

**Your Police 2024-25**

**Overview**

Understanding the views and priorities of Scotland's diverse communities is fundamental to how Police Scotland responds to the needs of the public. Our public engagement activities help us improve how we deliver our policing services in local communities, ensuring they are accessible for everyone.

**What happens with what you tell us**

It is vital that we listen, understand, and take action using your views and experiences. Our [Joint Strategy for Policing (2023)](https://www.scotland.police.uk/spa-media/5bvht3rs/joint-strategy-for-policing-2023.pdf?view=Standard)creates the space within policing to inform our services using insights we shape through what you tell us.

Our [Annual Police Plan 2024/25](https://www.scotland.police.uk/about-us/how-we-do-it/strategic-planning/)sets out what we will do to keep our communities safe and this has been developed using your responses to last year's survey, along with focus groups, workshops and [other ways we listen to and work with communities](https://consult.scotland.police.uk/learning/).

We report your feedback in ways which are practical for policing and inform what we do in your area. Your feedback shapes what we do nationally and locally, like how we inform people about policing. One of the big things we heard was frustration about call waiting times. So, we have created a video to let you know what happens when you contact the police.

A report is prepared each Quarter for the Scottish Police Authority's 'Policing Performance Committee'. This is just one of the ways that policing is scrutinised, which is important as it helps us ensure we are policing with the consent of the people of Scotland.

**Reporting a crime or providing information about an incident**

Please note that this survey is not for reporting crime, providing information about an incident, or asking us for help. To find out ways to contact the police, please [visit our website](https://www.scotland.police.uk/contact-us/). If you or someone else needs police assistance, please dial 101, or in an emergency use 999.

**Your personal information**

When you return this survey to us, we will save it separately from your email. Your response will be analysed alongside all other responses provided through our online ‘Engagement Hub’. Your response will therefore be analysed anonymously, however when you initially send us your responses using this version of the survey, we will know they came from you. This is because you are attaching this form to an email sent from your email address.

Responses to the survey via our ‘Engagement Hub’ are completely anonymous. To complete this survey online instead, please visit [www.consult.scotland.police.uk](http://www.consult.scotland.police.uk) and click on ‘Your Police 2024-2025’. If you would prefer to complete your response online but don’t have access to the internet, your local authority might be able to help you get online by visiting your local library, mobile library or community learning and development service.

At the end of the survey, we ask for personal details to ensure we receive a comprehensive range of responses. Please note that you do not have to answer these questions.

By completing this survey, you agree to Police Scotland using your anonymised data for analysis and reporting that will improve the service we provide.

Police Scotland is committed to protecting and respecting your privacy. We have robust procedures in place to ensure that any data that you provide is processed and stored securely. We will never pass your data on to any third parties without your express consent. We also meet the requirements of the Data Protection Act 2018 (General Data Protection Regulation or 'GDPR').

**Complete the survey in a different way**

A BSL version of the survey is available online at [www.consult.scotland.police.uk](http://www.consult.scotland.police.uk). Please speak to your local authority or a support worker who can help you get online if required.

Please let us know if you want to complete the survey in a different way (for example, over the phone): [InsightEngagement@scotland.police.uk](mailto:InsightEngagement@scotland.police.uk).

**If you have questions**

If you have any questions, please email: InsightEngagement@scotland.police.uk.

If you don’t have access to the internet to send an email, please call the team mobile on 07467 118 010 and we can help you. If you don’t have credit to make a call, please visit your local police station’s public counter and ask them to send an email to the above email address on your behalf, with a note of a number our team can reach you on. It might be helpful to take this survey with you so they can help you.

**Young Scot Membership**

If you are a young person aged 12-25, an email with your code to claim 150 Rewards points will be emailed to you when you send us your survey.

Not a Member yet? Go to [young.scot](https://membership.young.scot/)to sign up.

**HOW TO SUBMIT YOUR COMPLETED OFFLINE SURVEY RESPONSE**

Please email this document with your responses to InsightEngagement@scotland.police.uk. A member of the team will reply to let you know we have received your response.

Please note, this email address is not monitored in the evening or at weekends.

**Postcode**

Postcodes are collected for the purpose of analysis only. Your postcode helps us understand your response in relation to your local area - ensuring that we can act on what you tell us.

We **will not**use postcodes to identify you or your address. Your data is stored securely. We will only ever share generalised information about local areas to improve our services and we will never attribute your postcode to your response, either with other departments within Police Scotland or publicly.

1. **What is your postcode?** (Required)

Your postcode

If you move between places a lot or you are currently homeless, please enter the postcode of the place where you spend most time. If you are homeless, this might be your temporary accommodation or hostel.

**Your area**

For the purposes of this survey, ‘local area’ refers to the area you live in.

1. **How safe do you feel in your local area?**

(Please put an ‘X’ in the box next to your selection.)

Very safe

Fairly safe

Not safe

Not sure

Prefer not to say

1. **What, if anything, worries you about your local area?**

Your worries

1. **To what extent has your concern about crime in your local area increased or decreased in the last 12 months?**

Increased a lot

Increased a little

Remained the same

Decreased a little

Decreased a lot

Not sure

Prefer not to say

**Policing in your local area**

1. **To what extent do you agree or disagree with the following statement: ‘The police listen to the concerns of local people.’?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

1. **To what extent do you agree or disagree with the following statement: ‘The police are dealing with the issues that affect my local area.’?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

1. **To what extent do you agree or disagree with the following statement: ‘The police are friendly and approachable.’?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

1. **To what extent do you agree or disagree with the following statement: ‘I have respect for the police in my local area.’?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

1. **To what extent do you agree or disagree with the following statement: ‘I have confidence in the police in my local area.’?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

1. **To what extent do you agree or disagree with the following statement: ‘The police are doing a good job in my local area.’?**

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don’t know

1. **What are the police doing well in your local area?**

Your comments

1. **Is there anything the police could do better to support communities in your local area?**

Your comments

**Contacting us**

1. **Have you contacted Police Scotland recently (i.e. in the last 6 months)?**

Yes, to report an incident or crime (move to Q15)

Yes, to get general information (move to Q15)

No (move to Q18)

Can’t remember (move to Q18)

Prefer not to say (move to Q18)

1. **What method did you use to contact Police Scotland?**

Phone call 101

Phone call 999

Police Scotland website online forms

Email

Text

Visit to a police station

Officer on the street

Through another organisation, advocate, friend or family member (third party reporting)

Other

Don’t know/can’t remember

Prefer not to say

1. **How easy was it to contact Police Scotland?**

Very easy

Easy

Neither easy nor difficult

Difficult

Very difficult

Don’t know/can’t remember

Prefer not to say

1. **Based on your overall experience of communicating with Police Scotland, how satisfied or dissatisfied are you?**

Very satisfied

Satisfied

Neither satisfied nor dissatisfied

Dissatisfied

Very dissatisfied

Prefer not to say

1. **Thinking about your experience of contacting Police Scotland, what, if anything, could have done to improve your experience?**

Your comments

**About you**

The answers to the following questions will help us make sure that we receive responses from as many of Scotland’s diverse communities.

Any personal information you provide will be treated in confidence and stored securely. **You may choose to answer all, some or none of these questions**.

1. **In what capacity are you completing the survey?**

I am answering as an individual (move to Q20)

I am answering on behalf of an organisation (move to Q19)

1. **If you're answering on behalf of an organisation, please provide the name of the organisation (END OF SURVEY)**

Your comments

1. **Have you experienced any of the following in the last 12 months?**

Been a victim of a crime

Been a witness to a crime

Both of the above

None of the above

Prefer not to say

1. **Which of the following best describes you?**

Man

Woman

Non-binary (gender neutral)

Other (please specify)

Prefer not to say

If you selected other, please specify below.

Your comments

1. **Do you consider yourself to be trans or to have a trans history?**

Yes

No

Prefer not to say

1. **What is your age group?**

Under 16 years old

16-18 years old

19-24 years old

25-34 years old

35-44 years old

45-54 years old

55-64 years old

65-74 years old

75-84 years old

85 years old and over

Prefer not to say

1. **Which of the following best describes your sexual orientation?**

Heterosexual

Gay

Lesbian

Bisexual

Other (please specify)

Prefer not to say

If you selected other, please specify below.

Your comments

1. **Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?**

Yes (move to Q26)

No (move to Q27)

Don’t know (move to Q27)

Prefer not to say (move to Q27)

1. **Does this condition or illness affect you in any of the following areas?**

Vision (e.g. blindness or partial sight)

Hearing (e.g. deafness or partial hearing)

Mobility (e.g. walking short distances or climbing stairs)

Dexterity (e.g. lifting or carrying objects, using a keyboard)

Appearance (e.g. a mark, scar or condition which makes me look different)

Learning or understanding or concentrating

Memory

Mental health

Stamina or breathing or fatigue

Socially or behaviourally (e.g. Autism, Asperger's, and ADD)

Other (please specify)

None of the above

Prefer not to say

If you selected other, please specify below.

Your comments

1. **What is your ethnic group?**

***White***

Scottish

British other

Irish

Gypsy/traveller

Polish

Showman/showwoman

Roma

Any other white ethnic group

***Mixed or multiple ethnic group***

Any mixed or multiple ethnic group

***Asian, Asian Scottish or Asian British***

Pakistani, Pakistani Scottish or Pakistani British

Indian, Indian Scottish or Indian British

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Chinese, Chinese Scottish or Chinese British

Any other Asian

***African***

African, African Scottish or African British

Any other African

***Caribbean or Black***

Caribbean, Caribbean Scottish or Caribbean British

Black, Black Scottish or Black British

Any other Caribbean or Black

***Other ethnic group***

Arab, Arab Scottish or Arab British

Any other ethnic group

Other (please specify)

Prefer not to say

If you selected other, please specify below.

Your comments

1. **What is your religion?**

No religion

Church of Scotland

Roman Catholic

Other Christian

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion

Prefer not to say

1. **Caring responsibilities**

Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long-term physical / mental ill-health / disability; or problems related to old age?

Yes – unpaid care provider full-time

Yes – unpaid care provider part-time

No

Prefer not to say

1. **Care experienced**

Care experienced means you are or were formerly looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives) and you have not yet reached your 26th birthday.

Yes

No

Prefer not to say

**Thank you very much for taking part.**

**Details of how to submit your response can be found on page 2.**