☐ 8
- ☐ 7
- ☐ 6
- ☐ 5
- ☐ 4
- ☐ 3
- ☐ 2
- ☐ 1
- ☐ 0 (not at all likely)

29 What one thing could EPIC Housing improve?

Your Well-being

30 How concerned are you about the cost of living crisis for you personally?

- ☐ Not concerned at all
- ☐ Slightly concerned
- ☐ Very concerned
- ☐ Prefer not to say

31 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)

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

32 And if yes, have you reported it to EPIC Housing?

- ☐ Yes
- ☐ No

33 How satisfied or dissatisfied are you with the energy efficiency of your home?

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

Part B – Household Survey

Understanding our tenants' needs!

EPIC Housing wants to make sure they understand the needs of everyone currently living in their properties. This is so EPIC Housing can tailor the services they offer to suit the needs of their customers and to help make any reasonable adjustments that will help them live safely and independently in their homes.

They have asked Acuity to carry out a survey collecting up-to-date information about the people who live in their households. All the information provided is confidential and will be held on EPIC Housing's secure housing management system. Whilst we would welcome your responses we understand if you are not comfortable answering particular questions and therefore you can select 'prefer not to say'.

The information collected is in line with our data collection and privacy policy, which can be found on EPIC Housings website: <https://epichousing.co.uk/privacy-policy>

About you and your family

34 Please tell us who lives in your household.

	Name (full name including middle name(s))	Date of birth DAY / MONTH / YEAR	Relationship to you (husband, wife, civil partner, partner, son, daughter, stepchild, brother, sister, mother, father, grandchild, grandparent, other – please specify)
Tenant - You		/ /	
Person 2 – Joint tenant / partner (if applicable)		/ /	
Person 3		/ /	
Person 4		/ /	
Person 5		/ /	
Person 6		/ /	

35 Which of the following best describes each member of your household? Tick one box for each member of your household – below or on the next page ☒

[illegible]

Continued../

Mixed or Multiple Ethnic Groups: White and Black African

Mixed or Multiple Ethnic Groups: Any other Mixed or Multiple Background

Other: Arab

Other: Any Other Ethnic Group

Don't know

Prefer not to say

You	Person 2	Person 3	Person 4	Person 5	Person 6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting you and your family

36 Do you or anyone in your household have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Tick one box for each member of your household ☒

	You	Person 2	Person 3	Person 4	Person 5	Person 6
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37 What is the nature of the illness/disability? Tick one box for each member of your household ☒

	You	Person 2	Person 3	Person 4	Person 5	Person 6
Wheelchair user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other (please tick and specify below ↓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38 Do any of the conditions or illnesses reduce the person's ability to carry out day-to-day activities? Tick one box for each member of your household ☒

	You	Person 2	Person 3	Person 4	Person 5	Person 6
Yes, a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes, a little	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39 Are there any reasonable adjustments EPIC Housing should make for anyone in your household with vulnerability when we contact or visit your home?

- 40 Do any or the joint-tenant / partner have any informal care responsibilities?** Tick one box for each ☒ (Note - Informal care means caring that is not a paid job. This could be for a friend or family member on a voluntary basis)

Providing informal care
Not providing informal care
Don't know
Prefer not to say

You	Joint-tenant or Partner (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

- 41 What is your sex?** Tick one box for each ☒

Female
Male
Don't know
Prefer not to say

You	Joint-tenant or Partner (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- 42 What is your gender identity?** Tick one box for each ☒

Gender identity same as sex at birth
Identify as trans(gender) woman
Identify as trans(gender) man
Identify as non-binary
Gender identity different from sex registered at birth, but not listed
Don't know
Prefer not to say

You	Joint-tenant or Partner (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- 43 What is your sexuality?** Tick one box for each ☒

Straight or Heterosexual
Bisexual
Gay or Lesbian
Don't know
Other (please tick and specify below ↓)

You	Joint-tenant or Partner (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

Prefer not to say

- 44 What is your religion?** Tick one box for each ☒

Buddhist
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Hindu
Jewish
Muslim
Sikh
No religion
Don't know
Any other religion (please tick and specify below ↓)

You	Joint-tenant or Partner (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

Prefer not to say

45 What is your marital status? Tick one box only for each ☒

	You	Joint-tenant or Partner (if applicable)
Single, that is never married	<input type="checkbox"/>	<input type="checkbox"/>
Married and living with your husband/wife	<input type="checkbox"/>	<input type="checkbox"/>
A civil partner in a legally-recognised civil partnership	<input type="checkbox"/>	<input type="checkbox"/>
Married and separated from your husband/wife	<input type="checkbox"/>	<input type="checkbox"/>
In a legally-recognised Civil Partnership and separated from your civil partner	<input type="checkbox"/>	<input type="checkbox"/>
Divorced	<input type="checkbox"/>	<input type="checkbox"/>
Formerly a civil partner, the Civil Partnership now legally dissolved	<input type="checkbox"/>	<input type="checkbox"/>
Widowed	<input type="checkbox"/>	<input type="checkbox"/>
Surviving partner from civil partnership	<input type="checkbox"/>	<input type="checkbox"/>
Living with someone as a couple	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>

Permissions and Confidentiality

46 If you were contacted again in the future and asked to take part in another survey what is your preferred method for taking part?

- ☐ Telephone call
☐ Postal questionnaire
☐ Email with link to online survey
☐ Text with link to online survey
☐ Not sure

47 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?

- ☐ Yes (**Go to 48**)
☐ No (**End**)

48 Are you happy for EPIC Housing to contact you regarding any information you have provided in this survey?

- ☐ Yes
☐ No

49 Please provide your contact details in the table below:

	You	Joint-tenant or Partner (if applicable)
Telephone number:		
Mobile number:		
Email:		

Thank You!

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