The aim of the Northern Ireland Commissioner for Children and Young People (NICCY) is to promote and safeguard the rights and best interests of children and young people. School transport is a priority issue for NICCY. We are keen to hear what children, young people and their parents and guardians have to say about this.

In partnership with the General Consumer Council (GCCNI) and the Department for Regional Development (DRDNI), NICCY has commissioned research into children and young people's views on the key issues affecting their journeys to school and how, if necessary, their journeys might be improved.
SECTION A - YOUR CHILD

1. How many children in your household currently attend school?

_________________

PLEASE ANSWER THIS QUESTIONNAIRE FOR ONE OF YOUR CHILDREN ONLY

2. What school does this child go to?

__________________________________________

3. How old is this child? 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐

4. Is this child a girl or boy? Girl ☐ Boy ☐

5. Does this child get free school transport (bus pass etc)? Yes ☐ No ☐

6. Does this child have any disabilities? Yes ☐ No ☐

7. If YES in Q6, please tell us what it is

______________________________________________________________________________________________

______________________________________________________________________________________________

8. Does this affect their journey to and from school? Yes ☐ No ☐

9. If yes, how?

______________________________________________________________________________________________

______________________________________________________________________________________________
SECTION B – USING A CAR

1. When does this child go to and/or from school by car? Tick one box
   - TO school only
   - FROM school only
   - TO and FROM school
   He/she never travels to/from school by car

2. If your child never goes to/from school by car, why is this? Tick the boxes that apply
   - He/she doesn’t want to
   - He/she doesn’t like it
   - He/she feels unsafe
   - I don’t want him/her to
   - Other

   Other – please state:
   ______________________________________________________

   If your child never travels to school by car, go straight to section C

3. How often does your child go to and/or from school by car? Tick one box
   - Every school day
   - 4 days a week
   - 2 or 3 days a week
   - Once a week
   - Less than once a week

4. My child goes to and/or from school by car because…… Tick the boxes that apply
   - He/she wants to
   - He/she feels safe
   - It is fast
   - Bad weather
   - I want him/her to
   - It is the safest way
   - It is the most comfortable way
   - There is no alternative
   - Public transport services are not suitable
   - Other

   Other – please state:
   ______________________________________________________
5. How do you feel about the amount of traffic on the roads, on your child’s way
to and/or from school?

happy  ok  unhappy

6. Why do you feel this way?

________________________________________________________

________________________________________________________

7. How do you feel about your child travelling by car on their way to and/or from
school?

happy  ok  unhappy

8. Why do you feel this way?

________________________________________________________

________________________________________________________

SECTION C - USING THE BUS

1. When does your child go to and/or from school by bus? Tick one box

   TO school only
   FROM school only
   TO and FROM school
   He/she never travels to/from school by bus

2. If your child never goes to school by bus, why is this? Tick the boxes that apply

   He/ she doesn’t want to
   He/ she doesn’t like it
   It is not reliable
   It is too expensive
   Behaviour of other pupils
   It is overcrowded
   It is slow
   There is no service near where I live

   Other - please state

If your child never travels to school by bus, go straight to section D
3. How often does your child use the bus to go to and/or from school? Tick one box
- Every school day    □
- 4 days a week       □
- 2 or 3 days a week  □
- Once a week         □
- Less than once a week □

4. My child goes to and/or from school by bus because...... Tick the boxes that apply
- He/she wants to    □
- I want him/her to  □
- It is affordable   □
- It is free         □
- It is the safest way □
- It is the most comfortable way □
- There is a service close to our house □
- It is reliable     □
- There is no other option □

Other - please state:
----------------------------------------------------------------------------------------------------------------------

5. How do you feel about your child travelling by bus on their way to and from school?

<table>
<thead>
<tr>
<th>happy</th>
<th>ok</th>
<th>unhappy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Why do you feel this way?
----------------------------------------------------------------------------------------------------------------------

7. When your child travels by bus to and/or from school, what service do they use? Tick the boxes that apply
- Ulsterbus (public service) □
- Metro - Belfast (public service) □
- Ulsterbus (school service) □
- Metro - Belfast (school service) □
- Yellow ELB bus □
- Other operator □
- A mix of these □
8. When your child is travelling to and from school by bus do they usually... Tick one box
   - Get a seat on their own
   - Have to share a seat
   - Have to stand

9. Where does your child usually sit on the bus? Tick one box
   - At the front on their own
   - Near the front with friends
   - On their own near the back
   - Near the back with friends
   - Wherever they can get a seat
   - I don’t know

10. Why do you think they choose to sit here?
    ______________________________________________________
    ______________________________________________________

11. What, if anything, would you like to see to make buses safer? Tick the boxes that apply
    - Supervision (adults)
    - More buses
    - More seats
    - Better seats
    - No standing
    - Seatbelts for everyone
    - One child per seat
    - Newer buses
    - No changes needed
    - Other (write below)

Other - please state:
    ______________________________________________________
    ______________________________________________________

12. What are your reasons for the choices in question 11?
    ______________________________________________________
    ______________________________________________________
    ______________________________________________________
SECTION D - USING THE TRAIN

1. When does your child go to and/or from school by train? Tick one box

   TO school only
   FROM school only
   TO and FROM school
   He/she never travels to/from school by train

2. If your child never goes to school by train, why is this? Tick the boxes that apply

   He/she doesn’t want to
   He/she doesn’t like it
   It is not reliable
   It is too expensive
   Behaviour of other pupils
   It is overcrowded
   It is slow
   There is no service near where I live

   Other - please state

   ________________________________

   If your child never travels to school by train, go straight to section E

3. How often does your child use the train to go to and/or from school? Tick one box

   Every school day
   4 days a week
   2 or 3 days a week
   Once a week
   Less than once a week

4. My child goes to and/or from school by train because...... Tick the boxes that apply

   He/she wants to
   I want him/her to
   It is affordable
   It is free
   It is the safest way
   It is the most comfortable way
   There is a service close to our house
   It is reliable
5. How do you feel about your child travelling by train on their way to and from school?

happy  ok  unhappy

6. Why do you feel this way?

7. When your child is travelling to and from school by train do they usually... Tick one box

Get a seat on their own
Have to share a seat
Have to stand

8. What, if anything, would you like to see to make trains safer? Tick the boxes that apply

Supervision (adults)
More trains
More seats
Better seats
No standing
Seatbelts for everyone
One child per seat
Newer trains
No changes needed
Other (write below)

9. What are your reasons for the choices in question 8?

Other - please state:
SECTION E - USING A TAXI

1. When does your child go to and/or from school by taxi? Tick one box
   - TO school only
   - FROM school only
   - TO and FROM school
   - He/she never travels to/from school by taxi

2. If your child never goes to school by taxi, why is this? Tick the boxes that apply
   - He/she doesn’t want to
   - He/she doesn’t like it
   - It is not reliable
   - It is too expensive
   - It is slow
   - There is no service near where I live

   Other - please state

   If your child never travels to school by taxi, go straight to section F

3. How often does your child use a taxi to go to and/or from school? Tick one box
   - Every school day
   - 4 days a week
   - 2 or 3 days a week
   - Once a week
   - Less than once a week

4. My child goes to and/or from school by taxi because...... Tick the boxes that apply
   - He/she wants to
   - I want him/her to
   - It is affordable
   - It is free
   - It is the safest way
   - It is the most comfortable way
   - There is a service close to our house
   - It is reliable
   - There is no other option
5. How do you feel about your child travelling by taxi on their way to and from school?

- happy  -  ok  -  unhappy

6. Why do you feel this way?

__________________________________________________________

7. What, if anything, would you like to see to make taxis safer? Tick the boxes that apply

- Supervision (adults)
- Newer taxis
- No changes needed
- Other (write below)

Other - please state:

__________________________________________________________

8. What are your reasons for the choices in question 7?

__________________________________________________________

__________________________________________________________

SECTION F - WALKING

1. When does your child walk to and/ or from school? Tick one box

- TO SCHOOL only
- FROM SCHOOL only
- TO and FROM school
- He/ she never walks to/ from school

2. If your child never walks to school, why is this? Tick the boxes that apply

- He/ she has to cross busy roads
- He/ she doesn’t like it
I t takes too long  
Other  

Other - please state  

If your child never walks to school, go straight to section G  

3. How often does your child walk to and/or from school? Tick one box  
   - Every school day  
   - 4 days a week  
   - 2 or 3 days a week  
   - Once a week  
   - Less than once a week  

4. Why does your child walk? Tick the boxes that apply  
   - He/she wants to  
   - I want him/her to  
   - He/she feels safe  
   - He/she has no choice  
   - To be healthy  
   - His/her friends walk with them  
   - Other  

Other - please state:  

5. How do you feel about the following as your child walks to/from school?  
   - Parked cars  
   - Crossing roads  
   - Busy traffic  
   - Number of footpaths  
   - Traffic noise  
   - Traffic speeds  
   - Trucks loading/unloading  
   - Behaviour of other school pupils  

6. How do you feel about your child walking on their way to and from school?  
   - happy  
   - ok  
   - unhappy  

7. Why do you feel this way?
8. What, if anything, would you like to see to make walking safer? Tick the boxes that apply

- Guard rails on kerbs
- Extra crossings
- Slower traffic
- Less traffic and parking
- Wider footpaths
- Nothing
- Other

Other - please state:

SECTION G - CYCLING

1. When does your child cycle to and/or from school? Tick one box

- TO SCHOOL only
- FROM SCHOOL only
- TO and FROM school
- He/she never cycles to/from school

2. If your child never cycles to school, why is this? Tick the boxes that apply

- He/she has to cycle on busy roads
- He/she doesn’t like it
- It takes too long
- Other

Other - please state

*If your child never cycles to school, go straight to section H*

3. How often does your child cycle to and/or from school? Tick one box

- Every school day
- 4 days a week
- 2 or 3 days a week
4. Why does your child cycle? Tick the boxes that apply
- He/she wants to
- I want him/her to
- He/she feels safe
- He/she has no choice
- To be healthy
- His/her friends cycle with them
- Other

Other - please state: ____________________________________________________________

5. How do you feel about the following as your child cycles to/from school?

<table>
<thead>
<tr>
<th></th>
<th>happy</th>
<th>ok</th>
<th>unhappy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parked cars</td>
<td></td>
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<tr>
<td>Crossing roads</td>
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<td></td>
</tr>
<tr>
<td>Busy traffic</td>
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<td>Number of footpaths</td>
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<td>Number of cycle lanes</td>
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<td>Traffic noise</td>
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<td>Traffic speeds</td>
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<td>Trucks loading/ unloading</td>
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<td></td>
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<tr>
<td>Behaviour of other school pupils</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

6. How do you feel about your child cycling on their way to and from school?

happy    ok    unhappy

7. Why do you feel this way?

__________________________________________________________________________

__________________________________________________________________________

8. What, if anything, would you like to see to make cycling safer? Tick the boxes that apply

- Guard rails on kerbs
- Extra crossings
- Slower traffic
- Less traffic and parking
- Wider footpaths
- Cycle lanes
10. Are there bike sheds or secure stands for bikes at your child’s school?

   YES       NO       DON’T KNOW

9. Are there cycle lanes to and from your child’s school?

   YES       NO       DON’T KNOW

Other - please state:

SECTION H - ADDITIONAL INFORMATION

1. Do you have any other ideas or thoughts about your child’s journey to and from school?

   Please use extra pages if necessary

2. If you have worries about your child’s journey to and from school, what are they? Tick the boxes that apply

   Road Safety
   Behaviour of other young people
   Fear of strangers
   Safety in some areas
   The time it takes
   The distance they have to go
   Safety on public transport
   Other
   Nothing

Other - please state:
Thank you very much for taking the time to complete this questionnaire

If you need to talk to anyone or are worried about anything in your son or daughter’s school

You can talk to their class teacher or their Head teacher privately

You can also phone the following numbers:
Parents Advice Centre - 0808 8010 722
Kidscape - 08451 205 204 (free)

If you have any questions about this survey, please contact;
Dr. Scott Mackey,
Telephone: (028) 9036 8279 or email S.Mackey@ulster.ac.uk

This survey is carried out by the Transport and Road Assessment Centre in the University of Ulster on behalf of the Northern Ireland Commissioner for Children and Young People (NICCY) in association with the General Consumer Council for Northern Ireland (GCCNI) and the Department for Regional Development (DRD)