DRAFT MEMBER SURVEY 2017

Draft Questions

Your experience as Councillor

1.	How long have you served as a Councillor?
	Please tick one option only
	☐ Elected for the first time in 2017 ☐ 1 - 3 years ☐ 3 - 5 years (1 administration term) ☐ 5 - 7 years ☐ 8 - 10 years (2 administration terms) ☐ 10 years or more (3 administration terms or more)
2.	In your current role are you?
	Please tick all that apply
	 Member of the Cabinet Assistant to Cabinet Member Chair of Scrutiny Committee Member of Scrutiny Committee Chair of Other Committee (Licensing or Planning or Democratic Services etc.) Member of Other Committees Not a Member of a Committee or the Cabinet
	Other, please specify

Your views on Member Induction

3. The following induction courses and activities have been made available to all elected Members in Cardiff Council. Please rate how useful these were to you in your role as a Councillor.

	Very Useful	Useful	Not Useful	Did not attend
Induction				
Member Induction Day				
Introduction to Services (Marketplace)				
Orientation to Council offices and Council facilities				
IT equipment overview				
Code of Conduct and Ethics				
Information Governance & Data Protection				
Getting Ready for Full Council				
Equalities Workshop (E)				
Visit to C2C and ARC				
Introduction to Local Government Finance				
Introduction to Planning in Cardiff (General)				
Education Matters - including School Admission				
Welsh Awareness				
Introduction to the Council's Policy Framework				
UN Child Rights Approach Part 1				
Introduction to Performance and Performance Management				

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			Member induction activities ar

5.	The following is a list of structured learning approaches and
	opportunities that Members are currently able to access.

Please indicate whether you have accessed any of these and found them useful, and also specify whether you would find these structured approaches and methods useful to be made available to you in the future.

	Useful	Not accessed	Would be
			useful to offer
			in future
Formal training sessions			
(Taught/Facilitated in a Group)			
On-line courses and modules			
Attendance at local, regional and			
national workshops and facilitated			
events (e.g. WLGA Regional Event)			
Structured Mentor or Peer support			
City Tour			
Fact finding/ best practice site visits			
Face to face Briefings and meetings			
with officers			
Attendance at other			
meetings/working groups			
Meetings and discussion within			
groups			
	<u> </u>		

her (please specify any other structured learning opportunities that you would like benefit from in the future)

Accessing Information

6. Are you satisfied with the Council IT provision provided to you in your role of Councillor?

IT Issued	Very Satisfied	Satisified	Not Satisfied	Poor
Smartphone				
Smartphone with Blackberry Works				
Dell Tablet				
Dell Laptop				
iPad				
Other				

If Not satisfied or poor please give reason why

external	nformation resources.			
How would you rate your confidence in using Modern.gov to access Council documentation and other information resources?				
☐ Very C	onfident			
Reaso	ably Confident			
☐ Not Co	nfident at all			
☐ If not	onfident would you like further assistance			
Other Con	ments (please specify)			
Have you	used the Modern.gov App to facilitate your access to			
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_	used the Modern.gov App to facilitate your access to			
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Very useful			
Useful			
What have you found usefu	ıl		
☐ Not useful - If not why r	not?		
-	not?		
•	not?		
☐ Not useful - If not why r	not?		
•	not?		
Please specify s part of your role/s for		confident are y	ou in under
Please specify		confident are y	ou in under
Please specify s part of your role/s for		Reasonably	Not Very
Please specify s part of your role/s for	the Council, how	_	

Using the Members Enquiry

Uploading content to the Member Enquiry System

System

9.

Please tell us what support you would like us to offer to help you become more confident using these?

11.	Have you opted for hard copy papers for meetings?
	Yes
	□ No
	If yes what is the main reason for this request and would you consider not having hard copy papers for certain meetings

Your Training Needs

12. What specific areas do you feel the need for further support and development in?

	To a Great Extent	To Some Extent	To a Little extent	No further support
				required
Knowledge				
Understanding				
the Council's				
services &				
policies				
Accessing				
Council				
information				
resources and				
documentation				
Working with				
other bodies				
and individuals				
Changing				
Council and				
Government				
Councillor				
Casework				
Management				
Skills				
Using IT				
resources				
Social Media				
Presentation Skills/				
Public Speaking				
Tublic Speaking				
Chairing and				
facilitation of				
meetings				
Handling the				
Media				
Networking				
and advocacy				
Diplomacy and				
Negotiation				
Questioning				
Skills				

Resolving and dealing with				
Conflict				
Work life				
Balance				
Other (please specify a you feel you could ben	=	urces or leari	ning and deve	elopment areas
Do you have any rec				
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Members Support Services

14. Please rate the effectiveness of the <u>general support</u> that Members Services provide to you.

	Very Effective	Effective	Minimally Effective
Maintaining and developing information about Councillors on the Council's web pages			Litective
Support in the use of new technology – provided by Committee & Members Services officers in addition to the support provided by IT			
Helping Members access all meeting agendas, minutes and reports			
Member Services administrative support, logging Members' enquiries and dealing with queries			
Timeliness of response to queries raised through Member Services			
Members' weekly meeting diary			
Processing Members' expenses claims			
Managing booking arrangements for use of Council venues and facilities for ward surgeries and ward related meetings			
Other general clerical and administrative support e.g. correspondence surgery notices			

	e specify any othe d from and/or any			
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re there are	e anv other impr	ovement area	as regarding	Member su
	e any other impr			
	e any other impr uld like to sugge			

Support from your Political Group (Optional)

Which Group are you a member of?	
Please specify	
Do you feel that your Group had provided you with sufficient	
support to effectively fulfil your role as Councillor?	
☐ Yes	
□ No	
☐ Not sure	
What other types of additional support should your Group provide	its
members?	

Knowledge and/or experience of bullying since May 2017 NOTE for reporting to Standards and Ethics Committee

19.	uring your term in office since May 2017, have you personall	y
	xperienced any of the following unacceptable behaviors?	

	Yes	No
Bullying		
Discriminatory Behavior		
Other (please specify)		

20. Have you witnessed any of the following unacceptable behaviors displayed to others since May 2017?

	Between Councillors	Between Councillors & Officers	Did not witness this behavior
Bullying			
Discriminatory Behavior			
Other (please specify)			

21.	Did you report the incident at the time?
	☐ Yes
	□ No
22.	If No, why did you not report the incident?

23.	Whom did you report the incident to?
	☐ Monitoring Officer
	☐ Group Leader
	☐ Group Whip
	Other (Please specify)
24.	When you reported the incident, were you satisfied with how this was dealt with?
	☐ Yes
	□ No
25.	If No, please elaborate
26.	What do you think should be done to stop or prevent bullying and discriminatory behaviors from happening in the future?

Equality Monitoring Information

1.	Are you:
	☐ Female
	☐ Male
	☐ Male to Female (M-t-F)
	☐ Female - to - Male (F - t - M)
	☐ Prefer not to say
2.	How old are you?
	☐ Under 24 years old
	□ 25 - 34 years old
	☐ 35 - 44 years old
	☐ 45 - 54 years old
	☐ 55 - 64 years old
	☐ 65+ years old
	☐ Prefer not to say
3.	Do you identify yourself as a disabled person?
	Identifying as a disabled person can include people with hearing or sight impairments, people with mental health difficulties or learning disabilities, people with mobility impairments, or those who have long-term health conditions, for example: depression, diabetes, asthma, multiple sclerosis, HIV or cancer.
	☐ Yes
	□ No
	☐ Prefer not to say
4. A	Are you:
	☐ White
	☐ Mixed/Multiple Ethnic Groups
	Asian/Asian British
	☐ Black/African/Caribbean/Black British
	☐ Prefer not to say

What	is your religion?
	Christian (all denominations)
	Buddhist
	Hindu
	Sikh
	Muslim
	Jewish
	No religion
	Prefer not to say
	Other (please specify)
A / l = - 1	is your sexual orientation?
พทลเ	is your sexual orientation:
wna: 	
wna	Heterosexual/straight
wvnai	Heterosexual/straight Gay man
wvnai	
Wnai	Gay man
wnai	Gay man Gay woman or lesbian