

# Dalston Liveable Neighbourhood

## Consultation questions

Please return this questionnaire in the FREEPOST envelope provided or complete online at

 [consultation.hackney.gov.uk](https://consultation.hackney.gov.uk) by 24 August 2025.

Please review all the information in the consultation document and accompanying plans before completing the questionnaire.

### Consultation questions

1. What is your postcode?

2. What is your connection to the local area? Select all that apply.

☐ I live here

☐ I do the school run here

☐ Other

☐ I work here

☐ I visit family and friends here

If other, please specify:

☐ I study here

☐ I visit the market

☐ I own a business here

☐ I represent a local group or organisation

☐ I commute through here

3. How do you travel around the local area? Select all that apply.

☐ Walk

☐ Car/van

☐ Other

☐ Cycle

☐ Motorcycle

If other, please specify:

☐ Bus

☐ Taxi

☐ London Overground/  
National Rail

We'd like to hear your thoughts on the proposals. Please share your comments or suggestions for improvement under the relevant sections below:

4. Proposed new bus gate to Shacklewell Lane: To what extent do you agree or disagree with our proposals for a bus gate as outlined in this consultation? Please select only one option

☐ Strongly agree

☐ Disagree

☐ Not sure

☐ Agree

☐ Strongly disagree

Comment

**5. Traffic management measures on residential streets. To what extent do you agree or disagree with our proposals for:**

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
<b>Cecilia Road:</b> Diagonal traffic diverters					
<b>Foulden and Farleigh Roads:</b> Traffic filters					
<b>Ridley Road:</b> Left turn restriction of cut-through					
<b>Shacklewell Road:</b> being made two-way to help local access					

Comment

**6. Proposed School Streets. To what extent do you agree or disagree with our proposals for School Streets on Cecilia Road and Arcola Street, as outlined in this consultation?**

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
<b>Cecilia Road</b>					
<b>Arcola Street</b>					

Comment

**7. Further street improvements. What additional initiatives would improve your experience of the local area?** Select all that apply.

If other, please provide details under question 8 below about what improvements you would like to see. Please indicate that your comments relate to question 7.

- |   |  |
|---|--|
| <input type="checkbox"/> Growing space  | <input type="checkbox"/> Secure bicycle parking facilities |
| <input type="checkbox"/> Seating  | <input type="checkbox"/> Cycle hire bays                   |
| <input type="checkbox"/> Guided historical walks  | <input type="checkbox"/> Cargo bike hire                   |
| <input type="checkbox"/> Continuous crossings for pedestrians on side roads in the area | <input type="checkbox"/> Adapted cycle hire models         |
| <input type="checkbox"/> Cycle training   | <input type="checkbox"/> Electric vehicle charging points  |
| <input type="checkbox"/> Guided cycle tours   | <input type="checkbox"/> Car clubs                         |
| <input type="checkbox"/> Bike repairs   | <input type="checkbox"/> Other                             |

**8. Do you have any other comments or suggestions for improvements, including where you'd like them to be located?**

## About you

This information will help us to understand our service users and residents, allowing us to establish if the response to the questionnaire is representative of the borough. All information is used under the strict controls of the 1998 Data Protection Act and the 2016 General Data Protection Regulations (GDPR). This information is optional and will not be used in a way that identifies you.

**9. Gender: Are you...**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Male       | <input type="checkbox"/> Another term      |
| <input type="checkbox"/> Female     | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Non Binary |  |

If you prefer to use your own term please provide this here:

**10. Age: what is your age group?**

- |                                   |                                |                                |                                |                                |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Under 16 | <input type="checkbox"/> 18–24 | <input type="checkbox"/> 35–44 | <input type="checkbox"/> 55–64 | <input type="checkbox"/> 75–84 |
| <input type="checkbox"/> 16–17    | <input type="checkbox"/> 25–34 | <input type="checkbox"/> 45–54 | <input type="checkbox"/> 65–74 | <input type="checkbox"/> 85+   |

**11. Caring responsibilities: A carer is someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Do you regularly provide unpaid support caring for someone?**

- ☐ Yes ☐ No

## 12. Ethnicity: Are you...

- ☐ Asian or Asian British
 ☐ Mixed background
 ☐ White or White British
 ☐ Other ethnic group
 ☐ Black or Black British

Other (please state if you wish):

## 13. Religion or belief: Are you or do you have...

- ☐ Atheist/  
no religious belief
 ☐ Buddhist
 ☐ Charedi
 ☐ Hindu
 ☐ Jewish
 ☐ Muslim
 ☐ Secular beliefs
 ☐ Sikh

Other (please state if you wish):

## 14. Sexual orientation: Are you...

- ☐ Heterosexual
 ☐ Lesbian or Gay  
woman
 ☐ Asexual
 ☐ Bisexual
 ☐ Pansexual
 ☐ Queer
 ☐ Gay man
 ☐ All other sexual  
orientations

Other (please state if you wish):

## 15. Housing Tenure: Which of the following best describes the ownership of your home?

- ☐ Being bought on  
a mortgage
 ☐ Rented (Local  
Authority/Council)
 ☐ Rented (private)
 ☐ Don't know
 ☐ Owned outright
 ☐ Rented (Housing  
Association/Trust)
 ☐ Shared ownership  
(part rent/part buy)

If you would like to find out what this document says please tick the appropriate box, put your name, address and phone number at the bottom of this page and return it to the address below.

- ☐ এই নথিতে কি লেখা আছে সে সম্পর্কে যদি আপনি জানতে চান তাহলে অনুগ্রহ করে উপযুক্ত বাক্সে টিক দিন, এই পাতার নিচে আপনার নাম, ঠিকানা ও ফোন নম্বর লিখুন এবং এটি নিচের ঠিকানায় ফেরত পাঠান। (Bengal)
 ☐ 如果你想知道這份文件的詳細內容，請在方框內打鉤，在本頁下面寫下你的名字、地址和電話號碼並寄到下面的地址。(Chinese)
 ☐ Si vous désirez connaître le contenu de ce document, veuillez cocher la case appropriée et indiquer votre nom, adresse et numéro de téléphone au bas de cette page et la renvoyer à l'adresse indiquée ci-dessous. (French)
 ☐ Ger hun dixwazin bizanibin ku ev dokumet çi dibêje, ji kerema xwe qutika minasib îşaret bikin, nav, navnîşan û hejmara telefona xwe li jêrê rûpelê binivîsin û wê ji navnîşana jêrîn re bişînin. (Kurdish)
 ☐ Jeśli chcesz dowiedzieć się, jaka jest treść tego dokumentu, zaznacz odpowiednie pole, wpisz swoje nazwisko, adres i nr telefonu w dolnej części niniejszej strony i przeslij na poniższy adres. (Polish)
 ☐ Haddii aad jeclaan lahayd in aad ogaato waxa dokumeentigani sheegayo fadlan calaamadi godka ku haboon, ku qor magacaaga, cinwaanka iyo telefoon lambarkaaga boggan dhankiisa hoose ka dibna ku celi cinwaanka hoose. (Somali)
 ☐ Si desea saber de lo que trata este documento, marque la casilla correspondiente, escriba su nombre, dirección y número de teléfono al final de esta página y envíela a la siguiente dirección. (Spanish)
 ☐ Bu dokümanda ne anlatıldığını öğrenmek istiyorsanız, lütfen uygun kutuyu işaretleyerek, adınızı, adresinizi ve telefon numaranızı bu sayfanın alt kısmına yazıp, aşağıdaki adrese gönderin. (Turkish)
 ☐ (Urdu) - اگر آپ یہ جاننا چاہتے ہیں کہ دستاویز میں کیا لکھا ہے تو: ذرا کرم مناسب باکس میں صحیح کا نشان لگائیے اور اپنا نام، پتہ اور فون نمبر اس صفحہ کے نیچے لکھیے اور اسے نیچے دیے گئے پتہ پر واپس بھیج دیجئے۔
 ☐ Nếu bạn muốn biết tài liệu này nói gì hãy đánh dấu vào hộp thích hợp, điền tên, địa chỉ và số điện thoại của bạn vào cuối trang này và gửi lại theo địa chỉ dưới đây. (Vietnamese)
 ☐ אויב ווילט איר וויסן וואס דער דאקומענט זאגט, ביטע טיך די פאסענדע קעסטל, שרייב דיין נאמען, אדרעס און טעלעפאן נומער און שיק עס צוריק צו די אדרעס אונטן. (Yiddish)

If you would like this document in any of the following formats or in another language not listed above, please complete and send the form to the address below.

- ☐ In large print
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 ☐ On disk
 ☐ On audio tape
 ☐ In another language, please state: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

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