
your opinion matters

We would like to know your views about policing, safety and what it is like to live in your local area.

I would be very grateful if you could complete this questionnaire and return it to me in the pre-paid envelope provided.

If you would prefer to complete this survey online, you can do so by visiting www.surveymonkey.com/s/YourPolice and following the onscreen instructions.

The results of this survey will help to inform policing priorities and influence how we engage with your local community in future. Please be assured that the information you provide will be treated with the strictest confidence and anonymity.

If you have any questions regarding the questionnaire please call 0131 311 3131 where a member of staff will be happy to help you. Thank you very much for your time.



David Strang
Chief Constable

This document can also be made available in other languages, large print, Braille or audio by contacting the department below:

Safer Communities Diversity Unit, Force Headquarters, Fettes Avenue, Edinburgh, EH4 1RB
Tel: 0131 311 3131

Please complete this questionnaire in **BLACK** or **BLUE** ink, marking a cross **X** where appropriate. Please read each question and any instruction carefully. Your answers are completely confidential and anonymous. A pre-paid envelope is provided for you to return the questionnaire to us.

Many of the questions refer to your local area which, for the purpose of this survey, is considered to be the area within 15 minutes walk of your home.

Q1 Please provide your postcode in the box below:

Your postcode alone cannot be used to identify your address but will help us to link the information that you provide to local community policing in your area.

Q2 Overall, how informed do you currently feel about the work that police do in your local area?

- Completely informed
- Fairly informed
- A little informed
- Not informed at all

Q3 Do you know any of the Community Police Officers who look after your local area?

- Yes
- No

Q4 Would you know how to contact the Community Police Officers who look after your local area?

- Yes
- No

Q5 Would you like to receive information from the police about the following?

	Yes	No	Don't Know
General police work in your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is being done to reduce and prevent crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is being done to make your community safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is being done to improve road safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you can help the police (e.g. neighbourhood watch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police achievements/successes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How best to contact the police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q6 Which of the following do you think is the best way for the police to inform the public about what actions are being taken in their local area?

- Attending public or local community meetings
- Articles in local newspapers or newsletters
- Text or Bluetooth messaging
- Via social networking sites (e.g. Facebook, Twitter)
- Council publications
- Via the Lothian and Borders Police website
- Local radio
- Posters or bulletins (e.g. in supermarkets, libraries, schools, council buildings)
- Information posted through your door
- Face-to-face updates from local police officers
- Other (please state below)

Q7 How safe would you feel in the following situations?

	Very safe	Fairly safe	A bit unsafe	Very unsafe	Don't know
Alone in your own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking alone in your local area during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking alone in your local area after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8 Are you at all worried about any of the following?

	Not at all worried	Not very worried	Fairly worried	Very worried	Don't know
Your car being stolen or broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your home being broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of identity theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being mugged or physically attacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the victim of a sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the victim of a crime motivated by hatred or prejudice (e.g. race, sexual orientation or religion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being affected by antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your property being vandalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q9 Are there any places in your local area that you feel unsafe?

- Yes
- No

If you have answered 'Yes', please tell us why and at what time of day and/or night. Please provide specific details to ensure we are able to identify the place of concern.

Place (including town)	
Time of day or night	
Why (reason for feeling unsafe)	

Q10 Please tell us if there is anything that the police could do to help you feel safer.

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Q11 Are any of the following a problem in your local area?

	Not a problem	A small problem	A big problem	Don't know
Noisy neighbours or loud parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youths causing annoyance	<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"/>
Vandalism or graffiti to property or vehicles	<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"/>
People being drunk or rowdy in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned or burnt out cars	<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"/>
Callers at the door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People begging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People setting fires to cause damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dog fouling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derelict buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous driving or speeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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It is the responsibility of the police and local council, working in partnership, to deal with antisocial behaviour and crime in your area.

Q12 How much do you agree or disagree that the police and local council seek people's views about antisocial behaviour and crime issues that matter in your area?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q13 How much do you agree or disagree that the police and local council are dealing with the antisocial behaviour and crime issues that matter in your area?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q14 If any of the following has happened to you within the past 12 months, did you report it to the police?

	Has not happened to me	Reported it to the police	Did not report it to the police
Your car being stolen or broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your home being broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a victim of identity theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being mugged or physically attacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the victim of a sexual assault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being the victim of a crime motivated by hatred or prejudice (e.g. race, sexual orientation or religion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being affected by antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your property being vandalised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Q15 If you chose not to report an incident to the police, please tell us why.

Q16 To what extent do you agree or disagree with the following statements about the police in your local area?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
They can be relied on to be there when you need them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They would treat you with respect if you had contact with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I trust the police in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel comfortable approaching police on the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel comfortable reporting a crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local police treat everyone fairly regardless of who they are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They can be relied upon to deal with minor crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They listen to the concerns of local people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The local police are easy to contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They understand the issues that affect my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They are dealing with things that affect my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The police provide reassurance in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking everything into account, I have confidence in the police in my local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Taking everything into consideration, how good a job do you think the police in your local area are doing?

Very good Good Fair Poor Very poor Don't know

Please tell us why you feel this way.



Lothian and Borders Police wants to prioritise its work to ensure that important issues are given focus. We need to know which issues you think should be at the top of our priority list.

Q18 Do you think the following should be high, medium or low priority for the police in your local area?

	High priority	Medium priority	Low priority
Cars being stolen or broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homes being broken into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policing public events (e.g. football matches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug dealing or use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crimes against children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organised crime and terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mugging or physical attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attacks of a sexual nature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crimes motivated by hatred or prejudice (e.g. race, sexual orientation or religion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dangerous driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noisy or antisocial behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vandalism or graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youths causing annoyance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are any other issues you think the police should prioritise, please list them in the box below

Q19 We are committed to engaging regularly with our communities and partners in order to help us improve upon the service we provide. If you would be interested in sharing your opinions and perceptions of the police in any additional consultation activity that may be carried out by Lothian and Borders Police in the future, please supply your contact details below:

Name: _____

Address: _____

Telephone: _____

Email: _____

How would you prefer to be contacted?

By post

By telephone

By email



Lothian and Borders Police has a duty to deliver a fair and equitable service to all sections of our communities regardless of gender, age, ethnicity, religion, sexual orientation or disability. You do not have to complete this section however providing the following details about yourself would help us to complete a detailed analysis of the results. The information you supply will be treated with the strictest of confidence and anonymity.

Age

- Under 16
- 16-25
- 26-40
- Choose not to disclose
- 41-55
- 56-70
- Over 70

Gender

- Male
- Female
- Choose not to disclose

Do you currently or have you previously considered yourself as transgender?

- Yes
- No
- Choose not to disclose

Ethnic and Cultural Origin

- Asian - Bangladeshi
- Asian - Chinese
- Asian - Indian
- Asian - Pakistani
- Asian - Any other Asian background
- Black - African
- Black - Caribbean
- Black - Any other Black background
- Mixed background
- White - English
- White - Irish
- White - Northern Irish
- White - Scottish
- White - Welsh
- White - Other British
- White - Any other White background
- Other - Any other ethnic background
- Choose not to disclose

Religion or Belief

- Buddhist
- Christian (including Church of Scotland, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- No Religion or Belief
- Choose not to disclose

Sexual Orientation

- Bisexual
- Gay/Lesbian
- Heterosexual
- Choose not to disclose

Do you consider yourself to have a disability?

- Yes
- No
- Choose not to disclose

Thank you for taking the time to complete this survey.

The information you have given us will be used to improve the service that we provide to your local area and to inform your community policing team of local concerns.

