

Draft Public Space Protection Order: Gorrell Valley and Stour Parks

Questions that must be answered are marked with an asterisk (*)

1. Are you responding as...? * Please tick one box only

- A resident of the Canterbury district
- A voluntary or community sector group, please provide the name and state how many people you represent: _____
- A local business, please provide the name and state how many people you represent: _____
- A city, county, parish or town councillor, please specify:
 - Canterbury City Council councillor, please provide your name and state how many people you represent: _____
 - Kent County Council councillor, please provide your name and state how many people you represent: _____
 - Parish or town council councillor, please provide your name and the name of the parish or town council and state how many people you represent: _____
- An MP
- Other, please specify: _____

2. Have you witnessed or experienced any of the following activities in the Stour Parks or Gorrell Valley areas? * Please tick one box for each activity

Stour Parks: Kingsmead Field, Vauxhall Field, Greyfriars Fransiscan Gardens, Solleys Orchard, the Butterfly Garden, Millers Field, Guildhall Churchyard, Westgate Gardens, Whitehall Meadows Nature Reserve, Tannery Field, Bingley Island, Toddlers Cove (including the car park), Wincheap Meadow and Nature Reserve, Hambrook Marshes, the Great Stour Way between Canterbury and Chartham, footpath CB479 at Chartham, footpath CB480 at Chartham and the cycle route on the south side of the River Stour from Sturry Road Community Park to Fordwich and the footpaths either side of the river from Fordwich to Westbere Marshes including the land immediately adjacent

Gorrell Valley: Gorrell Valley Nature Reserve and amenity area, Duncan Down and Benacre Wood.

The below table lists some activities listed in the current Public Space Protection Order, you can view this here.

Activities listed in **red** are activities which we propose to remove as part of this PSPO review.

	Yes	No	Don't know
Urinate or defecate in any public place inside the restricted area (other than within designated public toilet facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example: weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|
-

Act in a disorderly manner so as to cause harassment, alarm, nuisance or distress to others in the locality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |
-

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- Morning
 Afternoon

- Night time
 Other, please specify (for example:
weekends, school holidays):
-

Who witnessed this activity? * Please tick one box only

- Me, this is a first-hand recollection Someone else, this is hearsay/anecdotal
-

Light or fuel any open fire

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- More times than I can count Two to four times
 10+ times Once
 Five to nine times

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- Morning
 Afternoon

- Night time
 Other, please specify (for example:
weekends, school holidays):
-

Who witnessed this activity? * Please tick one box only

- Me, this is a first-hand recollection Someone else, this is hearsay/anecdotal
-

Use, light or discard any barbecue

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example:
weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|
-

Being in possession of any glass bottle which an authorised person has reasonable cause to believe contains alcohol (other than when sealed and in transit)

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

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example:
weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|
-

Drive, ride or be carried on any mechanically propelled vehicle.

For the avoidance of doubt this applies but is not limited to electric and motorised scooters, motorcycles. This does not apply to disabled mobility scooters/buggies or wheelchairs

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example: weekends, school holidays): |

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|

Engage in recreational camping in any public places within the restricted area, including but not limited to pitching or occupying tents overnight

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example:
weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|
-

Remove, damage, deface or vandalise the land in the restricted area or any fixtures, fittings, flora and fauna therein.

For the avoidance of doubt this applies but is not limited to fences, barriers, gates, locks, waste bins, benches, notices and signs, trees, shrubs, flowers and digging over turf or soil for the use of metal detectors

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

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example:
weekends, school holidays): |
-
-

Who witnessed this activity? * Please tick one box only

- Me, this is a first-hand recollection Someone else, this is hearsay/anecdotal
-

Remove, disturb or interfere with any wildlife
(unless permitted by way of lawful permits such as
fishing or angling licences)

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- More times than I can count Two to four times
 10+ times Once
 Five to nine times

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- Morning Night time
 Afternoon Other, please specify (for example:
weekends, school holidays):
-

Who witnessed this activity? * Please tick one box only

- Me, this is a first-hand recollection Someone else, this is hearsay/anecdotal
-

**Enter or remain in any designated Wildlife
Protection Zone if the area is temporarily or
permanently marked off for the purposes of
protecting wildlife**

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example:
weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|
-

Bring or be in possession of any catapult

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example:
weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|

Stop drinking if related to ASB and asked to do so by an authorised officer

If yes, please provide full details of where you have seen this activity. If you don't know the exact name of the space, please describe its location as best as possible. *

How often have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> More times than I can count | <input type="checkbox"/> Two to four times |
| <input type="checkbox"/> 10+ times | <input type="checkbox"/> Once |
| <input type="checkbox"/> Five to nine times | |

What time have you witnessed this activity in the last 12 months? * Please tick one box only

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Night time |
| <input type="checkbox"/> Afternoon | <input type="checkbox"/> Other, please specify (for example: weekends, school holidays): |
-

Who witnessed this activity? * Please tick one box only

- | | |
|--|--|
| <input type="checkbox"/> Me, this is a first-hand recollection | <input type="checkbox"/> Someone else, this is hearsay/anecdotal |
|--|--|
-

3. To what extent do each of these activities have a detrimental effect on your quality of life? * Please tick one box for each activity

	A great deal	A fair amount	Not very much	Not at all	Don't know
Urine or defecate in any public place inside the restricted area (other than within designated public toilet facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why? Please write in below

Act in a disorderly manner so as to cause harassment, alarm, nuisance or distress to others in the locality

Why? Please write in below

Light or fuel any open fire

Why? Please write in below

Use, light or discard any barbecue

Why? Please write in below

Being in possession of any glass bottle which an authorised person has reasonable cause to believe contains alcohol (other than when sealed and in transit)

Why? Please write in below

Drive, ride or be carried on any mechanically propelled vehicle.

For the avoidance of doubt this applies but is not limited to electric and motorised scooters, motorcycles. This does not apply to disabled mobility scooters/buggies or wheelchairs

Why? Please write in below

Engage in recreational camping in any public places within the restricted area, including but not limited to pitching or occupying tents overnight

Why? Please write in below

Remove, damage, deface or vandalise the land in the restricted area or any fixtures, fittings, flora and fauna therein.

For the avoidance of doubt this applies but is not limited to fences, barriers, gates, locks, waste bins, benches, notices and signs, trees, shrubs, flowers and digging over turf or soil for the use of metal detectors

Why? Please write in below

Remove, disturb or interfere with any wildlife (unless permitted by way of lawful permits such as fishing or angling licences)

Why? Please write in below

Enter or remain in any designated Wildlife Protection Zone if the area is temporarily or permanently marked off for the purposes of protecting wildlife

Why? Please write in below

Bring or be in possession of any catapult

Why? Please write in below

Stop drinking if related to ASB and asked to do so by an authorised officer

Why? Please write in below

4. Do you disagree with any of the activities listed in the above table, which are proposed for the Gorrell Valley and Stour Parks Public Space Protection Order? *

- Yes **Please go to Question 4a**
- No **Please go to Question 5**
- Don't know **Please go to Question 5**

4a. Please give more information below (which activities you think should be removed)

5. Anything else you would like to highlight related to the PSPO proposal and activities suggested?

Corporate consultations

We have several corporate consultations coming up soon and we would like to hear from you.

Which of the following corporate consultations would you like to be informed about? *

Please tick those that apply

- | | |
|--|---|
| <input type="checkbox"/> Environment | <input type="checkbox"/> Enforcement |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Licensing |
| <input type="checkbox"/> Leisure and events | <input type="checkbox"/> Planning Policy |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Regeneration | <input type="checkbox"/> None |
| <input type="checkbox"/> Budgets and finance | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Governance | _____ |

If you'd like to be informed, and are happy for the council to contact you about corporate consultations, please tick the box to indicate your consent to us contacting you:

- I consent to being contacted by the council

How would you like to be contacted? *

- By email By post

Please provide your email address: *

Please provide your details:

Title *

First name

Surname *

Address *

Address

Town *

Postcode *

How did you find out about this consultation? * Please tick those that apply

- | | |
|---|---|
| <input type="checkbox"/> Email from the council | <input type="checkbox"/> Council website |
| <input type="checkbox"/> Council Facebook post | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Council Twitter post | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Council LinkedIn post | _____ |

Processing your information

Canterbury City Council is the data controller.

Your personal information is processed under UK General Data Protection Regulation Article 6.1 (c) and Article 9.2 (g) in the performance of an official duty and to meet our Public Sector Equality Duty. In submitting a representation, your personal data will be stored for one year.

All information you give us will be stored securely by Canterbury City Council.

Equalities Duty

The council has a legal duty to consider the needs of its diverse range of customers. As well as questions about our services we ask you questions relating to our equalities duties. Although you do not have to answer these questions, without this information the council will be limited in understanding whether views differ among different groups of people.

Your Rights

You have the rights to:

- Access your personal data
- Rectify or correct any inaccuracies in your personal data
- Restrict the processing of your data
- Object to our processing of your personal data
- Complain to the Information Commissioner's Office if you are unhappy about how we have processed your data

The appointed Data Protection Officer is Canterbury City Council's Head of Corporate Governance, who can be contacted by email at dataprotection@canterbury.gov.uk, by phone on **01227 910 662** or at the address below.

Canterbury City Council, 14 Rose Lane, Canterbury, CT1 2UR.
Phone: **01227 862 000**. Web: canterbury.gov.uk

Contact information

Your first name: *

Your surname: *

Your email address: *

House name/number: *

Street: *

City, town or village: *

Your postcode: *

Equality information

What age are you? Please tick one box only

- Under 18
- 18 to 25
- 26 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 and above
- Prefer not to say

What gender are you? Please tick one box only

- Male
- Female
- Prefer to self-describe (for example, non-binary, gender fluid etc)
- Prefer not to say

Do you consider yourself to be disabled? Please tick one box only

- Yes No Prefer not to say

Thank you for taking the time to respond to this consultation.