

Have your say on recycling and waste collections

Flintshire County Council is undertaking a public consultation to engage with residents on the current and future waste services. Feedback is required on how residents currently use the service provided, what restricts a person's ability to recycle and what we could do to make sure recycling performance is maximised into the future.

Please take this opportunity to complete this short questionnaire to have your say.

We will consider all the information we receive and use it to inform our review of the Waste Strategy.

The consultation will close on 31 October 2019.

For more information about the way we handle the information you provide please go to www.flintshire.gov.uk.

About your household

1. Your postcode sector e.g. CH7 6**

2. How many people live in your household?

- 1 3 5
 2 4 6 (or more)

3. Please tell us how many people live in your household within each age range ..?

	0	1	2	3	4	5	6 (or more)
0-15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16-24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25-44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

About your recycling

4. Which of these statements best describes how much you currently recycle?

- I recycle everything that can be recycled
- I recycle a lot but not everything that can be recycled
- I recycle a little
- I do not currently recycle, but I intend to start recycling
- I do not currently recycle and do not intend to start recycling

5. How often do you use the following collection services?

	Every Week	Every fortnight	Once a Month	A few times a year	Never
Black bin - non-recyclable waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tins and cans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paper and cardboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Batteries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garden waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bulky waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Typically, how full are your recycling containers and black bin on your collection day?

	Overflowing	Full	Half Full	Quarter Full	Virtually Empty
Black bin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food waste caddy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plastic bottle sack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tins and cans sack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paper and cardboard sack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blue box for glass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garden Waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Do any of the following factors prevent you from recycling? (tick all that apply)

- It takes too much time
- I'm not sure what containers I should use
- I don't have all the recycling containers and/or food waste bags
- I don't know where to get containers / bags from
- I don't think it matters whether I recycle or not
- I recycle everything
- Other (please specify)

8. Over the past few months, how often have you:

	Always	Often	Sometimes	Rarely	Never
Thrown recyclables in to the waste bin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrown uneaten food or food that is packaged in to the waste bin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrown dirty recyclables into the waste bin because of the time it would take to rinse the items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrown items into the waste bin because you weren't sure if they could be recycled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Forgotten to put recycling out as you were unsure of the collection day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrown recyclable items into the waste bin because your recycling containers were full	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thrown waste into the recycling bin because your wheelie bin is full	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

9. Do you agree that the Council should take steps to encourage more people to recycle so less money is spent on disposal costs?

- Yes No

10. Do you think it is reasonable for the Council to take robust enforcement action against those who do not recycle?

Yes

No

11. Thinking about **your current recycling habits**, how do you think you would manage if your black bin was still collected every other week but the size of your bin was smaller?

I would manage just fine

I'm not sure, it may be an issue

I wouldn't manage at all

12. Thinking about **your current recycling habits**, how do you think you would manage if we collected your black bin less often?

I would manage just fine

I'm not sure, it may be an issue

I wouldn't manage at all

13. If you **made changes to your habits** and recycled everything you could, how would you manage with less frequent black bin collections?

I would manage just fine

I'm not sure, it may be an issue

I wouldn't manage at all

I would manage if I could get more non-recyclable waste into my black bin

14. What concerns would you have if your black bin was emptied less often?

I would have no concerns

Odours

Disposable nappies

The black bin would fill up too quickly

The bin would be too heavy

There would be an increase in fly-tipping and litter

There would be a longer time between collections if I miss my collection day

Vermin

Flies

Animal waste / animal bedding

15. Please provide any additional comments you may have here.

About you?

Thank you, for the information you have provided.

We would appreciate your co-operation in providing, on a voluntary basis, the information as requested below, to ensure our engagement is inclusive and delivered in a way that is fair to all and free from bias. The information is confidential and anonymous, and will be used solely for statistical monitoring purposes.

About you?

16. How would you describe your Welsh Language skills?

- Fluent
- Moderate
- Other (please specify)
- Basic
- None

17. Please indicate your age by ticking the appropriate box:

- under 16
- 17 - 24
- 25 - 34
- 35 - 54
- 55 - 64
- 65 - 74
- 75 and above

18. Sex

- Male
- Female
- Prefer not to say

19. How would you describe your national identity?

- | | |
|---|---|
| <input type="radio"/> Welsh | <input type="radio"/> British |
| <input type="radio"/> English | <input type="radio"/> Irish |
| <input type="radio"/> Scottish | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Northern Irish | |
| <input type="radio"/> Other (please describe) | |

20. What is your ethnic group? Choose one option that best describes your ethnic group or background.

- | | |
|---|--|
| <input type="radio"/> White | <input type="radio"/> Black - any other background |
| <input type="radio"/> Gypsy or Irish Traveller | <input type="radio"/> Asian - Indian |
| <input type="radio"/> Mixed – White / Black Caribbean | <input type="radio"/> Asian -Bangladeshi |
| <input type="radio"/> Mixed - White / Black African | <input type="radio"/> Asian - Pakistani |
| <input type="radio"/> Mixed - White / Asian | <input type="radio"/> Asian – Chinese |
| <input type="radio"/> Mixed - any other background | <input type="radio"/> Asian – other |
| <input type="radio"/> Black - Caribbean | <input type="radio"/> Any other ethnicity |
| <input type="radio"/> Black - African | <input type="radio"/> Prefer not to say |

21. What is your religion?

- | | | |
|---|------------------------------|---|
| <input type="radio"/> Christian (all denominations) | <input type="radio"/> Jewish | <input type="radio"/> Aethist |
| <input type="radio"/> Buddhist | <input type="radio"/> Hindu | <input type="radio"/> No religion |
| <input type="radio"/> Muslim | <input type="radio"/> Sikh | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other (state) | | |

22. Section 6(1) of the Equality Act 2010 states that a person has a disability if:

- (a) that person has a physical or mental impairment, and
- (b) the impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Using this definition do you consider yourself to be disabled?

- | | | |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Prefer not to say |
|---------------------------|--------------------------|---|

23. Do you look after or give help or support to family members, friends, neighbours or others because of either:

- Long term physical or mental ill-health/impairment; or
- Problems related to old age

Yes

No

Prefer not to say

Thank you.