

## Survey MacUilliam June 2011

### Section One: Socio-demographic Details

- 1 Gender: Male  Female
- 2 Age: 18 – 24 years  25 – 44 years  45 – 64 years  65 years and over
- 3 How long have you lived at this address? \_\_\_\_\_
- 4 Marital Status – are you:  
Single  Married  Cohabiting  Separated/divorced  Widow/er   
Other \_\_\_\_\_
- 5 (a) Do you have children (0-18 years)? Yes  No
- (b) If yes, how many? \_\_\_\_\_
- 6 What is your nationality? \_\_\_\_\_
- 7 What is your housing status?  
(a) Renting from local authority  (b) Renting from voluntary org.

### Section Two: Community Safety

- 8 How safe do you feel living in this area/pilot site?  
Very safe  Safe  Unsafe  Very unsafe  Don't know
- 9 Have you experienced or being affected by any of the following problems in the last year?
- |                       |                              |                             |
|-----------------------|------------------------------|-----------------------------|
| Property Crimes       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Car Crimes            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Personal Assault      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Personal intimidation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vandalism             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Gang Activity         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Graffiti              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Litter /dumping       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
- Other \_\_\_\_\_
- 10 If yes, did you report the crime/problem to the Gardaí / local authority? Yes  No
- 11 If no, why not?  
\_\_\_\_\_

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**12** Are you involved in any community/sports groups or activities in the area?

Yes  No

If yes, please name \_\_\_\_\_

**13** Have you heard of the Tallaght West Childhood Development Initiative (CDI)?

Yes  No

If yes, how? \_\_\_\_\_

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**14** Have you heard of the Safe and Healthy Place committee or SHP for short?

Yes  No

What do you know about it? (What are they trying to do?)

\_\_\_\_\_

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**15** Have you or other members of your family been involved in the SHP?

	Yes	No	
Interviewee	<input type="checkbox"/>	<input type="checkbox"/>	
Other Family Members	<input type="checkbox"/>	<input type="checkbox"/>	Who? _____

If yes, how? \_\_\_\_\_

- Youth Clubs, soccer leagues (children)
- Volunteering as youth leader (adults)
- Children's Good Behaviour Awards
- Restorative Practice Training
- Committee Skills Training
- Information sessions / coffee mornings
- Intercultural Competency Training
- English Language Training
- Community festival

Other training / involvement \_\_\_\_\_

**16** Have there been any new support services starting in the area over the last year?

Yes  No

If yes, which service's \_\_\_\_\_

**17.** Have there being and changes to the physical surroundings on the estate over the past year?

Yes  No

If yes, what \_\_\_\_\_

Playground

Landscaping

Pedestrian crossings

Other \_\_\_\_\_

**18. Please give your opinion regarding changes in the last two years in this area/pilot site, in relation to levels of the following:**

*(On a scale of 1 to 10, 10 being the most improved, 5 being no change, and 1 being the least improved)*

	Worse ←		No change				→ Improved			
Safety	1	2	3	4	5	6	7	8	9	10
Community spirit (i.e. interaction with neighbours, do you feel a part of a community, community engagement etc.)	1	2	3	4	5	6	7	8	9	10
Physical improvement (litter, play areas, lighting, etc)	1	2	3	4	5	6	7	8	9	10
Activities for young people	1	2	3	4	5	6	7	8	9	10
Anti-social behaviour	1	2	3	4	5	6	7	8	9	10
Criminal activity	1	2	3	4	5	6	7	8	9	10

**THANK YOUR FOR YOUR TIME IN ANSWERING THESE QUESTIONS**