



CUMBERLAND
CITY COUNCIL

Seniors & Disability Services

*Annual Customer Survey
2026*

Seniors and Disability Services

ANNUAL CUSTOMER SURVEY 2026



If you need more space to hand write, please attach additional pages to this survey.

Q1. Why do you use Council's Seniors & Disability Services? (Select all that apply)

<input type="checkbox"/>	To stay healthy
<input type="checkbox"/>	To spend time with other people
<input type="checkbox"/>	To increase my independence
<input type="checkbox"/>	To get out of the house
<input type="checkbox"/>	To improve my quality of life
<input type="checkbox"/>	To keep living in my own home
<input type="checkbox"/>	To eat a nutritious meal
<input type="checkbox"/>	To maintain healthy weight
<input type="checkbox"/>	To have regular contact with people
<input type="checkbox"/>	To give me more time to do things I love
<input type="checkbox"/>	To try other activities
<input type="checkbox"/>	Other (Please specify)

Q2. Did you consider other service providers?

<input type="checkbox"/>	Yes (Please specify what one's were considered)
<input type="checkbox"/>	No
<input type="checkbox"/>	I didn't know there were others

Q3. Why did you choose Cumberland City Council's Seniors and Disability Services?

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IF YOU USE:

Home Delivered Meals and/or Meals at a program go to **page 3**.

Wellness Programs, Shopping, Home Visits, Transport go to **page 4**.

Lifestyle & Leisure Links Program go to **page 5**.

Q4. If you have recently began accessing our services we would like to learn about your experience. How satisfied are you with the following?

	Very satisfied 	Satisfied 	Dissatisfied 	Very dissatisfied 	Not applicable 
Time taken to respond to your questions and concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information provided to you after you were contacted by the Seniors and Disability Services Team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How sensitive and respectful our services are to your preferences and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your preferences and needs being met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nutrition Services

The Nutrition Services team offer freshly cooked meals that support seniors and people with disabilities to continue eating well and maintaining their independence. They offer home delivered meals as well as meals at Council's social activities at community centres.

Q5. Which Council Nutrition Services do you use?

NOTE: If you answered that you don't use Council's Nutrition Services, please now go to question 11 - Social Inclusion section.

<input type="checkbox"/>	Home delivered meals
<input type="checkbox"/>	Meals at Wellness programs - Guildford Community Centre
<input type="checkbox"/>	I don't use Council's Nutrition Services






Q6. I have been using the Nutrition Services Program for:

<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1-3 years
<input type="checkbox"/>	More than 3 years

Q7. I use the Nutrition Services:

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	As required

Q8. Please rate Nutrition Services according to the follow areas:

	Always 	Most Times 	Occasionally 	Not always 	Not at all 
The quality of meals at a Guildford Community Centre is satisfactory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of Home Delivered meals is satisfactory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the cost of this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel valued by staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel valued by volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think the choice of menu available is satisfactory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9. Please provide any other comments & feedback.

Q10. Please give the Nutrition Services Team a score between 1 - 10

<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"/>
1 Lowest	2	3	4	5	6	7	8	9	10 Highest	

Social Inclusion

The Social Inclusion team offers a range of wellness programs to help keep seniors and people with disabilities active, healthy and connected.

Q11. Which Council's Social Inclusion Services do you use?

NOTE: If you answered that you don't use Council's Social Inclusion Services, please now go to question 17 - Lifestyle Leisure and Links section.

Shopping	Over 55s (Zumba gold, general exercise)
Social outings / Bus trips	Home visits
Wellness programs - Guildford Community Centre/Senior Socialites - Pemulwuy	I don't use Council's Social Inclusion Services






Q12. I have been an active member of the program for:

Less than 1 year
1-3 years
More than 3 years

Q13. I attend services and programs:

Weekly	Monthly
Fortnightly	As required

Q14. Please rate the Social Inclusions Program according to the follow areas:

	Always 	Most Times 	Occasionally 	Not always 	Not at all 
Transport supports are effective, reliable, safe, comfortable and suitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the choice of activities and outings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am listened to. I can make suggestions and have action taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy with the cost of this service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel valued by staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel valued by volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program information given to me has been easy to understand and full of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to input into the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15. Please provide any other comments & feedback.

Q16. Please give the Social Inclusion Team a score between 1 - 10

1 Lowest	2	3	4	5	6	7	8	9	10 Highest
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Lifestyle and Leisure Links

The Lifestyle and Leisure Links program encourages development for people with disabilities through fun social, physical and inspirational experiences. The activities are organized for groups throughout the week and provide respite opportunities for parents and carers.

Q17. I am an NDIS participant and a customer of Council's Lifestyle & Leisure Links Program:

NOTE: If you answered that you don't use Council's Lifestyle & Leisure Links Program, please now go to question 23 - Health and Wellbeing section.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No






Q18. I have been an active member of the program for:

<input type="checkbox"/>	Less than 1 year
<input type="checkbox"/>	1-3 years
<input type="checkbox"/>	More than 3 years

Q19. I attend services and programs:

<input type="checkbox"/>	Weekly	<input type="checkbox"/>	Fortnightly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>	As required
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Q20. Please rate the Lifestyle & Leisure Links Program according to the follow areas:

	Always 	Most Times 	Occasionally 	Not Always 	Not at all 
Program information given to me has been easy to understand and full of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The service focuses on my/everyones safety & wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport supports are effective, reliable, safe, comfortable and suitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel valued by staff, volunteers and my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My personal preferences and needs are considered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am listened to. I can make suggestions and have action taken	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have opportunities to input into the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I achieve my goals in the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I improve my health and fitness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Through the program I am able to improve my independence, health and well being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21. Please provide any other comments & feedback.

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Q22. Please give the Lifestyle & Leisure Links Team a score between 1 - 10

1 Lowest	2	3	4	5	6	7	8	9	10 Highest
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Health and Wellbeing

As we offer person centred care with a focus on wellness and enablement we would like to track and compare how our services impact on your health. Our aim is to offer services that enable you to continue using our skills, enhance your self-esteem, support you and encourage you to keep connected and in good health. By gathering the following data we will be able to compare if our services contribute to your wellbeing.

Q23. How would you rate your quality of life in relation to your psychological and emotional wellbeing? E.g. stress, depression, grief, isolation, have social connections, friendships, social support.

<input type="checkbox"/>	Very good
<input type="checkbox"/>	Good
<input type="checkbox"/>	Average
<input type="checkbox"/>	Poor
<input type="checkbox"/>	Very Poor

Q24. Since joining our programs, do you feel more connected - eg accessing outings, meeting friends, getting out, friendships?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Q25. Has your mental health improved? For example due to making connections and from being out of the house?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Q26. Has your physical health improved? For example due to better nutrition, being active, fitness, stress management?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Q27. Have you gained more information about improving your health and wellbeing?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Q28. Do you feel more motivated overall?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Q29. Is there anything that stops you from participating in, or participating more in, our activities? Select all that apply.

<input type="checkbox"/>	Cost
<input type="checkbox"/>	I don't know anyone else going
<input type="checkbox"/>	I have too many commitments eg - family, carer, medical appointments
<input type="checkbox"/>	Language difficulties
<input type="checkbox"/>	Location
<input type="checkbox"/>	My health
<input type="checkbox"/>	Transport - I can't get there
<input type="checkbox"/>	Weather
<input type="checkbox"/>	I don't have information about the activities
<input type="checkbox"/>	I'm not interested
<input type="checkbox"/>	I participate in other activities not run by Council
<input type="checkbox"/>	I don't have time
<input type="checkbox"/>	Other (Please specify)

Q30. What is important to you when choosing an activity?





<input type="checkbox"/>	Enjoyment
<input type="checkbox"/>	Gaining information
<input type="checkbox"/>	Improving health and fitness
<input type="checkbox"/>	Learning a new skill
<input type="checkbox"/>	Meeting people
<input type="checkbox"/>	Reducing stress
<input type="checkbox"/>	Cost

Q31. What are the best methods for Council to let you know about our activities and programs.

	Seniors Expo		Carer Workshop
	Community Noticeboard		Vehicle advertising
	Council noticeboard		Mailout
	Council website		Through my health practioner e.g. GP
	Email		Word of mouth
	Social media e.g. Facebook, Twitter etc.		Ethnic press
	Library noticeboard		Promotions at shops
	Local newspaper		Information sessions
	Other (Please specify)		

General Feedback

Q32. Overall, how satisfied are you with the service/s you receive?

	 Very satisfied
	 Satisfied
	 Dissatisfied
	 Very Dissatisfied

Q33. Do you know how to give a compliment or complaint about Council's Seniors & Disability Services?

	Yes
	No

Q34. If you have made a compliment or complaint in the past, did you find our compliments/complaints process easy to follow and/or understand?

	Yes
	No

Q35. Would you refer Council's Seniors & Disability Services to a friend or family?

	Yes
	No

Please tell us the reason for your response

Q36. How old are you?	
	18-24
	25-34
	35-44
	45-54
	55-64
	65-74
	75-84
	85-94
	95+
	Prefer not to say

Q37. What is your cultural background?	
1	
2	
3	
4	
5	

Q38. What suburb do you live in?

Q39. Did someone help you complete this form?	
	No
	Yes, a family member/friend
	Yes, a Council staff member
	Yes, a Council volunteer
	Yes, someone else

Q40. Would you like to be updated about the results of this survey?	
	Yes
	No

Q41. If you answered 'Yes' to Question 40 please provide your contact details so we can get in touch you.	
Name	
Email address	
Phone number	

Q42. Do you have any other general feedback about our services and programs?

— Thank you! —