

TRANSPORT AND ROAD ASSESSMENT CENTRE (TRAC)

UNIVERSITY OF ULSTER AT JORDANSTOWN

YOUR RIGHT AS A PARENT TO HAVE A SAY ABOUT SAFER JOURNEYS TO SCHOOL

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	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>
8	<input type="checkbox"/>	9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>
12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>
16	<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>		

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>
FROM school only	<input type="checkbox"/>
TO and FROM school	<input type="checkbox"/>
He/she never travels to/from school by bus	<input type="checkbox"/>

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

He/she doesn't want to	<input type="checkbox"/>
He/she doesn't like it	<input type="checkbox"/>
It is not reliable	<input type="checkbox"/>
It is too expensive	<input type="checkbox"/>
Behaviour of other pupils	<input type="checkbox"/>
It is overcrowded	<input type="checkbox"/>
It is slow	<input type="checkbox"/>
There is no service near where I live	<input type="checkbox"/>

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?

happy	ok	unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 | <input type="checkbox"/> |
| FROM school only | <input type="checkbox"/> |
| TO and FROM school | <input type="checkbox"/> |
| He/she never travels to/from school by train | <input type="checkbox"/> |

2. If your child never goes to school by train, why is this? Tick the boxes that apply
- | | |
|---------------------------------------|--------------------------|
| He/she doesn't want to | <input type="checkbox"/> |
| He/she doesn't like it | <input type="checkbox"/> |
| It is not reliable | <input type="checkbox"/> |
| It is too expensive | <input type="checkbox"/> |
| Behaviour of other pupils | <input type="checkbox"/> |
| It is overcrowded | <input type="checkbox"/> |
| It is slow | <input type="checkbox"/> |
| There is no service near where I live | <input type="checkbox"/> |

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 | <input type="checkbox"/> |
| 4 days a week | <input type="checkbox"/> |
| 2 or 3 days a week | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| Less than once a week | <input type="checkbox"/> |

4. My child goes to and/or from school by train because..... Tick the boxes that apply
- | | |
|---------------------------------------|--------------------------|
| He/she wants to | <input type="checkbox"/> |
| I want him/her to | <input type="checkbox"/> |
| It is affordable | <input type="checkbox"/> |
| It is free | <input type="checkbox"/> |
| It is the safest way | <input type="checkbox"/> |
| It is the most comfortable way | <input type="checkbox"/> |
| There is a service close to our house | <input type="checkbox"/> |
| It is reliable | <input type="checkbox"/> |

There is no other option

Other – please state:

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

happy	ok	unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

Other – please state:

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

SECTION E – USING A TAXI

1. When does your child go to and/or from school by taxi? Tick one box
- | | |
|---|--------------------------|
| TO school only | <input type="checkbox"/> |
| FROM school only | <input type="checkbox"/> |
| TO and FROM school | <input type="checkbox"/> |
| He/she never travels to/from school by taxi | <input type="checkbox"/> |

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

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 | <input type="checkbox"/> |
| 4 days a week | <input type="checkbox"/> |
| 2 or 3 days a week | <input type="checkbox"/> |
| Once a week | <input type="checkbox"/> |
| Less than once a week | <input type="checkbox"/> |

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

Other – please state:

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

happy	ok	unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

It 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?

happy

ok

unhappy

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 | <input type="checkbox"/> |
| Extra crossings | <input type="checkbox"/> |
| Slower traffic | <input type="checkbox"/> |
| Less traffic and parking | <input type="checkbox"/> |
| Wider footpaths | <input type="checkbox"/> |
| Nothing | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Other – please state:

SECTION G – CYCLING

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

- | | |
|------------------------------------|--------------------------|
| TO SCHOOL only | <input type="checkbox"/> |
| FROM SCHOOL only | <input type="checkbox"/> |
| TO and FROM school | <input type="checkbox"/> |
| He/she never cycles to/from school | <input type="checkbox"/> |

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

- | | |
|-----------------------------------|--------------------------|
| He/she has to cycle on busy roads | <input type="checkbox"/> |
| He/she doesn't like it | <input type="checkbox"/> |
| It takes too long | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

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 | <input type="checkbox"/> |
| 4 days a week | <input type="checkbox"/> |
| 2 or 3 days a week | <input type="checkbox"/> |

Once a week

Less than once 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?

happy

ok

unhappy

Parked cars

--	--	--

Crossing roads

--	--	--

Busy traffic

--	--	--

Number of footpaths

--	--	--

Number of cycle lanes

--	--	--

Traffic noise

--	--	--

Traffic speeds

--	--	--

Trucks loading/unloading

--	--	--

Behaviour of other school pupils

--	--	--

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

Nothing

Other

Other – please state:

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

YES

NO

DON'T
KNOW

10. Are there bike sheds or secure stands for bikes at your child’s school?

YES

NO

DON'T
KNOW

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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)*