

Lawshall Neighbourhood Plan Questionnaire

Part 2 – Your Housing Needs



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Part 2 – Your Housing Needs

In Part 2 of the survey we are collecting information on any specific housing needs that you may have now, or anticipate to have in the near future. This important information will guide the development of Lawshall's plan by helping us understand the type and mix of housing that is required locally.

Due to the time that has elapsed, the information collected as part of the 2006 Housing Needs Survey has limited value. Whilst we have worked hard to make this new survey as user-friendly as possible, we appreciate that completing it might feel a little daunting. So an extra special thank you is extended to those of you who complete this part of the survey.

Not all parts will be relevant to you, and you will find clear instructions on which questions to skip. Also please note, if there are questions you don't wish to answer you are very welcome to miss them out.

This part of your questionnaire was prepared in partnership with Babergh County Council. As a Housing Needs Survey, the results of Part 2 will be processed by a professional analyst from University Campus Suffolk. The data he collects will be sent to Babergh to help inform their housing decisions, as well as being of help to us on the Neighbourhood Plan. Please rest assured that you or your household cannot be identified by your responses.



Please remember, because Part 2 is about the needs of your household as a whole, only ONE COPY per household should be completed. Please either fill in this paper copy or complete online at:

<http://lawshall.onesuffolk.net/neighbourhood-plan/>

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SECTION A: YOUR CURRENT HOME

This section is about the sort of house you live in now, and what led you to move into your current home.

A1. What type of accommodation are you living in? *Please tick one only.*

Bedsit / Studio	<input type="checkbox"/>	Semi-detached bungalow	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	Flat / Apartment	<input type="checkbox"/>
Detached house	<input type="checkbox"/>	Terraced House (including end terrace)	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
		Other (please specify).....	

A2. What is the ownership status of your home? *Please tick one only.*

Owner-occupied (no loan/mortgage)	<input type="checkbox"/>	Tied housing - linked to a job	<input type="checkbox"/>
Owner-occupied (with loan/mortgage)	<input type="checkbox"/>	Co-ownership housing	<input type="checkbox"/>
Rented from the Council	<input type="checkbox"/>	Residential care home	<input type="checkbox"/>
Rented from a Housing Association	<input type="checkbox"/>	Shared ownership housing with a Housing Association	<input type="checkbox"/>
Rented from a private landlord (furnished)	<input type="checkbox"/>		
Rented from a private landlord (unfurnished)	<input type="checkbox"/>		

A3. If you own your home, whom do you own it with? *Please tick one only.*

No-one. I am the sole owner.	<input type="checkbox"/>	With someone else, not related to me	<input type="checkbox"/>
With a partner / spouse / civil partner	<input type="checkbox"/>	With Local Authority	<input type="checkbox"/>
With parent(s)	<input type="checkbox"/>	With a Housing Association	<input type="checkbox"/>
With other family member(s)	<input type="checkbox"/>	With a private company	<input type="checkbox"/>

A4. How many bedrooms does your home have? *Please write number in box.*

A5. How long have you lived at your current address? *Please tick one only.*

Less than a year	<input type="checkbox"/>	3 to 10 years	<input type="checkbox"/>
1 to 2 years	<input type="checkbox"/>	Over 10 years	<input type="checkbox"/>

A6. If this not your first home, what factors influenced your decision to move to your current home? *Tick any that apply.*

To move from urban area to country	<input type="checkbox"/>	To move closer to family or friends	<input type="checkbox"/>
To move to cheaper accommodation	<input type="checkbox"/>	To be closer to work or a new job	<input type="checkbox"/>
To move to a smaller home	<input type="checkbox"/>	Retirement	<input type="checkbox"/>
To move to a larger home	<input type="checkbox"/>	Access problems (e.g. stairs)	<input type="checkbox"/>
Wanted to buy a newly built home	<input type="checkbox"/>	To make it easier to receive care/support	<input type="checkbox"/>
A bigger garden	<input type="checkbox"/>	To provide care to family/friends	<input type="checkbox"/>
A smaller garden	<input type="checkbox"/>	To move to a better neighbourhood	<input type="checkbox"/>
Easier to maintain house	<input type="checkbox"/>	To move to a school catchment area	<input type="checkbox"/>
Free up capital investment	<input type="checkbox"/>	To move to a safer area	<input type="checkbox"/>
Wanted to buy own home	<input type="checkbox"/>	Other (please specify).....	
Wanted to rent a home	<input type="checkbox"/>		

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SECTION B: YOUR FUTURE HOUSING CHOICE

This section asks about your plans for the future and, if you are thinking of moving home, asks the reasons why.

B1. Do you think you will need to move to a different home or extend your property in the future? *Please tick one only.*

Yes, in the process of doing so <input type="checkbox"/>	Yes, in 3 to 5 years <input type="checkbox"/>
Yes, within a year <input type="checkbox"/>	No <input type="checkbox"/> Skip to Section C
Yes, in 1 to 2 years <input type="checkbox"/>	Don't know <input type="checkbox"/> Skip to Section C

B2. If you are thinking of moving, would you like to move to:

Specifically within Lawshall <input type="checkbox"/>	A parish surrounding Lawshall <input type="checkbox"/>
Within Lawshall or surrounding parishes <input type="checkbox"/>	Outside Lawshall and surrounding parishes <input type="checkbox"/> Skip to Section C

B3. What type of house would you like to move to? *Please tick any that apply.*

New Build <input type="checkbox"/> Continue to B4	Self Build <input type="checkbox"/> Skip to B6
Existing property <input type="checkbox"/> Skip to B5	Part of co-housing development <input type="checkbox"/> Skip to B6

N.B. Co-housing is a community of self-contained homes with shared facilities managed by residents

B4. Why do you intend to move to a newly built property? *Tick any that apply. Once you have answered, skip to B7.*

Lower maintenance costs <input type="checkbox"/>	Better energy efficiency <input type="checkbox"/>
Range of mortgage schemes <input type="checkbox"/>	Better overall design <input type="checkbox"/>
Better build quality <input type="checkbox"/>	More adaptable/accessible home <input type="checkbox"/>
Special offers or discounts <input type="checkbox"/>	

B5. What type of existing property would you hope to move into? *Please tick any that apply.*

Bedsit / Studio <input type="checkbox"/>	Detached bungalow <input type="checkbox"/>
Flat / Apartment <input type="checkbox"/>	Semi-detached bungalow <input type="checkbox"/>
Terraced House (including end terrace) <input type="checkbox"/>	Mobile home/Caravan <input type="checkbox"/>
Semi-detached house <input type="checkbox"/>	Self Built <input type="checkbox"/>
Detached house <input type="checkbox"/>	Part of co-housing development <input type="checkbox"/>
	Other (please specify).....

B6. Ideally, how many bedrooms would you like, and how many do you expect to have when you move? *Please write number in boxes.*

Would like to have Expect to have

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B7. If you will be moving, what ownership status would you expect to have? *Please tick one only.*

- | | |
|---|--|
| Owner-occupied (no loan/mortgage) <input type="checkbox"/> | Tied housing - linked to a job <input type="checkbox"/> |
| Owner-occupied (with loan/mortgage) <input type="checkbox"/> | Co-ownership housing <input type="checkbox"/> |
| Rented from the Council <input type="checkbox"/> | Residential care home <input type="checkbox"/> |
| Rented from a Housing Association <input type="checkbox"/> | Shared ownership housing with a Housing Association <input type="checkbox"/> |
| Rented from a private landlord (furnished) <input type="checkbox"/> | |
| Rented from a private landlord (unfurnished) <input type="checkbox"/> | |

B8. Has something been preventing you from moving within Lawshall?

- | | | | |
|--|--------------------------|--|--|
| No <input type="checkbox"/> | Skip to Section C | Yes, for 1-5 years <input type="checkbox"/> | |
| Yes, for less than a year <input type="checkbox"/> | | Yes, for over 5 years <input type="checkbox"/> | |

B9. What has been preventing you from moving within Lawshall? *Please tick all that apply.*

- | | |
|---|---|
| Cannot afford the monthly cost of a mortgage <input type="checkbox"/> | Rent/mortgage arrears <input type="checkbox"/> |
| Cannot afford the deposit on a house <input type="checkbox"/> | Unable to sell <input type="checkbox"/> |
| Cannot afford moving costs <input type="checkbox"/> | Negative equity <input type="checkbox"/> |
| Cannot find right property <input type="checkbox"/> | Unsure of options available to help you move (e.g. Shared Ownership, Help to Buy) <input type="checkbox"/> |
| Local education choices <input type="checkbox"/> | Would need emotional and practical support to move house, from friends or a third party organisation <input type="checkbox"/> |
| Family reasons <input type="checkbox"/> | |
| Location of employment <input type="checkbox"/> | |
| Lack of affordable rented housing <input type="checkbox"/> | |

B10. Would you consider any of the following options to help you move? *Please tick all that apply.*

- | | |
|---|--|
| Moving to a cheaper area within Babergh <input type="checkbox"/> | Using more of your disposable income to pay mortgage/rent <input type="checkbox"/> |
| Moving to a cheaper area within Suffolk <input type="checkbox"/> | Moving to a smaller house <input type="checkbox"/> |
| Using a Help to Buy scheme <input type="checkbox"/> | Moving into family/friends' home <input type="checkbox"/> |
| Buying with a share in a property with an organisation (e.g. Housing Organisation) <input type="checkbox"/> | Self-building a home <input type="checkbox"/> |
| Buying with a friend/relative <input type="checkbox"/> | Being part of co-housing development <input type="checkbox"/> |
| Renting with a friend/relative <input type="checkbox"/> | Other (please specify)..... |

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B11. What are the main reasons for wanting or needing to move to a different home?
Please tick any that apply.

To move to cheaper accommodation <input type="checkbox"/>	Wanting to rent a home <input type="checkbox"/>
To move to a smaller home <input type="checkbox"/>	To move closer to family or friends <input type="checkbox"/>
To move to a larger home <input type="checkbox"/>	To be closer to work or a new job <input type="checkbox"/>
Wanting to buy a newly built home <input type="checkbox"/>	Retirement <input type="checkbox"/>
A bigger garden <input type="checkbox"/>	To move to an adaptable/accessible home <input type="checkbox"/>
A smaller garden <input type="checkbox"/>	To make it easier to receive care/support <input type="checkbox"/>
Easier to maintain house <input type="checkbox"/>	To provide care to family/friends <input type="checkbox"/>
Free up capital investment <input type="checkbox"/>	To move to a school catchment area <input type="checkbox"/>
Wanting to buy own home <input type="checkbox"/>	Other (please specify).....

B12. Where will your deposit/rent bond come from? Please tick any that apply.

Your own savings <input type="checkbox"/>	Government scheme e.g. Help to Buy <input type="checkbox"/>
Help from parents <input type="checkbox"/>	Other (please specify).....

SECTION C: FUTURE CHANGES TO YOUR HOUSEHOLD

This section asks about the people in your household. It will help provide an understanding of how many extra homes need to be provided for different types of people.

C1. Are any existing members of your household looking to move into their own accommodation in the next 10 years?

Yes

No **Skip to Section D**

The following questions allow answers for up to 3 people who might leave your household. If more than 3 people who are looking to move, please answer for the 3 most likely to leave.

C2. Who is looking/likely to look for accommodation in the next 3 years?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Parent/Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child who will be over 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C3. When is each person most likely to move?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Now (or within the next month or two)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In 1 – 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In 3 – 10 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Does each person hope to move within Lawshall?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. If you are in a position to predict, what ownership status is each person likely to have for the home they move into?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Own outright	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Own with a mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part own/ part rent (e.g. shared ownership)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent from the Council	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent from a Housing Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent from private landlord/letting agent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent from a relative/friend of household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent a tied property/linked to job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share a flat/house in the private rented sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6. What type of property would each person expect to move to?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Bedsit / Studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flat / Apartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terraced House (including end terrace)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-detached house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detached bungalow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-detached bungalow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile home/Caravan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self built home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of co-housing development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C7. Where will deposit/rent bond of each person come from?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Their own savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government scheme e.g. Help to Buy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C8. If you are in a position to predict, what would be the maximum WEEKLY costs in rent or mortgage at today's prices that each person would be able to pay for their home?

	<i>Person 1</i>	<i>Person 2</i>	<i>Person 3</i>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£0 - £50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£50 - £100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£100 - £150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£150 - £200	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£200 - £250	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£250 - £300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£300 - £350	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£350 +	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SECTION D: CARE AND SUPPORT NEEDS

This section asks about any care or support needs you might have. Your answers will help partner agencies plan for the future. The information you supply will be used by the Council and their partners to plan what finances to set aside to provide adaptations so you can stay in your own home and enjoy living there for as long as possible, should this be your preference.

If you want to follow up any adaptations work with the councils please contact Gemma Ruffles on 01473 826639 whose work covers all residents of Babergh and Mid Suffolk.

D1. Do you, or anyone else in your family have a long term illness or disability?

Yes

No **Skip to D10**

Please complete one column in the tables below for each person living in your home with a long term illness, including yourself. If more than six household members have a long-term illness, please answer for the oldest six.

D2. For each person with a long-term illness, what is the nature of their condition?

	You	2	3	4	5	6
Long term limiting illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A sensory disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning or development disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive impairment (brain injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	<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"/>

D3. Do you/they receive care and support? If yes, who provides this? *If none apply, please leave blank then skip to D6.*

	You	2	3	4	5	6
Family Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private care/support provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family friend/neighbour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community group	<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"/>

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D4. Is the support you/they receive sufficient?

	You	2	3	4	5	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"/>

If all people in your home with long-term illnesses receive sufficient support, skip to D6.

D5. Which of the following do you/they need further support with? *Please tick any that apply.*

	You	2	3	4	5	6
Claiming benefits or managing finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having someone to act on your/their behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with participating in social activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing personal safety or security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. Has your home, or the access to it, been built or adapted to meet the needs of someone with a disability?

Yes	<input type="checkbox"/>	No, but adaptations needed	<input type="checkbox"/>
Yes, but no longer needed	<input type="checkbox"/>	No, no adaptations needed	<input type="checkbox"/> Skip to D10

D7. Which facilities do you already have in your home? *Please tick all that apply.*

Wheelchair adaptations	<input type="checkbox"/>	Handrails/grab rails	<input type="checkbox"/>
Access to property/ramp	<input type="checkbox"/>	Kitchen adaptations	<input type="checkbox"/>
Vertical lift/stair lift	<input type="checkbox"/>	Safe access to garden/external area	<input type="checkbox"/>
Bathroom adaptations	<input type="checkbox"/>	Assistance maintaining home/garden	<input type="checkbox"/>
Ground floor wet room	<input type="checkbox"/>	Extension/extra room	<input type="checkbox"/>
Ground floor toilet	<input type="checkbox"/>	Alarm system	<input type="checkbox"/>
Downstairs bedroom	<input type="checkbox"/>		

D8. Which facilities need to be provided? *Please tick all that apply.*

Wheelchair adaptations	<input type="checkbox"/>	Handrails/grab rails	<input type="checkbox"/>
Access to property/ramp	<input type="checkbox"/>	Kitchen adaptations	<input type="checkbox"/>
Vertical lift/stair lift	<input type="checkbox"/>	Safe access to garden/external area	<input type="checkbox"/>
Bathroom adaptations	<input type="checkbox"/>	Assistance maintaining home/garden	<input type="checkbox"/>
Ground floor wet room	<input type="checkbox"/>	Extension/extra room	<input type="checkbox"/>
Ground floor toilet	<input type="checkbox"/>	Alarm system	<input type="checkbox"/>
Downstairs bedroom	<input type="checkbox"/>		

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D9. If your present home is not adequate for you, or for another household member, do you need to move to resolve this difficulty? *Please tick all that apply.*

Yes, because I cannot afford adaptations <input type="checkbox"/>	Yes, I need to be closer to family/friends <input type="checkbox"/>
Yes, because my home cannot be adapted <input type="checkbox"/>	Yes for another reason <input type="checkbox"/>
Yes, I need to be closer to healthcare facilities <input type="checkbox"/>	No, I do not need to move <input type="checkbox"/>

D10. Do you have elderly relatives who may need to move to Suffolk within the next 3 years to receive support? *Please tick one only.*

Yes Don't know **Skip to Section E**

No **Skip to Section E**

D11. What kind of care and accommodation might they need? *Please tick all that apply.*

Live independently (without adaptations) <input type="checkbox"/>	Extra care housing <input type="checkbox"/>
Live independently (with adaptations) <input type="checkbox"/>	<i>N.B. this is a purpose built housing scheme for independent living.</i>
Live independently (with care in own home) <input type="checkbox"/>	Other purpose built supported housing scheme <input type="checkbox"/>
Live with relatives (existing home adequate) <input type="checkbox"/>	Private sheltered housing <input type="checkbox"/>
Live with relatives (need extension/adaptation) <input type="checkbox"/>	Association sheltered housing <input type="checkbox"/>
Council/Housing Association property <input type="checkbox"/>	Residential care <input type="checkbox"/>
Nursing care <input type="checkbox"/>	

D12. What sort of property would they be looking for? *Please tick one only.*

Bedsit/Studio <input type="checkbox"/>	Detached house <input type="checkbox"/>
Flat/Apartment <input type="checkbox"/>	Detached bungalow <input type="checkbox"/>
Terraced house (including end terrace) <input type="checkbox"/>	Semi-detached bungalow <input type="checkbox"/>
Semi-detached house <input type="checkbox"/>	High spec village style retirement complex <input type="checkbox"/>
	Other (please specify)

SECTION E: MONEY MATTERS

This section asks questions about the cost of your housing and household finances. Your answers to these questions are especially helpful for the guidance of future planning decisions, and can help ensure that villagers will not be priced out of the increasingly expensive housing market. If you are willing to answer these questions, please rest assured that your answers will be confidential.

E1. Do you wish to answer any questions about your personal money matters? *Please tick one only.*

Yes

No **Skip to Section F**

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E2. How much of your net household monthly income (i.e. after tax and benefits) do you estimate is spent on your rent or mortgage? *Please tick one only.*

Below 15%	<input type="checkbox"/>	35% to 45%	<input type="checkbox"/>
15% to 25%	<input type="checkbox"/>	45% or above	<input type="checkbox"/>
25% to 35%	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

E3. What would the maximum monthly cost in rent or mortgage at today's prices that you would be willing and able to pay for your home (after any help received through housing benefit or income support)? *Please tick only one.*

Less than £175	<input type="checkbox"/>	£900 - £1099	<input type="checkbox"/>
£175 - £299	<input type="checkbox"/>	£1100 - £1299	<input type="checkbox"/>
£300 - £499	<input type="checkbox"/>	£1300 - £1499	<input type="checkbox"/>
£500 - £699	<input type="checkbox"/>	£1500 - £1699	<input type="checkbox"/>
£700 - £899	<input type="checkbox"/>	£1700 or more	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

E4. Do you have difficulty meeting any of the following costs? *Please tick any that apply.*

Rent/mortgage	<input type="checkbox"/>	Other bills	<input type="checkbox"/>
Fuel bills	<input type="checkbox"/>	No difficulties	<input type="checkbox"/> Skip to E6
Council Tax	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

E5. If you are struggling to afford your housing costs, do you intend to do any of the following to help resolve this? *Please tick all that apply.*

Spend less on household essentials	<input type="checkbox"/>	Increase hours of work at current job	<input type="checkbox"/>
Borrow money from friends/family	<input type="checkbox"/>	Look for a better paid job	<input type="checkbox"/>
Spend less on non-essentials	<input type="checkbox"/>	Borrow money via a loan or credit card	<input type="checkbox"/>
Use income from other benefits	<input type="checkbox"/>	Look for an additional job	<input type="checkbox"/>
Use savings	<input type="checkbox"/>	Move to a cheaper home	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

E6. Please estimate your total savings. *Please tick one only.*

Under £25,000	<input type="checkbox"/>	No savings	<input type="checkbox"/>
Over £25,000	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

E7. If you own your home, please estimate its current value. *Please tick one only.*

£50,000 - £100,000	<input type="checkbox"/>	£350,000 - £400,000	<input type="checkbox"/>
£100,000 - £150,000	<input type="checkbox"/>	£450,000 - £500,000	<input type="checkbox"/>
£150,000 - £200,000	<input type="checkbox"/>	£500,000 - £550,000	<input type="checkbox"/>
£200,000 - £250,000	<input type="checkbox"/>	£550,000 - £600,000	<input type="checkbox"/>
£250,000 - £300,000	<input type="checkbox"/>	£600,000 - £650,000	<input type="checkbox"/>
£300,000 - £350,000	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

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E8. If you own your own home, how much money (equity) would you get if you sold your home after paying off your mortgage (or debts). *Please tick one only.*

Less than £0 (negative equity)	<input type="checkbox"/>	£75,000 - £99,999	<input type="checkbox"/>
Up to £9,999	<input type="checkbox"/>	£100,000 - £199,999	<input type="checkbox"/>
£10,000 – £29,999	<input type="checkbox"/>	£200,000 - £499,999	<input type="checkbox"/>
£30,000 - £49,999	<input type="checkbox"/>	£500,000 or more	<input type="checkbox"/>
£50,000 - £74,999	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

E9. Please estimate your household income. Annual gross (before tax) income, including any income from investments and benefits. *Please tick one only.*

Up to £10,000	<input type="checkbox"/>	£25,000 - £30,000	<input type="checkbox"/>
£10,000 - £15,000	<input type="checkbox"/>	£30,000 - £40,000	<input type="checkbox"/>
£15,000 - £20,000	<input type="checkbox"/>	£40,000 - £50,000	<input type="checkbox"/>
£20,000 - £25,000	<input type="checkbox"/>	£60,000+	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

SECTION F: PERSONAL DETAILS

For the purposes of equality and diversity monitoring, it would be helpful to know a few details about you and your household.

F1. What is the age of each member of your household?

	You	2	3	4	5	6
Under 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45-54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55-64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65-74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F2. What gender does each member of your household identify as?:

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

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F3. How would you describe the ethnic origins of each member of your household?

	<i>You</i>	2	3	4	5	6
White British	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other white background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other mixed ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
African	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other black background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gypsy, Roma or Traveller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other ethnicity not listed	<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"/>

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Your answers to Part 2 will be shared with University Campus Suffolk, who will analyse the anonymous information to create a Lawshall Housing Need Report. Responses to Section D of this survey will also be shared with the Private Sector Housing Team of Babergh District Council. The Lawshall Housing Need Report will in time be available on the Council's website www.babergh.gov.uk. And as soon as the overall results are ready the Neighbourhood Plan Team will publish them on the Parish Council website, on the Neighbourhood Plan Facebook page, on village noticeboards and in Round & About. All personal information will be handled securely at all times in accordance with the Data Protection Act.



Please remember the deadline for returning your completed questionnaires is Sunday 27th March. Instructions on how to return your questionnaire can be found on the covering letter. There will be further opportunities to involve yourself in the Neighbourhood Plan process later in the spring and summer.

END OF PART 2

THANK YOU

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