

## Rights of Way Improvement Plan 2017 - 2022 Questionnaire

We are asking to share your thoughts by completing this questionnaire about our next 5 year plan for the improvement of the Borough's Public Rights of Way network.

We are responsible for nearly 1,000km of Public Footpaths, Bridleways and Byways Open to all Traffic across the Borough. We would like to know your views on how we could improve these routes as well as encouraging more people to enjoy and use them.

The Borough Council faces some difficult times ahead with planned Government reductions in our overall Council budget in the region of £27million. We will have to take some difficult decisions in the years ahead and as a result will need to prioritise the work that we carry out on the network. This questionnaire will help us to identify the priorities for the users of the Rights of Way network and give us an insight into what people need both now and in the future.

Please note this form can be completed online at: [www.forms.bedford.gov.uk/row](http://www.forms.bedford.gov.uk/row)

**Q1 Have you used any Public Rights of Way during the last 12 months in Bedford Borough? This could either be a Footpath, Bridleway, or Byway Open to all Traffic.**

(please tick  one box only)

Yes

No

**Q2 If no, please tell us why not?** (please tick  all that apply)

Do not like walking, riding or cycling

I have limited mobility  
(wheelchair/pushchair)

Lack of time or opportunity

I suffer from health problems

I don't feel safe

Difficulty getting to routes

Find it hard to find my way

Other (please specify below)

No information on available routes

**Other (please specify)** (please write in)

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**Q3 What type of Public Right of Way have you used in the past 12 months?**

(please tick  all that apply)

Footpath

Byway Open to all Traffic

Bridleway

Other (Cycleway or Amenity Path)

**Q4 How do you generally travel to these Public Right of Way routes?** (please tick  all that apply)

Walk

Car

Train

Other

Bicycle

Bus

Motorcycle

Horse

Taxi

Off road vehicle

**Q5 How regularly do you use these Public Right of Way routes?** (please tick  one box only)

Every day

Once a week

Once a month

Never

2/3 times a  
week

Most weekends

Less often

Q6 **What are your main reasons for accessing Public Rights of Way?** (please tick  all that apply)

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Travelling to work                    | <input type="checkbox"/> Active Leisure         | <input type="checkbox"/> Horse riding |
| <input type="checkbox"/> Travelling to school                  | <input type="checkbox"/> Health and fitness     | <input type="checkbox"/> Cycling      |
| <input type="checkbox"/> Getting to local shops and facilities | <input type="checkbox"/> Dog walking            | <input type="checkbox"/> Off roading  |
| <input type="checkbox"/> Relaxation                            | <input type="checkbox"/> To visit an attraction | <input type="checkbox"/> Other        |

**Other (please specify)** (please write in)

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Q7 **Where do you expect to find out about where you can walk/cycle/ride?**

(please tick  all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Ordnance Survey Maps       | <input type="checkbox"/> Books and Magazines | <input type="checkbox"/> Noticeboards                                |
| <input type="checkbox"/> Tourist information Centre | <input type="checkbox"/> Library             | <input type="checkbox"/> Borough Council (organised walks or events) |
| <input type="checkbox"/> Internet                   | <input type="checkbox"/> Visitor attractions | <input type="checkbox"/> Other                                       |
| <input type="checkbox"/> Social Media               | <input type="checkbox"/> Newspapers          |  |
|   | <input type="checkbox"/> Word of mouth       |  |

**Other (please specify)** (please write in)

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Q8 **What would encourage you to use the Public Rights of Way network more frequently?**

(please tick  all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> More online maps and leaflets                   | <input type="checkbox"/> Enforcement on unlawful obstructions                              |
| <input type="checkbox"/> Better signing and way marking                  | <input type="checkbox"/> Maintain and improve car parking, toilets or refreshments         |
| <input type="checkbox"/> Reduction of dog mess / litter / vandalism      | <input type="checkbox"/> Information on places and activities of interest near the network |
| <input type="checkbox"/> Improved surfaces in areas of poorest condition | <input type="checkbox"/> Other (please specify below)                                      |

**Other (please specify)** (please write in)

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Q9 **What do you think our top 5 main priorities should be from the following list?**

(please tick  **upto five** boxes only)

- |  |   |
|--|---|
| <input type="checkbox"/> Maintaining the condition of the existing network                 | <input type="checkbox"/> Maintain and improve stiles, gates and bridges               |
| <input type="checkbox"/> Maintain and improve signing and waymarking                       | <input type="checkbox"/> Promoting the network to encourage use                       |
| <input type="checkbox"/> Promote and implement new routes                                  | <input type="checkbox"/> Take quick action on reported obstacles                      |
| <input type="checkbox"/> Ensure the legal record of rights of way is complete and accurate | <input type="checkbox"/> Supporting and encouraging volunteers to work on the network |

Q10 **Please tell us below of any further comments or suggestions you may have** (please write in)

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**Q11 As a public body we have a duty to ensure that what we do does not discriminate against people with protected characteristics. These are: gender; age; ethnicity; disability; faith / religion; sexual preference; gender reassignment; and pregnancy. Please tell us if you believe that any of the proposals would have an adverse impact on any of these groups, or if you feel we could do anything more to ensure discrimination does not take place. (please write in)**

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## ABOUT YOU

**Q12 Please give your email address here if you have one, or other contact details. (please write in)**

Tick here to receive the email updates on consultations and opportunities to have your say on local issues.

**Q13 Are you responding as an individual, or on behalf of an organisation?**

(please tick  one box only)

Individual

Organisation

**Q14 If you are responding on behalf of an organisation please tell us which organisation, and the name of the individual completing the form. (please write in)**

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**Q15 Please give contact details if you wish to receive information about the outcome of the consultation. (please write in)**

If you are responding as an individual please tell us a little about yourself.

The following information is for our records, and aims to ensure that we listen to the views of all sectors of our community. It will help us understand responses in greater detail by seeing 'who thinks what'. Like the rest of the form, all the questions are optional and any responses received will be treated in confidence.

**Q16 Name (please write in)**

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**Q17 Address (please write in)**

**Q18 Gender (please tick  one box only)**

Male

Female

Prefer not to say

**Q19 If female, are you currently pregnant? (please tick  one box only)**

Yes

No

Prefer not to say

**Q20 Is your present gender the one you were assigned at birth? (please tick  one box only)**

Yes

No

Prefer not to say

Q21 **What is your age?** (please tick  one box only)

- |                                   |                                  |                                  |  |
|-----------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 25 - 34 | <input type="checkbox"/> 45 - 54 | <input type="checkbox"/> 65 +              |
| <input type="checkbox"/> 18 - 24  | <input type="checkbox"/> 35 - 44 | <input type="checkbox"/> 55 - 64 | <input type="checkbox"/> Prefer not to say |

Q22 **Do you have any of the following conditions?** (please tick  all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> A physical disability     | <input type="checkbox"/> Learning difficulties         | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> A sensory disability      | <input type="checkbox"/> Any other long term condition | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> A mental health condition |  |  |

Q23 **What is your Ethnic Group?** (please tick  one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> WHITE English / Welsh/ Scottish / Northern Irish / British | <input type="checkbox"/> MIXED Other (please write in) ..... |
| <input type="checkbox"/> WHITE Irish  | <input type="checkbox"/> ASIAN Indian                        |
| <input type="checkbox"/> WHITE Gypsy or Irish Traveller                             | <input type="checkbox"/> ASIAN Pakistani                     |
| <input type="checkbox"/> WHITE Other (please write in) .....                        | <input type="checkbox"/> ASIAN Bangladeshi                   |
| <input type="checkbox"/> BLACK OR BLACK BRITISH Caribbean                           | <input type="checkbox"/> CHINESE                             |
| <input type="checkbox"/> BLACK OR BLACK BRITISH African                             | <input type="checkbox"/> ASIAN Other (please write in) ..... |
| <input type="checkbox"/> BLACK OR BLACK BRITISH Other (please write in).....        | <input type="checkbox"/> ARAB                                |
| <input type="checkbox"/> MIXED White & Black Caribbean                              | <input type="checkbox"/> OTHER (please write in) .....       |
| <input type="checkbox"/> MIXED White & Black African                                | <input type="checkbox"/> Prefer not to say                   |
| <input type="checkbox"/> MIXED White & Asian  |  |

Q24 **Which of the following best describes your religion or belief?** (please tick  one box only)

- |                                    |                                 |  |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion       |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Hindu     | <input type="checkbox"/> Sikh   | <input type="checkbox"/> Prefer not to say |

**Please specify 'other'** (please write in)

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Q25 **Which of the following best describes your sexual orientation?** (please tick  one box only)

- |                                   |  |  |
|-----------------------------------|--|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay woman/Lesbian     | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Gay man  | <input type="checkbox"/> Heterosexual/Straight | <input type="checkbox"/> Prefer not to say |

Thank you for taking the time to give us your views. Please now send your completed form to:

Consulting Bedford, Bedford Borough Council, Borough Hall, Cauldwell Street,  
Bedford, MK42 9AP

Please note the consultation closes on **Friday 3rd March 2017**.  
Comments received will be published.

Data Protection Act 1998

Please note that the information supplied on this form will be held and/or computerised by Bedford Borough Council and the Consultation Team for the purpose of this consultation. Responses received will be published and attributed to source, but no individual personal details will be disclosed under these circumstances.