Living in Jersey Survey 2026

Introduction

Island Global Research is undertaking a survey of residents on behalf of the Government of Jersey and would appreciate your views on life in Jersey.

We want to understand what it's like to live here, the extent to which you can access services that meet your needs, and what would make things better for you and other people. We want to hear from as many people as possible, no matter their background or experience on island.

At the end of the survey, you will be able to enter a prize draw to win £100 shopping or restaurant voucher.

Please return your completed survey to:
Island Global Research, Freepost GU212, Guernsey, GY1 5SS
If you would prefer to complete the survey online, you can do so at:
https://survey.islandglobalresearch.com/s3/Living-in-Jersey-Paper-Survey-2026 or by scanning the QR code.

If you have any questions or need any assistance to complete this survey, please contact Island Global Research on 01481 716227 / info@islandglobalresearch.com.

Thanks in advance for sharing your views and experience. It is much appreciated.

PRIVACY STATEMENT

Your answers will be treated confidentially and all responses are anonymous. We do not need to provide your name, date of birth or other details that would identify you in order to complete this survey. If you wish to view our privacy policy, you can find it on the Island Global Research website: https://islandglobalresearch.com/igr-panel-privacy-statement/ The survey is for Jersey residents aged 16 and over, and it will take around 10 minutes to complete. To access the survey in alternative formats please contact Island Global Research on 01481 716227 / info@islandglobalresearch.com.

About You

These questions about you help us to make sure that a wide range of people who are representative of the local population complete the survey. All responses are anonymous and will be used to show views from across the community.

Where do you live?

- ○ Jersey
- ○ Elsewhere - Sorry, not eligible

What age group do you fall into?*

- ○ 16-24
- ○ 25-29
- ○ 30-34
- ○ 35-39
- ○ 40-44
- ○ 45-49
- ○ 50-54
- ○ 55-59
- ○ 60-64
- ○ 65-69
- ○ 70-74
- ○ 75-79
- ○ 80 and over
- ○ Prefer not to answer

What gender do you identify with / as?*

- ○ Female
- ○ Male
- ○ Prefer to self-describe
- ○ Prefer not to answer

Do you have any physical or mental health conditions or illnesses expected to last 12 months or more? By long-standing illness, we mean any condition that has lasted (or is expected to last) at least 12 months. *Please note: this includes a wide range of conditions such as chronic pain, epilepsy, neurodivergence and impacted stamina or breathing as well as disabilities and mental health conditions.**

- ○ Yes
- ○ No – Go to page 5
- ○ Prefer not to answer – Go to page 5

If yes: **What categories best describe your condition?** Please select all that apply.*

- ☐ Chronic or long-term condition
- ☐ Chronic or long-term pain
- ☐ Dexterity (handling or using objects)
- ☐ Hearing
- ☐ Learning, understanding or concentrating
- ☐ Memory
- ☐ Mental health
- ☐ Mobility (moving around)
- ☐ Neurodivergence (including autism, social or behavioural differences or ADHD)
- ☐ Neurological condition (including epilepsy)
- ☐ Speech or language
- ☐ Stamina, breathing or fatigue
- ☐ Vision
- ☐ Other (please describe): _____
- ☐ Prefer not to answer

If yes: **Do you feel your condition or illness reduces your ability to carry out day-to-day activities?***

Yes, a lot	Yes, a little	No	Prefer not to answer
○	○	○	○

If yes: **Does anyone help you or support you with your care needs?** This could include keeping you company, preparing meals or washing and dressing, through to gardening or property upkeep, paperwork or shopping.

- ○ Yes
- ○ No but I would benefit from support if I could get it – Go to page 7
- ○ Not applicable – no care needs that I need support with – Go to page 7
- ○ Prefer not to answer

If yes: **Who helps or supports you with your care needs?** Please select all that apply.

- ☐ Unpaid / informal carer (e.g. family, friends, neighbour)
- ☐ Paid / formal carer (e.g. professional, support worker)
- ☐ Other type of paid support (e.g. cleaner, gardener)
- ☐ Volunteer carer (e.g. via a charity)

If yes: **What type of help / support do you receive?** Please select all that apply.

- ☐ Personal care including washing or dressing
- ☐ Domestic tasks including cleaning, laundry, meal preparation
- ☐ Shopping
- ☐ Gardening or household maintenance
- ☐ Help with financial matters
- ☐ Dealing with letters and phone calls
- ☐ Support for attending health appointments
- ☐ Support with work or education commitments
- ☐ Emotional support or companionship
- ☐ Support to go on holiday
- ☐ Other (please describe):

_____

About Your Household

What is your total gross household income? Please include all income from salaries or wages from paid work, income from any state benefits, occupational or state pensions and any other income before tax.

- ○ £0 - £19,999
- ○ £20,000 - £39,999
- ○ £40,000 - £59,999
- ○ £60,000 - £79,999
- ○ £80,000 - £99,999
- ○ £100,000 - £119,999
- ○ £120,000 - £139,999
- ○ £140,000 or more
- ○ Don't know
- ○ Prefer not to answer

As a household, how easy or difficult do you find it to cope financially?

Very difficult	Quite difficult	Neither easy nor difficult	Quite easy	Very easy	Prefer not to answer
○	○	○	○	○	○

How many people live in your household (including yourself)? Please write in numbers next to the age groups below. Enter '0' if none.

_____ Aged 0 to 15 years

_____ Aged 16 to 17 years

_____ Aged 18 to 66 years

_____ Aged 67 years or older

If more than 1 person in household: **Does anyone you live with have a condition or illness that reduces their ability to carry out day-to-day activities somewhat or a lot?** Please select all that apply.

- ☐ Yes: Adult(s) aged 18+
- ☐ Yes: Child(ren) aged under 18
- ☐ No
- ☐ Prefer not to answer

If yes to children and/or adults: **What categories best describe their condition?** Please select all that apply.

- ☐ Chronic or long-term condition
- ☐ Chronic or long-term pain
- ☐ Dexterity (handling or using objects)
- ☐ Hearing
- ☐ Learning, understanding or concentrating
- ☐ Memory
- ☐ Mental health
- ☐ Mobility (moving around)
- ☐ Neurodivergence (including autism, social or behavioural differences or ADHD)
- ☐ Neurological condition (including epilepsy)
- ☐ Speech or language
- ☐ Stamina, breathing or fatigue
- ☐ Vision
- ☐ Other (please describe): _____ _____ _____
- ☐ Prefer not to answer

Caring Responsibilities

Do you look after or support anyone who is in poor health or has a disability? They do not need to live with you. Please do not count anything you do as part of paid employment. Please select all the apply.

☐ Yes: Adult(s) aged 18+
☐ Yes: Child(ren) aged under 18
☐ No
☐ Prefer not to answer

Life Satisfaction

Overall, how satisfied are you with your life nowadays? Please indicate on a scale of 0 to 10 where 0 is 'not at all' and 10 is 'completely'.

Not at all										**Completely**	
											Don't know
0	1	2	3	4	5	6	7	8	9	10	
○	○	○	○	○	○	○	○	○	○	○	○

Thinking about your life in general, to what extent do you agree or disagree with the following statement:

"I feel that life is full of opportunities"?

Strongly disagree	Disagree	Neither	Agree	Strongly agree	Don't know
○	○	○	○	○	○

How often do you feel able to express your opinions, needs and preferences when interacting with service providers (e.g. in relation to health care, education, and social care)?

Always	Often	Sometimes	Rarely	Never	Don't know
○	○	○	○	○	○

Thinking about your own needs and experiences, please indicate how satisfied or dissatisfied are you with the following aspects of island life?

Education / opportunities for learning

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

Employment / paid work

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

How you spend your free time

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

Housing / where you live

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

On-island transport

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

Health and social care

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

Customer service e.g. in shops and eateries

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

Ease of finding the information you need from the Government of Jersey

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Don't know or N/A
○	○	○	○	○	○

Are there any aspects of life in which you feel limited or unable to access services that meet your needs? Please select all that apply.

- ☐ Education / opportunities for learning
- ☐ Employment / paid work
- ☐ How you spend your free time
- ☐ Housing / where you live
- ☐ Use of transport
- ☐ Health and social care
- ☐ Other (please describe): _____ _____ _____
- ☐ N/A – I am usually able to access services that meet my needs
- ☐ Don’t know

Please complete this sentence:

"The one thing that would make the biggest difference to my quality of life in Jersey would be …"

Access to Places and Services

Do any of the following limit your ability to independently access places / services in Jersey? Think about private businesses e.g. retailers, public buildings e.g. museums and libraries, government services and public outdoor spaces e.g. parks. Please select all that apply.

- ☐ Cost of transport
- ☐ Cost of services
- ☐ Lack of access to transport
- ☐ Access to disabled parking spaces
- ☐ Lack of disabled or step free access
- ☐ Anxiety / lack of confidence / feeling overwhelmed
- ☐ Attitudes of the general public towards people with disability
- ☐ Attitudes of staff / service providers towards people with disability
- ☐ Seeing / understanding signs and information boards
- ☐ Hearing announcements
- ☐ Access to toilets
- ☐ Other (please describe):

  _____

  _____

  _____
- ☐ None of the above - not limited
- ☐ Don't know

Thinking more about health services...

In the past 12 months, has anything stopped or delayed you or someone in your household from using any of the following health services? Please select all that apply or choose 'None of the above'.

- ☐ GP services
- ☐ Ambulance services
- ☐ Patient transport services
- ☐ Emergency / out of hours care
- ☐ Hospital services
- ☐ Mental health - community based services
- ☐ Mental health - inpatient services
- ☐ Adult social care
- ☐ Residential and nursing care
- ☐ Physiotherapy / rehabilitation
- ☐ Charity support services
- ☐ Dental care
- ☐ Other. Please describe:

  _____

  _____

  _____
- ☐ None of the above

Thinking more about where you live...

Are you concerned about any of the following aspects? Please select all that apply**.**

- ☐ Property does not have enough space / bedrooms
- ☐ Property is too cold in winter (e.g. poorly heated and/or insulated)
- ☐ Property has damp or mould on walls, ceilings, floors etc
- ☐ Property needs structural maintenance (e.g. electrics, plumbing, roof, rot)
- ☐ Interior of property needs improvement (e.g. décor, condition of appliances)
- ☐ Not suitable for a household member who has limited mobility
- ☐ Not suitable for a household member who has other accessibility needs
- ☐ Too noisy
- ☐ Nowhere to sit outside
- ☐ Does not have off-street parking or a dedicated parking space
- ☐ Other (please describe):

  _____

  _____

  _____
- ☐ None of the above

Thinking more about employment...

Do you believe that any of the following limit the type or amount of paid work that you could do? Please select all that apply.

- ☐ Lack of job opportunities
- ☐ Lack of qualifications / experience / skills
- ☐ Lack of flexibility in working hours / arrangements
- ☐ Difficulty with transport
- ☐ Difficulty getting into/moving around buildings and their facilities
- ☐ Lack of special aids or equipment (e.g. to make the role more accessible)
- ☐ Lack of help or assistance in the workplace
- ☐ Lack of help or assistance transitioning into the workforce (e.g. from education or unemployment)
- ☐ Anxiety / Sensory needs
- ☐ Attitudes of colleagues towards people with disabilities
- ☐ Attitudes of employers towards people with disabilities
- ☐ Attitudes of employers towards your age
- ☐ Impact on benefits
- ☐ Other (please describe):

  _____

  _____

  _____
- ☐ None of the above – not limited
- ☐ Don't know

Equal Rights

Do you consider that you have been discriminated against in Jersey on any of the following grounds, within the past 12 months? Please select all that apply.

- ☐ Age
- ☐ Sex
- ☐ A health condition or illness
- ☐ Disability
- ☐ Race or nationality
- ☐ Religion or beliefs
- ☐ Sexual orientation
- ☐ Marital status
- ☐ Gender reassignment
- ☐ Other (please describe): _____
- ☐ None of the above - **Go to page 19**

Who has discriminated against you? Please select all that apply.

- ☐ Employer
- ☐ Work colleagues
- ☐ Family or relatives
- ☐ Friends or neighbours
- ☐ Teacher or lecturer
- ☐ Health staff (GP, nurse, hospital staff)
- ☐ Social workers
- ☐ Care workers
- ☐ Police officers
- ☐ Bus drivers
- ☐ Taxi drivers
- ☐ Retail staff
- ☐ Strangers in the street
- ☐ Other (please describe): _____
- ☐ Prefer not to answer

Living with a Disability

We'd like to understand a bit more about attitudes towards people with a disability or long-standing illness in Jersey. We appreciate your honesty in answering these questions. Your answers are anonymous and will be treated in confidence.

In general, do you personally tend to think of people with disabilities in the following ways…

	Never	Rarely	Some of the time	Most of the time	All of the time
… as needing to be cared for?	○	○	○	○	○
… as the same as everyone else?	○	○	○	○	○
… as not as productive?	○	○	○	○	○

To what extent do you agree or disagree with the following statement:

"In Jersey, people with disabilities are treated fairly"

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Don't know
○	○	○	○	○	○

Would you like to provide any further feedback about what it is like to live in Jersey with a disability, long-standing illness or condition? This could be based on your own experiences or those of someone close to you. *Optional.*

Finally…

We appreciate you answering a few final questions, to help us better understand the lived experiences of respondents to this survey.

Which parish do you live in?

- ○ Grouville
- ○ St Brelade
- ○ St Clement
- ○ St Helier
- ○ St John
- ○ St Lawrence
- ○ St Martin
- ○ St Mary
- ○ St Ouen
- ○ St Peter
- ○ St Saviour
- ○ Trinity
- ○ Prefer not to answer

What is your current employment status? If more than one option applies, please select the one which best describes your situation.

- ○ Full-time employed
- ○ Part-time employed
- ○ Self-employed
- ○ In full-time education or training
- ○ Retired
- ○ Unable to work due to long-standing illness or disability
- ○ Unable to work due to caring responsibilities
- ○ Not employed, but seeking employment
- ○ Not employed and not seeking employment
- ○ Prefer not to answer

Who normally pays the consultation charge when you see a GP or nurse?

Please select the option that best describes your situation.

- ○ I pay reduced charges (e.g. eligible for the Health Access Scheme, Pension plus, Income Support)
- ○ I pay the standard charge: lived in Jersey for more than 6 months and have a health card
- ○ I pay the full charge: I have lived in Jersey for less than 6 months
- ○ I have private health insurance via an employer
- ○ I have private health insurance, taken out as an individual or household
- ○ Other (please describe):

  _____

  _____

  _____
- ○ Don't know

What type of accommodation do you live in?

- ○ Owner occupied
- ○ Social housing rent ('Andium homes' previously States housing, housing trust and parish rent)
- ○ Qualified private rent
- ○ Staff or service accommodation
- ○ Registered lodging house
- ○ Lodger paying rent in private household
- ○ Care home, supported living, sheltered or disabled housing
- ○ Other non-qualified accommodation

In the past 12 months, how have you paid for your living expenses? Please select all that apply.

- ☐ Income from paid work
- ☐ Savings, investments, other private income
- ☐ Occupational and/or private pension
- ☐ States old age pension
- ☐ Income support
- ☐ Long-term care scheme
- ☐ Unemployment benefit
- ☐ Sickness or incapacity benefit
- ☐ Carers' allowance or benefits
- ☐ Other benefits
- ☐ Prefer not to answer

If have any physical or mental health conditions or illnesses expected to last 12 months or more:

To what extent, if at all, does having a health condition or disability impact your household's cost of living? e.g. your regular bills, accommodation costs, travel costs etc. Please select the option which best fits.

Costs are…					Don't
Much lower	Little lower	Unchanged	Little higher	Much higher	know
○	○	○	○	○	○

Which of these types of format do you prefer information to be in? Please select all that apply.

- ☐ Online
- ☐ Printed – standard size
- ☐ Printed – Large print
- ☐ Easy Read
- ☐ Braille
- ☐ British Sign Language (BSL)
- ☐ Audio formats
- ☐ Different language
- ☐ Other. Please describe:
  _____
  _____
  _____
- ☐ Don't know

Final comments

Thank you for completing this survey. Please feel free to share any final comments on any of the topics covered in this survey.

(If you need more room, please enclose comments on a separate sheet.)

Jersey Inclusion Panel

Would you like to join the Jersey Inclusion Research Panel?

Island Global Research has been asked to manage a research panel on behalf of the Government of Jersey for those who would like the opportunity to feedback on matters relating to inclusion, with a particular focus on disability.

Once signed up, you will be contacted about research projects we are conducting on behalf of the Government of Jersey on topics related to inclusion and disability. When conducting surveys and other types of research with the panel we will always look to accommodate requests for alternative formats as far as possible.

Joining the Research Panel gives you the opportunity to share your views on services, products and policies that may impact you. We may also notify you when results from projects related to disability become publicly available. You can view our privacy policy on the Island Global Research website: https://islandglobalresearch.com/igr-panel-privacy-statement/.

- ○ Yes, please – Sign up on page 27
- ○ Maybe, tell me more – Ask your queries on page 29
- ○ No, thanks – Go to page 31

Join the Jersey Inclusion Research Panel

Your contact details

Your information helps us to inform you about research we are undertaking on inclusion and disability that you may want to contribute to. Any survey responses you have given us will continue to be analysed anonymously.

We will not share your personal information with others. You can view our privacy policy on our website.

Please provide your name

First Name: _____

Last Name: _____

Email address - This is our default method for contacting panel members:

_____

Phone number: _____

Postal address - This is only required if you do not have an email address we can use to contact you.

First line: _____

Second line: _____

Parish: _____

Post code: _____

In what format would you prefer to receive and complete surveys? Please select the one format you would most prefer.

- ○ Online
- ○ Printed – standard size
- ○ Printed – Large print
- ○ EasyRead
- ○ Braille
- ○ British Sign Language (BSL)
- ○ Audio formats
- ○ Different language: _____
- ○ Other. Please describe: _____

Go to page 31

Find out more about the Jersey Inclusion Research Panel

Your contact details

Please share your contact details if you'd like us to send you more information about the Jersey Inclusion Research Panel. Any survey responses you have given us will continue to be analysed anonymously.

We will not share your personal information with others. You can view our privacy policy on our website.

Please provide your name

First Name: _____

Last Name: _____

Email address: _____

Postal address (This is only required if you do not have an email address we can use to contact you)

First line: _____

Second line: _____

Parish: _____

Post code: _____

Do you have any particular questions about the panel and how it will work?

(If you need more room, please enclose comments on a separate sheet.)

Competition Entrance Details

Thank you very much for taking part in the survey.

You could win £100 of vouchers for your choice of: Amazon, Cineworld, Handpicked Hotels, Liberation Group, Marks & Spencer, John Lewis, Randalls, Voisins, Waitrose, and Jersey Seafaris.

If you would like to be entered into our prize draw with a chance to win in Jersey please complete your details below. This information will only be used for the purpose of contacting the prize winner and all responses remain non-attributable.

Name: _____

Email Address: _____

Phone Number (optional if you don't have an email address):

_____

Prize draw terms: Survey participants residing in Jersey will be given the option to enter a prize draw to win vouchers for one of the above mentioned organisations worth £100. In order to qualify to take part in the prize draw, the participant must provide their name and a valid email address. There is one prize of £100 available in the draw for Jersey respondents. Winners can select only one organisation from the above list to receive a voucher for. The

winner will be selected at random. Only one entry per person into the Jersey draw. No cash alternative is available. The prize draw will take place after the online survey closes. The above terms are subject to change at the discretion of Island Global Research. All personal details, including email addresses, will be treated in accordance with data protection regulations. Your survey responses will continue to be analysed anonymously.

Thank you for taking our survey.

We appreciate you taking the time to share your views and experiences.