#### TRANSPORT AND ROAD ASSESSMENT CENTRE (TRAC)

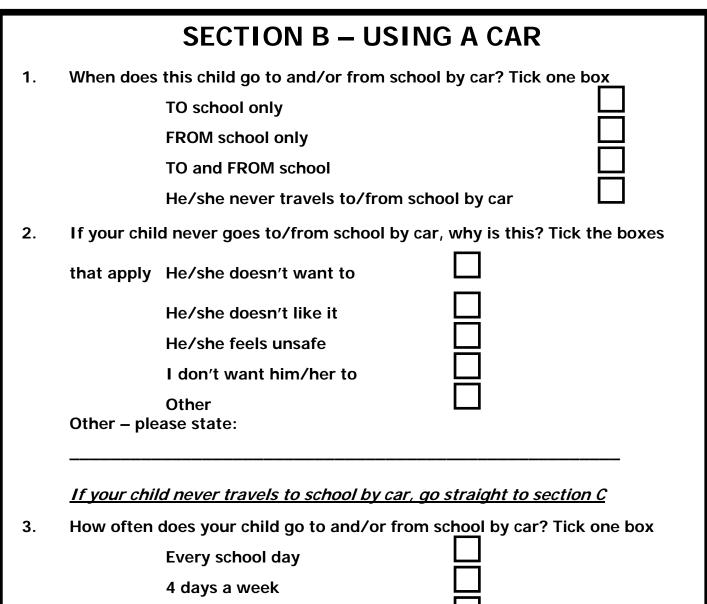
#### UNIVERSITY OF ULSTER AT JORDANSTOWN

# 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.

<u>PLEA</u> CHIL	nany children in <u>SE ANSWER 1</u> DREN ONLY school does this	THIS QUES		-	
<u>CHIL</u>	DREN ONLY		TIONNAIR	<u>PE FOR ONI</u>	<u>E OF YOUR</u>
		child go to?	?		
How o	ld is this child?	4	5	6 10 14 18 18 18 18 18 10 10 10 10 10 10 10 10	7 11 15
Is this	child a girl or b	oy?	Girl		воу
Does t	his child get fre	e school tra	nsport (bus	pass etc)?	Yes
Does t	his child have a	ny disabilitie	es?		Yes No
If <u>YES</u>	in Q6, please te	ll us what it	t is		
Does t	his affect their	journey to a	nd from sch	ool? Yes No	
lf yes,	how?				



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 ab to and/or from scho		int of traffi	c on the roads, on	your child's	way
		happy	ok	unhappy		
6.	Why do you feel this	s way?				
7.	How do you feel abo school?	out your child	travelling	by car on their wa	y to and/or t	from
		happy	ok	unhappy		
8.	Why do you feel this	s way?				
	SEC	TION C -	– USIN	IG THE <u>BUS</u>		
1.	When does your cl	nild go to and	/or from s	chool by bus? Tick	one b <u>ox</u>	
	TO sch	ool only				
	FROM	school only				
	TO and	l FROM schoo				
	He/sh	e never travel	ls to/from	school by bus		
2. I	f your child never go	es to school b	oy bus, wh	y is this? Tic <u>k t</u> he b	ooxes that ap	oply
	He/sh	e doesn't wan	nt to			
	He/sh	e doesn't like	it			
	It is no	ot reliable				
	It is to	o expensive				
	Behav	iour of other p	oupils			
	It is ov	vercrowded				
	It is sl	w				
	There	is no service r	near where	e I live		
	Other – please state	9				

If your child never travels to school by bus, go straight to section D

3. I	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. N	Ay child goes to and/or from school by bus because <u>Tick</u> 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
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

Ľ	

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

ne	<u>box</u>	

- 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:



## 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 goe	es 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

How do yo school?	ou feel about your child travelling by train on their way to and fro
301001:	happy ok unhappy
Why do yo	ou feel this way?
When your	child is travelling to and from school by train do they usually Ti
one box	Get a seat on their own
	Have to share a seat
	Have to stand
What if any	
apply	ything, would you like to see to make trains safer? Tick the boxes Supervision (adults)
αμμιγ	More trains
	More seats
	Better seats
	No standing
	Seatbelts for everyone
	One child per seat
	Newer trains
	No changes needed
	Other (write below)
Other – I	please state:

## SECTION E – USING A TAXI

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

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

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

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Other – please state

apply

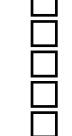
If your child never travels to school by taxi, go straight to section F

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	
Onco a wook	

Once a week

Less than once a week



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

He/she wants to apply

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 places	
Other – please	e state:
5. How do ye school?	ou feel about your child travelling by taxi on their way to and from
301001.	happy ok unhappy
6. Why do ye	ou feel this way?
7. What, if any	ything, 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	e your reasons for the choices in question 7?
	SECTION F – WALKING
1. When do	bes 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 c	hild 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	– p	lease	state
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lf	your	child	never	walks	to :	school,	qo	straig	ht to	o sectio	n G

3. How often does your child walk to and/or <u>from</u> 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

Less than once a week

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:

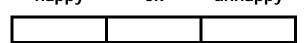
4.

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			

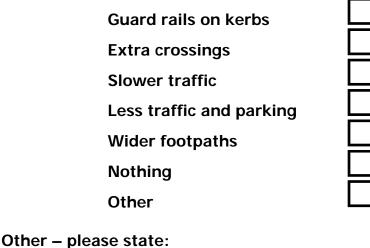
6. How do you feel about your child walking on their way to and from school?

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



### SECTION G – CYCLING

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

5	Г Г
Every school day	, L
	Г
4 days a week	L
2 or 2 days a wa	ok
2 or 3 days a we	ek L

Once a week

Less than once a week

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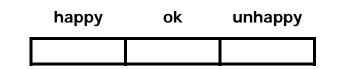
He/she wants to	
I want him/her to	
He/she feels safe	
He/she has no choice	
To be healthy	
His/her friends cycle with them	
Other	

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?



- 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	Ļ
Extra crossings	Ļ
Slower traffic	Ļ
Less traffic and parking	Ļ
Wider footpaths	Ļ
Cycle lanes	

Nothing	
Other 🔲	
Other – please state:	
	chool? DON'T (NOW
YES NO	at your child's school? DON'T (NOW
SECTION H – ADDITIONAL	INFORMATION
1. Do you have any other ideas or thoughts about school?	your child's journey to and from
Please use extra pages if necessary	
<ol> <li>If you have worries about your child's journey they?. Tick the boxes that apply</li> </ol>	to and from school, what are
Road Safety	
Behaviour of other young people	
Fear of strangers	H
Safety in some areas The time it takes	H
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: <u>Parents Advice Centre –</u> 0808 8010 722 <u>Kidscape –</u> 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)