



This survey has been put together so that we can try to understand more about your neighbourhood, the issues it faces and how organisations within your community can help to make it a safer and happier place to live.

By completing this survey you are helping us learn about the issues you see on a day to day basis within your neighbourhood and what you think we can do to help with these issues and make you feel safer in and around your community.

Your neighbourhood

Q1 **What is the post code of your home address?**

Q2 **Do you agree with the following statements?**

Please tick one box per row.

	Yes	No	Don't know
There is less anti-social behaviour in my neighbourhood than a year ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my neighbourhood, people get on well together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3 **The following are problems in my neighbourhood:**

Please tick one box per row.

	Not a problem at all	A slight problem	A fairly big problem	A very big problem	Don't know
Abandoned or burnt out vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime reports in the news (including social media)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dark or unlit areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of knife crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups of people hanging around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy neighbours / loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off road motorbikes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People drinking alcohol and getting drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People using or dealing drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People starting fires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubbish and litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speeding and traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stranger danger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism and graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence and threatening behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us about any particular problems that you see in your neighbourhood:

Q4 Do you feel safe in your neighbourhood during the day? Yes No

Q5 Tell us why you feel safe/unsafe the above during the day.

Q6 Tell us where you feel safe/unsafe during the day. E.g. towns, parks, streets.

Q7 Do you feel safe in your neighbourhood during the night? Yes No

Q8 Tell us why you feel safe/unsafe during the night.

Q9 Tell us where you feel safe/unsafe during the night. E.g. towns, parks, streets.

Q10 During weekends and school holidays, are there enough things for you to do? Yes No

Q11 What activities do you take part in outside school?

- | | | | |
|------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------------------------|
| After school clubs | <input type="checkbox"/> | Filming, photography, journalism | <input type="checkbox"/> |
| Team sports (e.g. football / rugby / netball / hockey) | <input type="checkbox"/> | Other sport / leisure activities (e.g. swimming / keep fit / gym) | <input type="checkbox"/> |
| Cadets / Scouts / Guides etc | <input type="checkbox"/> | Pubs / Clubs | <input type="checkbox"/> |
| Cinema | <input type="checkbox"/> | Social Networking (MSN, Facebook, Twitter, etc) | <input type="checkbox"/> |
| Drama / Dance | <input type="checkbox"/> | Arts / crafts | <input type="checkbox"/> |
| Games consoles (e.g. Wii / Playstation / X Box etc) | <input type="checkbox"/> | Visit friends | <input type="checkbox"/> |
| Hang around the streets / parks | <input type="checkbox"/> | Youth clubs | <input type="checkbox"/> |
| I don't do any activities in my spare time | <input type="checkbox"/> | Other (please write in the box below) | <input type="checkbox"/> |
| Music (e.g. bands / choir / playing instruments / classes) | <input type="checkbox"/> | | |

Q12 Have you ever been offered alcohol? Yes No [Go to Q14](#)

Q13 If you are happy to tell us, what were you offered and where did this happen?

Q14 Have you ever tried alcohol? Yes No [Go to Q16](#)

Q15 If you are happy to tell us, what did you try and where did this happen?

Q16 Have you ever been offered illegal drugs? Yes No [Go to Q18](#)

Q17 If you are happy to tell us, what were you offered and where did this happen?

Q18 Have you ever tried illegal drugs? Yes No [Go to Q20](#)

Q19 If you are happy to tell us, what did you try and where did this happen?

Q20 **Have you ever been offered a legal high?** Yes No Go to Q22

Q21 If you are happy to tell us, what were you offered and where did this happen?

Q22 **Have you ever tried a legal high?** Yes No Go to Q24

Q23 If you are happy to tell us, what did you try and where did this happen?

Your local Police and PCSO's (Police Community Support Officers)

Q24 **Do you know who your local Police Officer or PCSO is?** Yes No

Q25 **The local Police and PCSO's...**

	Yes	No
can be trusted	<input type="checkbox"/>	<input type="checkbox"/>
treat everyone fairly	<input type="checkbox"/>	<input type="checkbox"/>
understand my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>
are easy to contact	<input type="checkbox"/>	<input type="checkbox"/>
are dealing with the issues in my neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>

Q26 **What can the Police do to help your neighbourhood?**

Q27 **Do you think the Police are doing a good job in your neighbourhood?** Yes No

Q28 Please tell us why.

Reporting crime

Q29 Have any of the following happened to YOU in the last 12 months?

- | | | | |
|-----------------------------------------------------------------------------|--------------------------|---------------------------------------|--------------------------|
| Abuse / bullying | <input type="checkbox"/> | Damage to personal property | <input type="checkbox"/> |
| Anti-social behaviour | <input type="checkbox"/> | Something stolen from me | <input type="checkbox"/> |
| Assault / physical violence | <input type="checkbox"/> | Other (please write in the box below) | <input type="checkbox"/> |
| Hate crime (because of your race, religion, sexual orientation, disability) | <input type="checkbox"/> | Nothing has happened to me | <input type="checkbox"/> |

Q30 Did you report these crimes to the police?

Please tick one box per row.

- | | Yes | No |
|-------------------------------------------------------------------|--------------------------|--------------------------|
| Abuse / bullying | <input type="checkbox"/> | <input type="checkbox"/> |
| Anti-social behaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| Assault / physical violence | <input type="checkbox"/> | <input type="checkbox"/> |
| Hate crime (due to race religion, sexual orientation, disability) | <input type="checkbox"/> | <input type="checkbox"/> |
| Damage to personal property | <input type="checkbox"/> | <input type="checkbox"/> |
| Something stolen from me | <input type="checkbox"/> | <input type="checkbox"/> |

Q31 I did not report these crimes to the police because...

- | | | | |
|-----------------------------------------------|--------------------------|---------------------------------------|--------------------------|
| I told my parents / carer / relative / school | <input type="checkbox"/> | I didn't know how to tell the police | <input type="checkbox"/> |
| I was too scared | <input type="checkbox"/> | I didn't think it was that bad | <input type="checkbox"/> |
| I didn't think anyone would care | <input type="checkbox"/> | Other (please write in the box below) | <input type="checkbox"/> |
| the police wouldn't have done anything | <input type="checkbox"/> | | |

Q32 Do you agree with the following statement:

- | | | |
|---------------------------------------------|---------------------------------|--------------------------------|
| I would report future crimes to the police. | Yes
<input type="checkbox"/> | No
<input type="checkbox"/> |
|---------------------------------------------|---------------------------------|--------------------------------|

Improving your neighbourhood

Q33 **These actions would improve my neighbourhood:**
Please tick one box per row.

	Yes	No
Better street lighting	<input type="checkbox"/>	<input type="checkbox"/>
Education around the danger of carrying knives	<input type="checkbox"/>	<input type="checkbox"/>
Improvements to local neighbourhoods (e.g. playgrounds, benches etc)	<input type="checkbox"/>	<input type="checkbox"/>
More activities for young people	<input type="checkbox"/>	<input type="checkbox"/>
More CCTV cameras	<input type="checkbox"/>	<input type="checkbox"/>
More education around bullying	<input type="checkbox"/>	<input type="checkbox"/>
More fines for litter or dog mess	<input type="checkbox"/>	<input type="checkbox"/>
More jobs for young people	<input type="checkbox"/>	<input type="checkbox"/>
More visible police officers and PCSOs	<input type="checkbox"/>	<input type="checkbox"/>
More volunteering opportunities for young people	<input type="checkbox"/>	<input type="checkbox"/>
Removal of litter, rubbish and graffiti	<input type="checkbox"/>	<input type="checkbox"/>

Other (please write in the box below):

Q34 **What do you think YOU could do to improve your neighbourhood?**

Your local services

Q35 **Which of the following services do you use within your local community?**
Please tick one box per row.

	Never	Sometimes	Often	Very often
Counselling support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug / alcohol support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment / training support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health / relationship support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports / physical activity centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support for young people with disabilities / additional needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please write in the box below):

Q36

How important is it to YOU to have access to the following:

Please tick one box per row.

	Not important at all	Fairly important	Very important
Education, training, work experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic skills learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities to participate in volunteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High quality, responsive and accessible services / facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent, specialist careers advice and counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal support and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice on health, housing and other issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreational and social opportunities in a safe setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting, artistic, musical and outdoor experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in decision making on matters in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contacting you

Q37

If you would like to be kept informed of what's going on in your neighbourhood, how would you like us to do it?

Email	<input type="checkbox"/>	Twitter	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Don't want any information	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	Community notice board	<input type="checkbox"/>
Online blogs	<input type="checkbox"/>	Through your school / college	<input type="checkbox"/>
Face to face	<input type="checkbox"/>	Text message	<input type="checkbox"/>
Internet (websites)	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
Meetings	<input type="checkbox"/>	Other (please write in the box below)	<input type="checkbox"/>
Smartphone app(s)	<input type="checkbox"/>		

Summary

We value all of the information that you have provided as part of this survey. Each and every answer will be read and reviewed with the aim of improving and enhancing your local services and making your neighbourhood a more enjoyable place to live.

Q38 Thinking about the questions you've been asked in this survey, is there anything else you want to say about the area you live in? Please use the box below.

Q39 Please list one positive thing which you have noticed about the area you live in.

Q40 Please list one negative thing which you have noticed about the area you live in.

About you

To be able to best use the information you have provided about your neighbourhood as part of this survey and to be able to improve the area you live in we need to know a bit more about you.

Q41 Please describe your gender:

- Male
 Female

- Other
 Prefer not to say

Q42 Please tell us your age:

- | | | | |
|-----------------------------|-----------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26+ |

Q43 Please tell us your ethnicity:

- White
 Asian
 Chinese

- Mixed
 Black

- Other (please write in the box below)
 Prefer not to say

The Equality Act of 2010 defines a person as having a disability if such a person 'has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'.

Q44 **Do you have a disability?**

Yes

No

Prefer not to say

Q45 **What is your religion?**

No religion

Hindu

Sikh

Christian

Jewish

Other

Buddhist

Muslim

Prefer not to say

Q46 **How would you describe your sexual orientation?**

Heterosexual / straight

Lesbian / gay woman

Other

Gay

Bisexual

Prefer not to say

Future contact

Your views are very important to us. All the answers you have given us in this survey are kept safely and will only be used by the Bridgend Local Service Board.

If you would like to talk to someone about any of the topics raised in this survey, please visit <http://www1.bridgend.gov.uk/media/283076/services-directory.pdf> for a list of contact details. You can also ask your youth worker for a copy of the Service Directory where you will find lots of useful contact information.

If you would prefer we contacted you to discuss any issues raised, please leave your name and how you would like to be contacted (telephone number or email address) below.

Q47 **Name:**

Q48 **Email address:**

Q49 **Telephone number:**