



2019



VILLAGE PLAN QUESTIONNAIRE

Would you like a say in what happens
in your village?

If so, please take the time to
complete this questionnaire

We look forward to hearing from
you!

Paula Evans - Clerk

YNYSYBWL & COED-Y-CWM

COMMUNITY COUNCIL

7/25/2019

Why have a Village Plan?

The Village Plan will address topic areas that are relevant to the community and will represent the views and priorities of the community as a whole.

Please complete the questionnaire so that your views can be incorporated into the overall assessment.

What will we do with the questionnaire results?

Responses will be treated as confidential and Ynysybwl & Coed-y-Cwm Community Council (YCC) will not associate any published results with a specific household.

Any data provided by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to YCC processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by YCC or disclosed to others for a purpose permitted by law.

Closing date

Please return your completed copies by 30th September to:

63 High Street

YNYSYBWL

CF37 3EE

Or drop in to one of the following collection points:-

- 1. Ynysybwl Community Centre, Windsor Place, Ynysybwl, CF37 3HR*
- 2. c/o Councillor RC Evans, Ynysybwl Community Project (The Bomb), Gurnos House, Windsor Place, Ynysybwl, CF37 3HS*
- 3. c/o Councillor A Holloway, 5 Heol Pen y Parc, Coed y Cwm, Ynysybwl, CF37 3JL*

Alternatively, you can email your completed questionnaire to ynysybwllcc@gmail.com

Queries?

Contact the Clerk

Phone: 07951 117876

Email: ynysybwllcc@gmail.com

Facebook: Ynysybwl and Coed-y-Cwm Community Council

Are you happy to support equality by answering the following questions? Yes [] No []

About Your Household

1. What is your postcode?
2. What is the preferred language in your household?
Welsh [] English [] Other [] Please specify
3. Please enter the gender for each person in your household in the appropriate age category
Male – M Female – F Other – O

| Age | Person A | Person B | Person C | Person D | Person E |
|-------|----------|----------|----------|----------|----------|
| 0-11 | | | | | |
| 12-17 | | | | | |
| 18-30 | | | | | |
| 31-50 | | | | | |
| 51-70 | | | | | |
| 71+ | | | | | |

4. Does anyone in your household have additional needs? (please tick all that apply)
 Visual impairment [] Hearing impairment []
 Mobility difficulties [] Mental Health difficulties []
 Other [] Please specify
5. Are there enough facilities in the YCC area to meet the needs of residents with additional needs?
 Yes [] No [] Not sure []
6. How long have your family lived in the YCC area?
 0-2 years [] 3-10 years [] 11-20 years [] 21+ years []
7. Please provide the occupational status for each person in your household

| Occupational Status | Person A | Person B | Person C | Person D | Person E |
|----------------------------------|----------|----------|----------|----------|----------|
| Employed | | | | | |
| Seeking Employment | | | | | |
| Househusband/wife | | | | | |
| Full Time Education | | | | | |
| Pre-School or P/T Nursery | | | | | |
| Long Term Sickness or Disability | | | | | |
| Carer | | | | | |
| Retired | | | | | |
| Prefer Not To Say | | | | | |
| Other (Please Specify) | | | | | |

8. Do you know who the Ynysybwl & Coed-y-Cwm Councillors for your community are?

Yes [] No []

9. Do you know where the YCC office is?

Yes [] No []

10. Have you ever visited the YCC office?

Yes [] No []

11. Do you know that YCC has:

A website Yes [] No []

Facebook page Yes [] No []

12. Do you know that YCC contributes towards the following:

| | Yes | No |
|---|-----|----|
| Ynysybwl Festival | | |
| Royal British Legion Remembrance Concert & Parade | | |
| Butcher's Pool | | |
| Firework Display | | |
| Flower Baskets and Displays | | |
| Christmas Lights | | |
| Senior Citizen's Christmas Dinners | | |
| Notice Boards | | |
| Playscheme | | |
| Defibrillators | | |

13. Did you know that YCC supports local organisations and clubs through small grants?

Yes [] No []

14. Are you aware of how YCC reaches it's decisions?

Yes [] No []

15. If you needed to contact YCC, which of the following forms of communication would you prefer to use? (Please tick all that apply)

Telephone [] Letter [] Email [] In person []

Facebook []

Other [] (Please specify) _____

16. On average, fewer than 5 members of the public attend the monthly YCC meetings. The Community Council would like to know why more do not attend. Is this because your household: (Please tick all that apply)

Are not interested []

Are unaware of the meetings []

Perceive the meetings as boring []

Feel they are not relevant to your household []

Are too busy

Feel the Community Council are doing a good job

Other (Please specify) _____

17. Standing for election to YCC

Would you consider standing for election to YCC? Yes No

If not, why not? Please tick all that apply

I do not have time

YCC is not relevant to the community

I would not want to have to campaign for election

I do not know enough about a community councillor's role

Other (Please specify) _____

18. Do you think YCC does enough to keep residents aware of it's activities?

Yes No

19. How would you find out about the activities of YCC?

YCC Notice Board YCC Website YCC Facebook

Word of Mouth

20. The Community Council is a statutory body under the Local Government Act 1972 and has the ability to provide some functions and services that have not been provided for by the Borough Council

What additional facilities or services would you like to see the Community Council provide

21. How can we improve the facilities for residents with additional needs in the YCC area?

22. How does your household find out what is happening in the community? (Please tick all that apply)

YCC website Schools Notice Board Word of Mouth

YCC Facebook Social Media PACT Meetings

Other [] (Please specify) _____

23. Which of these services/businesses do members of your household use?

| | Daily | Weekly | Monthly | Occasionally | Never |
|-----------------------|-------|--------|---------|--------------|-------|
| Community Centre | | | | | |
| Doctor's Surgery | | | | | |
| Pharmacy | | | | | |
| Pub/Club | | | | | |
| Post Office | | | | | |
| Local Shops | | | | | |
| Mobile Library | | | | | |
| Allotments | | | | | |
| Recreation Ground | | | | | |
| Children's Play Areas | | | | | |
| Church/Chapel | | | | | |
| Cafe | | | | | |

24. Please read each of the statements below and tick the box which best represents the views of your household

| | Strongly Agree | Agree | Disagree | Strongly Disagree | No Comment |
|--|----------------|-------|----------|-------------------|------------|
| There is a community spirit in the village | | | | | |
| My household feels involved in the community | | | | | |

25. Have you experienced or witnessed any crime or anti-social behaviour in your community over the past year?

Yes [] No []

If 'Yes', please continue with Q.26. If 'No', please go to Q.28

26. What type of crime or anti-social behaviour have you experienced or witnessed in the past year?

(Tick all that apply)

Damage to vehicle [] Theft from vehicle [] Vandalism []
 Damage to property [] Theft from property [] Assault []
 Noise & Disturbance [] Alcohol Misuse [] Drug Misuse []

Other [] (Please specify) _____

27. Did you report the crime or anti-social behaviour?

Yes [] No []

If no, why not?

28. Do you feel safe walking around your village during the day?

Yes [] No []

29. Do you feel safe walking around your village after dark?

Yes [] No []

30. Do you feel safe in your own home during the day?

Yes [] No []

31. Do you feel safe in your own home after dark?

Yes [] No []

32. How can the Community Council help reduce crime and anti-social behaviour in our village?

33. How do your household rate the provision of the following? (Tick all that apply)

| | Excellent | Good | Reasonable | Poor |
|-----------------------|------------------|-------------|-------------------|-------------|
| Pavements/Footpaths | | | | |
| Street Lighting | | | | |
| Notice Boards | | | | |
| Location of Salt Bins | | | | |
| Village Signage | | | | |

If poor, what changes can you suggest?

34. Does public transport meet the needs of your household?

| | Strongly Agree | Agree | Disagree | Strongly Disagree | No Comment |
|---|-----------------------|--------------|-----------------|--------------------------|-------------------|
| Bus services meet the needs of my household | | | | | |
| Bus timetables are easy to access | | | | | |

35. How do members of your household usually get to work, shops or access medical services?

| | Work | Shops | School | Medical Services |
|---------------------|-------------|--------------|---------------|-------------------------|
| Walk | | | | |
| Cycle | | | | |
| Motorcycle | | | | |
| Car | | | | |
| Taxi | | | | |
| Bus | | | | |
| Community Transport | | | | |

Other (Please specify) _____

36. Is speeding traffic a problem in the community area?

Yes [] No []

If yes, where does it mainly occur?

37. At which times of the day/night is speeding worse? (Tick as many boxes as apply)

Midnight to 05.00 [] 05.00 to 08.00 [] 08.00 to 12.00 []
 12.00 to 15.00 [] 15.00 to 18.00 [] 18.00 to 21.00 []
 21.00 to Midnight []

38. Would you support a reduction in the speed limit to 20mph for roads in the YCC area?

All Roads [] Some Roads []

39. Would you support any of the following traffic calming measures?

Speed activated signs Yes [] No []

Chicanes Yes [] No []

Road Humps Yes [] No []

Road Tables Yes [] No []

40. As a pedestrian, cyclist or horse rider, do you feel safe on the village roads?

Yes [] No [] No comment []

41. Are there locations in our community that would benefit from safer crossing points for pedestrians?

Yes [] No [] Don't Know []

If yes, where?

42. Should extra space in the YCC area be allocated to outdoor sporting and recreation activities?

Yes [] No [] Not Sure []

43. What additional facilities would you use, if they were available in the YCC area? If you would not use them yourself, then which do you think would be good for the community? (Please tick all that apply)

| | Would use the facility | Benefits the community | Willing to help organise |
|--|------------------------|------------------------|--------------------------|
| All weather 5-a-side football pitch | | | |
| Jogging track including fitness stations | | | |
| More children's play areas (0-5 yrs) | | | |
| More children's play areas (6-11 yrs) | | | |
| More children's play areas (12-16 yrs) | | | |
| Cycle & mountain bike trails | | | |
| Community gardens | | | |
| More allotments | | | |
| Multi use games area (MUGA) | | | |
| Bridleways | | | |
| Footpaths | | | |

Other (Please specify)

44. Are the current recycling and waste collections provided by RCTCBC adequate?

Yes No

If no, how could they be improved? E.g. recycle batteries via green bag collections

45. Would you like communal recycling bins (textiles/plastics) to be located in the YCC area?

Yes No

If yes, where should they be located?

46. Is dog fouling on pavements and public highways a problem in your area?

Yes No

47. Would you be willing to pay a small increase in your precept (the amount of money paid to YCC as part of your council tax) for more dog waste bins to be bought and emptied?

Yes No

48. Would you be willing to pay a small increase in the YCC precept for additional services such as litter collection or grass cutting, if RCTCBC can no longer provide them?

Yes No

49. Are you aware that YCC pay for the services of a Community Warden/Enforcement Officer in Ynysybwl & Coed-y-Cwm?

Yes No

Additional Information

Please use the space below to share any other information which you think will help us prepare a Village Plan. Please be as specific as possible.

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional information. The box is currently blank.

Thank you for taking the time to complete this questionnaire.