

# GYPSY AND TRAVELLER SHORT STAY STOPPING SITES Consultation

## Survey

20 August – 1 October 2014

**1. What is your postcode? (First 4 digits only)**

**2. Please select the sites you wish to comment on:**

- Layby off A143 opposite Shepherds Lane, Wortham
- Land between Candlet Road and Treetops, Felixstowe
- Layby on Felixstowe Road, Levington, south of junction with Bridge Road
- Former Little Chef Site, Kentford, between Bury Road and A14
- Former Chippings Dump, Upthorpe Road, Stanton
- Former Little Chef site, off A14 by the Orwell Bridge
- A140 junction with Castleton Way, Yaxley

**3. The consultation booklet details the criteria used to select the proposed potential short stay stopping sites. Do you think there is anything further that should have been considered whilst creating the shortlist?**

- Yes       No       Don't know

**4. Are there any practical reasons why you think any of the proposed sites may not be suitable as short stay stopping sites? (please tick)**

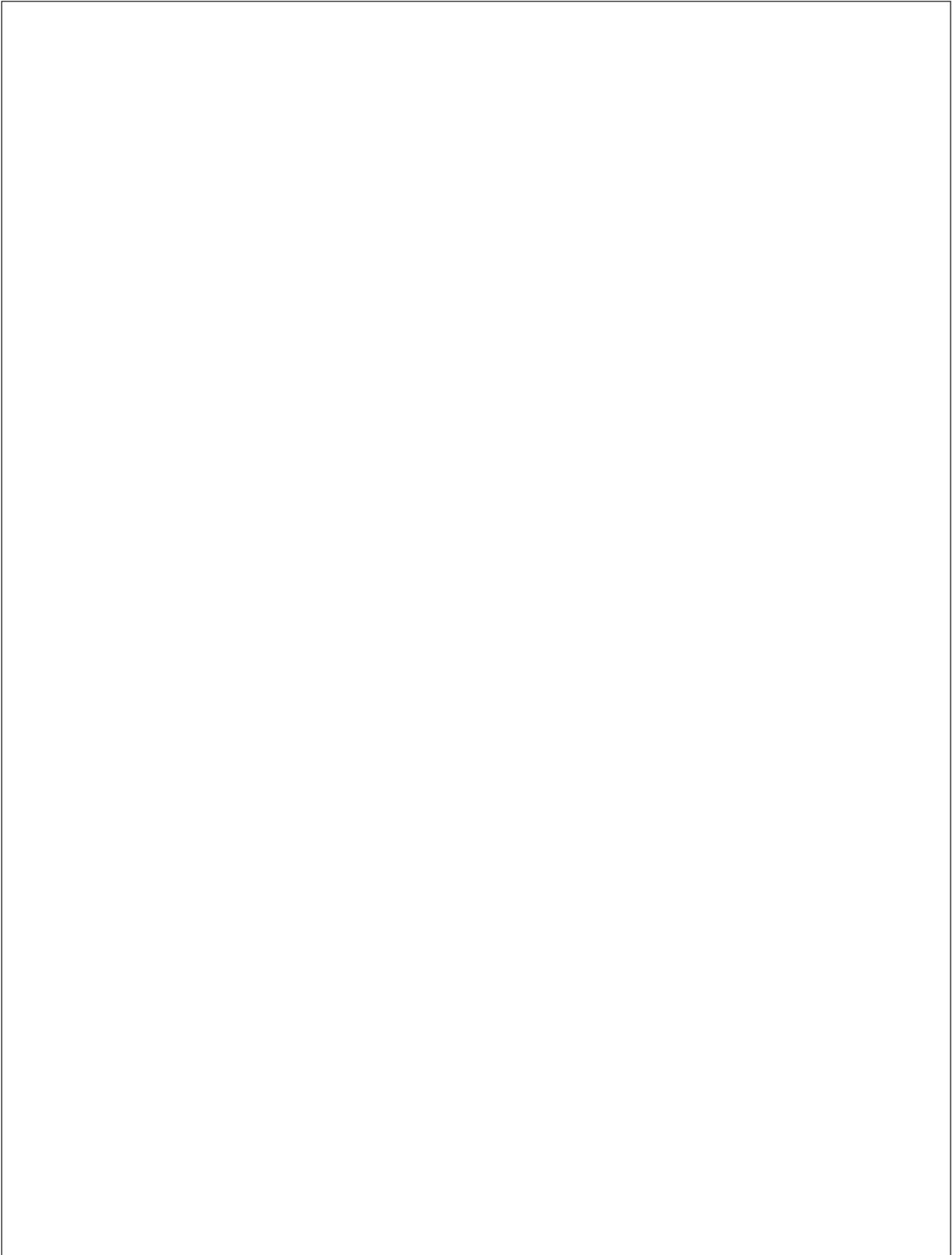
Yes       No       Don't know

If you have answered yes, please state why you think the site is not suitable:

**5. As there are currently no short stay stopping sites in Suffolk, do you think the proposed sites would reduce unauthorised Gypsy and Traveller encampments in Suffolk? (please tick)**

Yes       No       Don't know

**6. Are there any further comments you would like to make that you think would help us decide which of the proposed sites are most suitable as short stay stopping sites?**

A large, empty rectangular box with a thin black border, intended for respondents to provide their comments on the proposed sites.

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Please note that this section is optional and you don't have to complete these questions if you don't want to. If you choose not to answer these questions, please tick the 'Prefer not to disclose' option so that we are aware of your choice.

The information you provide will be used for monitoring purposes only and your anonymity is assured. Any information provided is governed by the Data Protection Act 1998 and will be treated as strictly confidential.

Your information is used to better understand how our services are being accessed and used. It also helps us ensure that you are treated fairly and equitably in everything we do. Without your information, we can't always spot trends and issues which enable us to make changes or improvements.

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**1. If you choose not to answer any of these questions, please tick the 'Prefer not to disclose' option so that we are aware of your choice.**

Prefer not to disclose

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**2. Are you:**

Male     Female     Prefer not to disclose

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**3. Have you ever identified as transgender?**

**For the purpose of this question "transgender" is defined as an individual who lives, or wants to live, full time in the gender opposite to that they were assigned at birth.**

Yes     No     Prefer not to disclose

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**4. Which age group do you fit into?**

Under 16     16-24     25-34     35-44     45-54     55-64     65-74  
 75+     Prefer not to disclose

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**5. The provision for disability within Equalities legislation defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day-to-day activities.**

**Do you consider yourself to have a disability according to the terms given in the Equality legislation?**

Yes     No     Prefer not to disclose

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**6. If you have answered yes to the previous question, please indicate the type of impairment which applies to you from the list below.**

**People may experience more than one type of impairment, in which case please select all that apply. If your disability does not fit any of these types, please mark ‘Other’.**

- Physical impairment, such as difficulty using your arms or mobility issues which means using a wheelchair or crutches
- Sensory impairment, such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment
- Mental health condition, such as depression or schizophrenia
- Learning disability, (such as Down’s Syndrome or dyslexia) or cognitive impairment (such as autism or head-injury).
- Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy.
- Other (please specify)
- Prefer not to disclose

**7. To which of these groups do you consider you belong?**

- |                                                                                                                    |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="radio"/> Asian or Asian British: Indian                                                               | <input type="radio"/> Mixed: White and Black African                                |
| <input type="radio"/> Asian or Asian British: Pakistani                                                            | <input type="radio"/> Mixed: White and Asian                                        |
| <input type="radio"/> Asian or Asian British: Bangladeshi                                                          | <input type="radio"/> Any other Mixed background – please specify in the box below. |
| <input type="radio"/> Any other Asian background – please specify in the box below.                                | <input type="radio"/> White: English                                                |
| <input type="radio"/> Black or Black British: Caribbean                                                            | <input type="radio"/> White: Irish                                                  |
| <input type="radio"/> Black or Black British: African                                                              | <input type="radio"/> White: Scottish                                               |
| <input type="radio"/> Any other Black background – please specify in the box below.                                | <input type="radio"/> White: Welsh                                                  |
| <input type="radio"/> Chinese                                                                                      | <input type="radio"/> White: British                                                |
| <input type="radio"/> Mixed: White and Black Caribbean                                                             | <input type="radio"/> Gypsy or Irish Traveller                                      |
| <input type="radio"/> Other ethnic group (please specify) <input style="width: 400px; height: 20px;" type="text"/> | <input type="radio"/> Other white background – please describe                      |
| <input type="radio"/> Prefer not to disclose                                                                       |                                                                                     |

**8. Your religion or belief**

**What group do you most identify with?**

- |                                   |                                 |                             |                              |                                              |
|-----------------------------------|---------------------------------|-----------------------------|------------------------------|----------------------------------------------|
| <input type="radio"/> No religion | <input type="radio"/> Buddhist  | <input type="radio"/> Hindu | <input type="radio"/> Jewish | <input type="radio"/> Sikh                   |
| <input type="radio"/> Baha’i      | <input type="radio"/> Christian | <input type="radio"/> Jain  | <input type="radio"/> Muslim | <input type="radio"/> Prefer not to disclose |

**9. What is your sexual orientation?**

- |                                |                                             |                                              |
|--------------------------------|---------------------------------------------|----------------------------------------------|
| <input type="radio"/> Bisexual | <input type="radio"/> Gay woman/lesbian     | <input type="radio"/> Other                  |
| <input type="radio"/> Gay man  | <input type="radio"/> Heterosexual/straight | <input type="radio"/> Prefer not to disclose |

If you would like to find out about other consultations like this you may like to join the online [Suffolk Speaks Citizens Panel](#). Suffolk County Council and other local organisations have created the site to help raise awareness of public consultations in Suffolk. Joining takes only a couple of minutes and lets you choose the types of consultation you wish to be involved in through a simple email alert. This may be based upon the areas of our work that interest you, or perhaps when a consultation is taking place in your local area.

Thank you for completing this survey. Please return to:

**Freepost RTAC-HSKL-CSAY**  
**SUFFOLK COUNTY COUNCIL**  
**IPSWICH IP1 2EB**  
**Section: Business Development**

**All responses must be received by midnight, Wednesday 1 October.**

If you have any questions, please email: [shortstaysites@suffolk.gov.uk](mailto:shortstaysites@suffolk.gov.uk).

