

Project Report

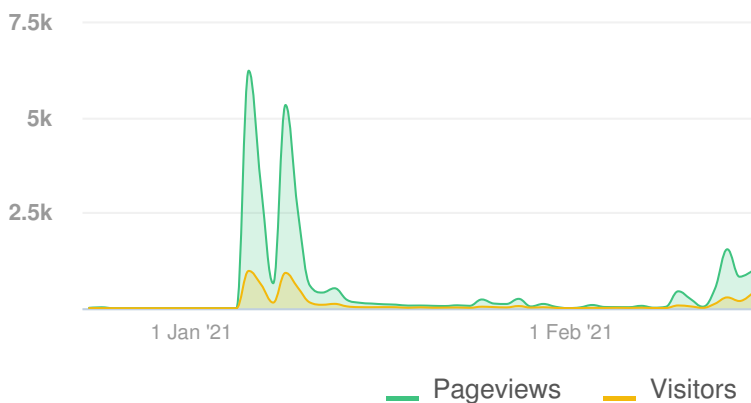
26 February 2020 - 14 February 2021

Let's Talk Tower Hamlets

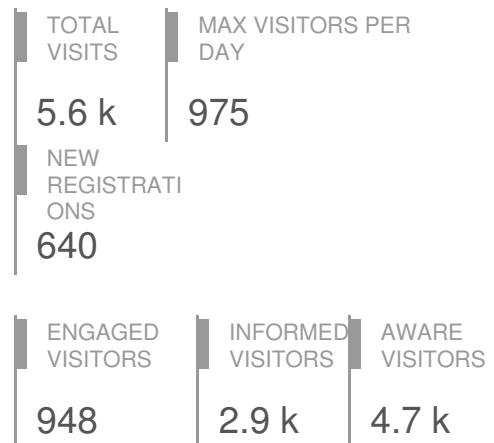
CLOSED: Introducing a PSPO for use of nitrous oxide linked to antisocial behaviour



Visitors Summary

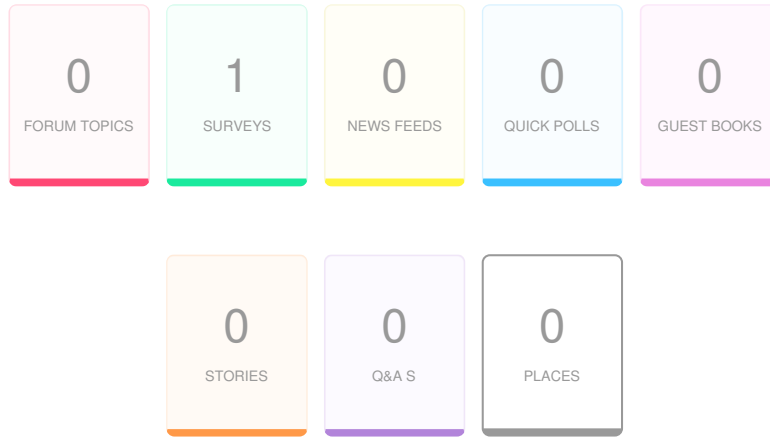


Highlights



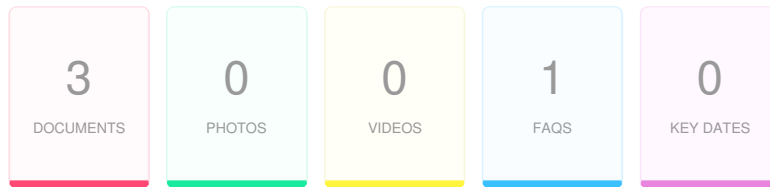
Aware Participants		Engaged Participants			
4,698		948			
Aware Actions Performed	Participants	Engaged Actions Performed			
Visited a Project or Tool Page	4,698	Registered	Unverified	Anonymous	
Informed Participants	2,935	Contributed on Forums	0	0	0
Informed Actions Performed	Participants	Participated in Surveys	948	0	0
Viewed a video	0	Contributed to Newsfeeds	0	0	0
Viewed a photo	0	Participated in Quick Polls	0	0	0
Downloaded a document	242	Posted on Guestbooks	0	0	0
Visited the Key Dates page	5	Contributed to Stories	0	0	0
Visited an FAQ list Page	221	Asked Questions	0	0	0
Visited Instagram Page	0	Placed Pins on Places	0	0	0
Visited Multiple Project Pages	1,821	Contributed to Ideas	0	0	0
Contributed to a tool (engaged)	948				

ENGAGEMENT TOOLS SUMMARY



Tool Type	Engagement Tool Name	Tool Status	Visitors	Contributors		
				Registered	Unverified	Anonymous
Survey Tool	Introducing a PSPO for use of nitrous oxide linked to ant...	Draft	2584	948	0	0

INFORMATION WIDGET SUMMARY



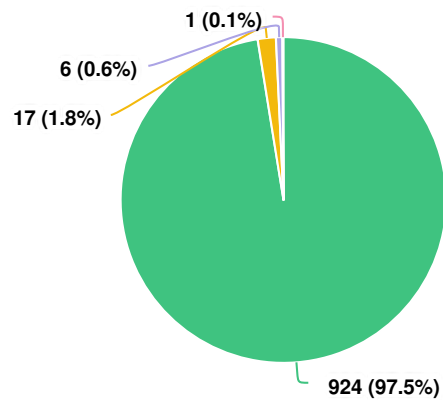
Widget Type	Engagement Tool Name	Visitors	Views/Downloads
Faqs	faqs	221	230
Document	Consultation information pack_PSPO nitrous oxide.docx	197	240
Document	Draft order for nitrous oxide PSPO	68	79
Document	Equalities impact assessment - PSPO nitrous oxide.docx	41	45
Key Dates	Key Date	5	5

ENGAGEMENT TOOL: SURVEY TOOL

Introducing a PSPO for use of nitrous oxide linked to antisocial behaviour

Visitors	2584	Contributors	948	CONTRIBUTIONS	948
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Please select the option that applies to you



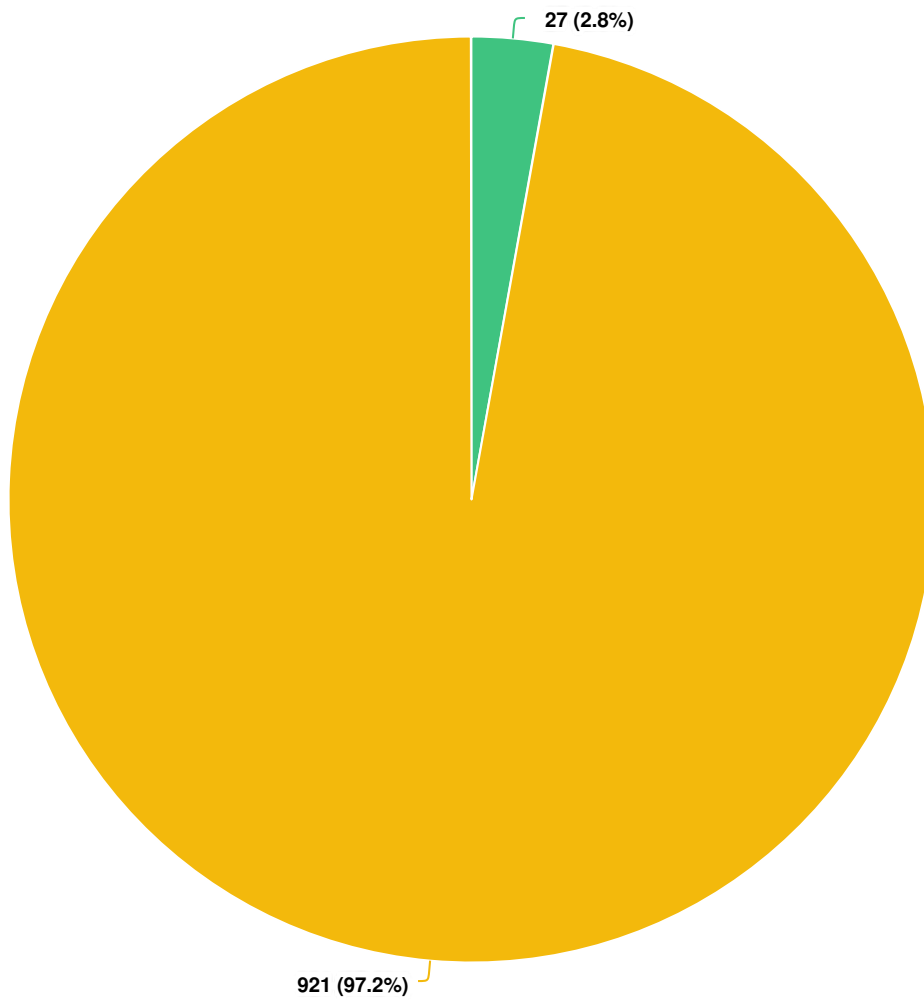
Question options

- I am a resident
- I work in Tower Hamlets
- I am an interested party with a business or property in Tower Hamlets
- I am someone else who will be impacted directly by any prohibition

Mandatory Question (948 response(s))

Question type: Radio Button Question

Do you think there is a problem with psychoactive substances, specifically nitrous oxide in Tower Hamlets?



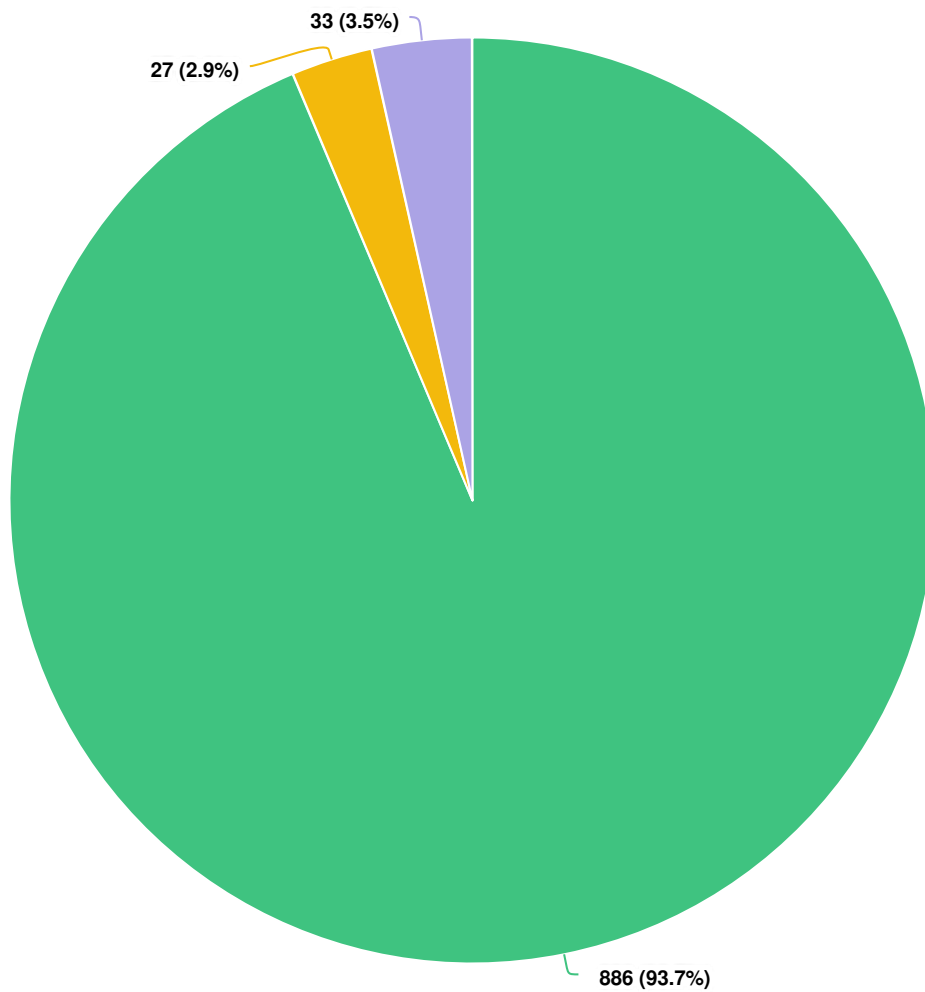
Question options

- No
- Yes, if so please explain

Optional question (948 response(s), 0 skipped)

Question type: Radio Button Question

If you think there is a problem, do you think there is a need for a Public Spaces Protection Order?



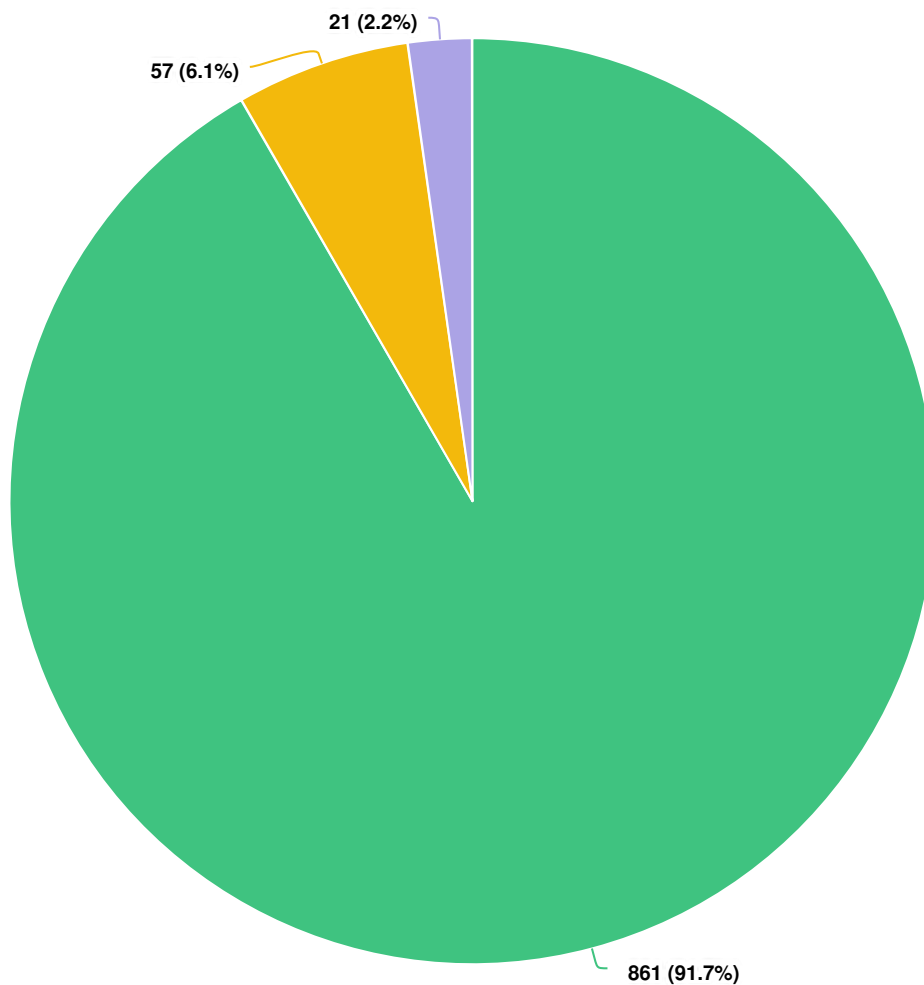
Question options

- Yes
- No
- Don't know

Optional question (946 response(s), 2 skipped)

Question type: Radio Button Question

Do you think the proposal to introduce a Public Spaces Protection Order to deal with possession and use of the psychoactive substance nitrous oxide in a public space, where it causes or is likely to cause harassment, alarm, distress, nuisance or an...



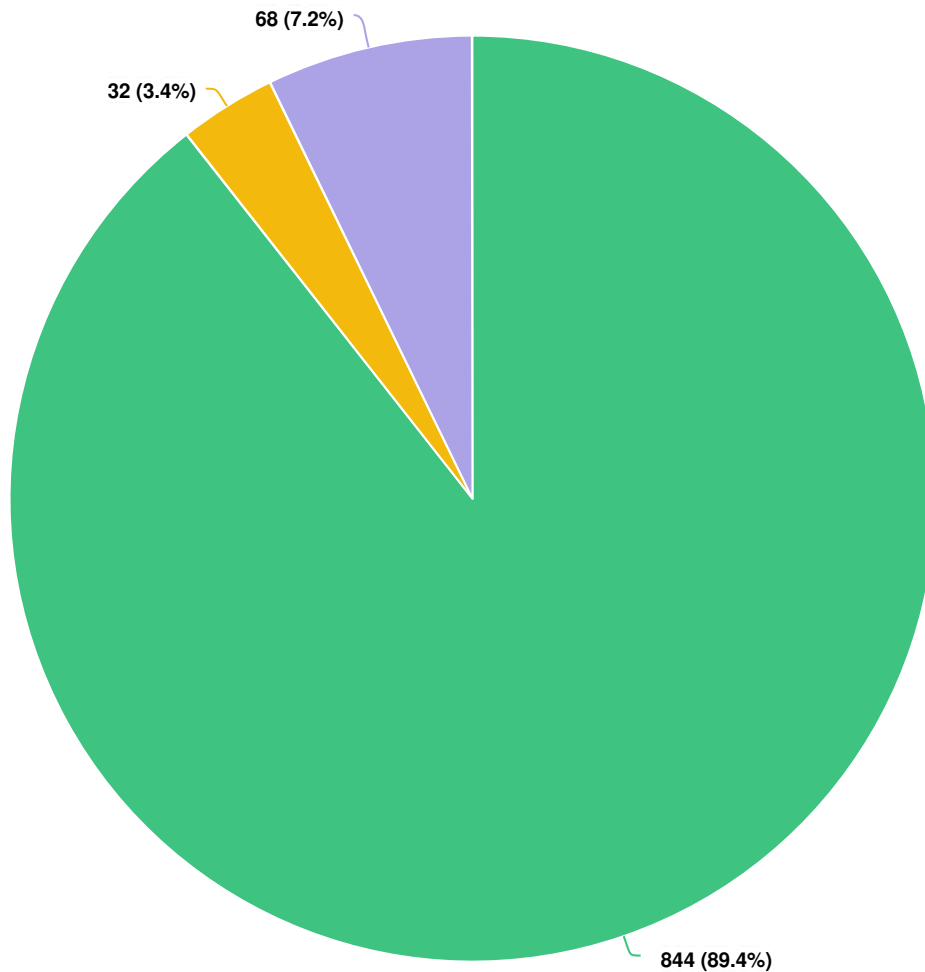
Question options

- Yes
- No
- Don't know

Optional question (939 response(s), 9 skipped)

Question type: Radio Button Question

Do you think the Public Spaces Protection Order should be borough wide?



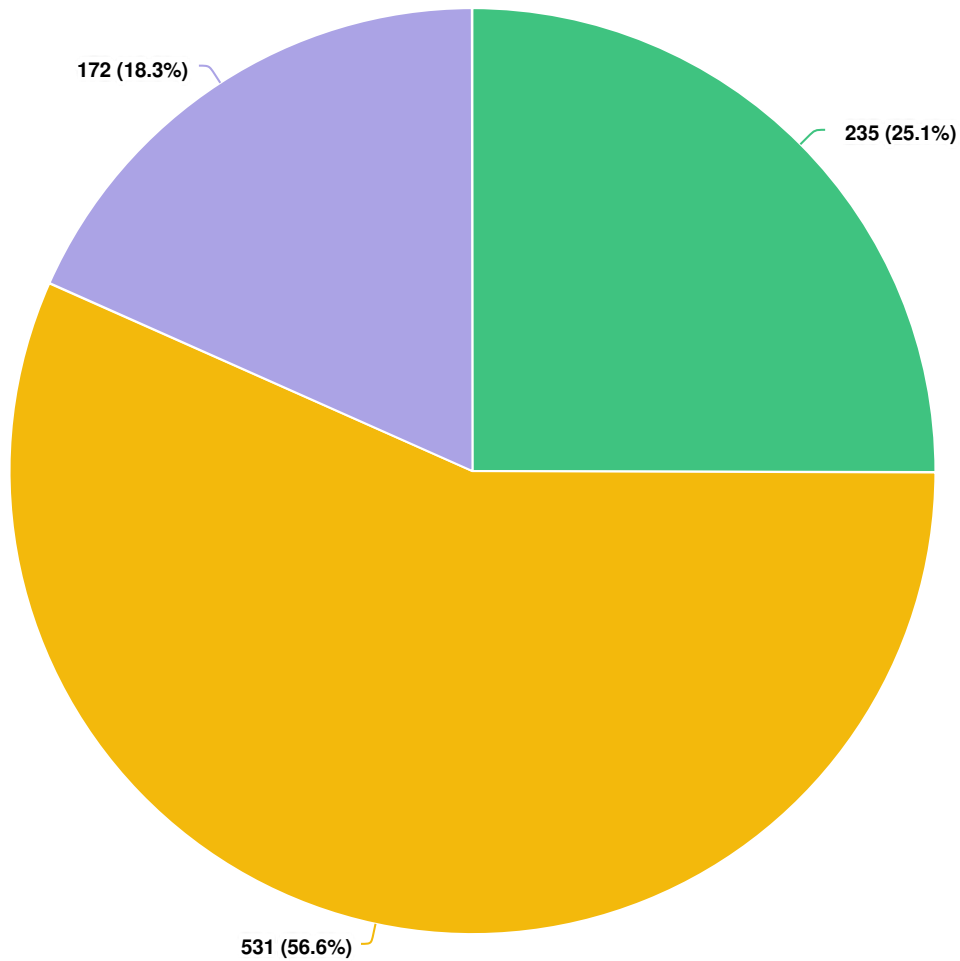
Question options

- Yes
- No
- Don't know

Optional question (944 response(s), 4 skipped)

Question type: Radio Button Question

Do you think there is enough information available in the public domain to explain the dangers associated with the use of psychoactive substances, specifically nitrous oxide?



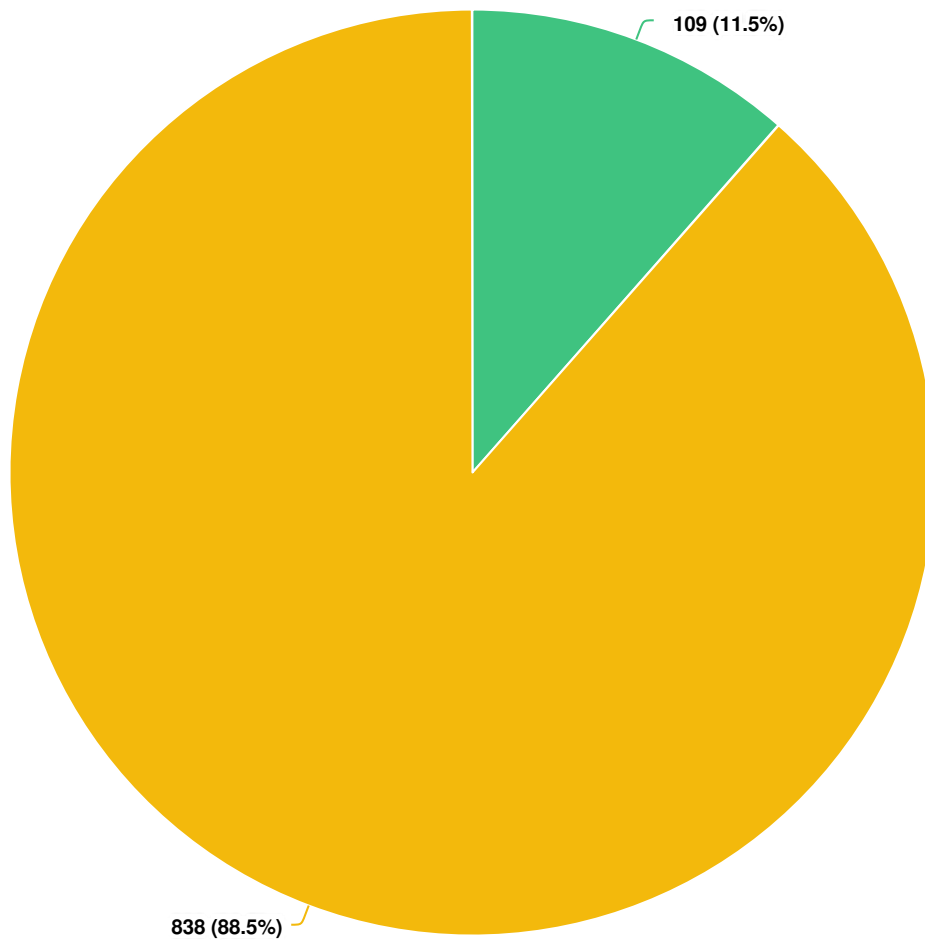
Question options

- Yes No Don't know

Optional question (938 response(s), 10 skipped)

Question type: Radio Button Question

Have you witnessed individuals or groups using psychoactive substances, including nitrous oxide?



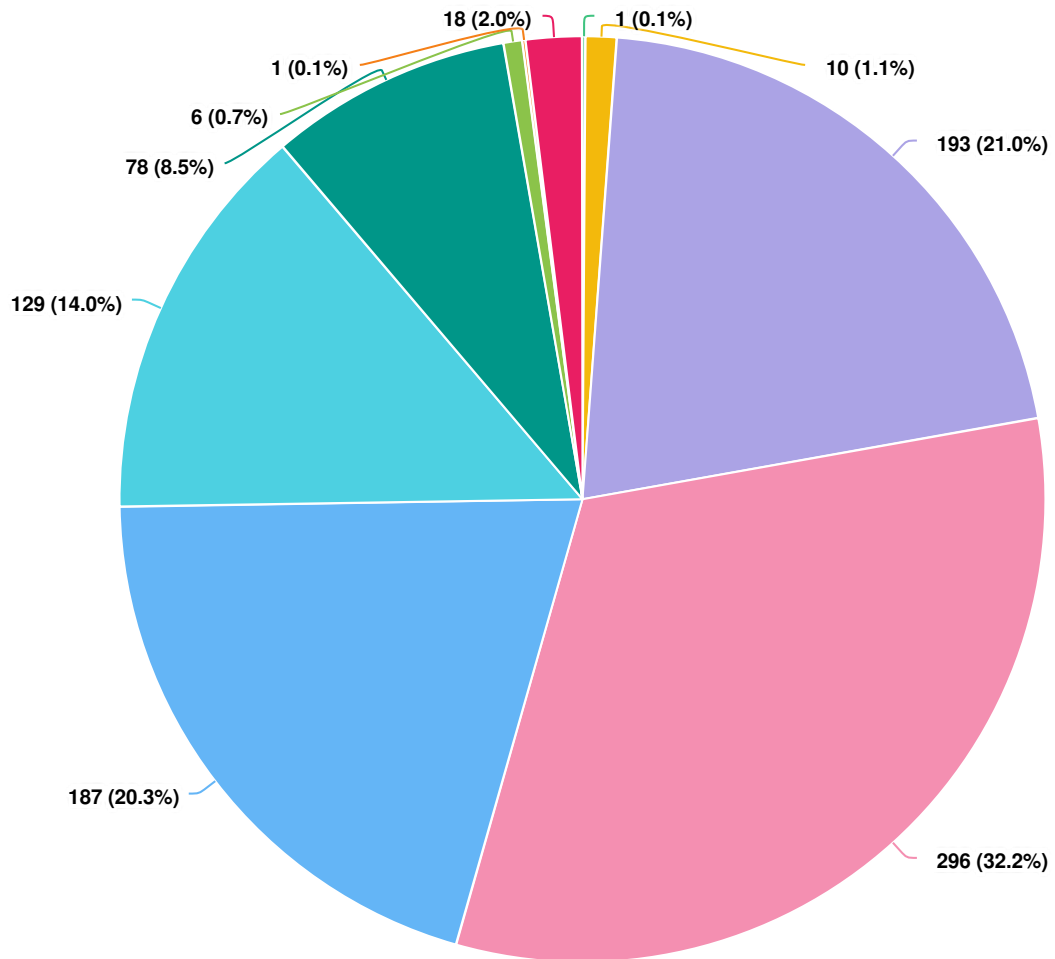
Question options

- No
- Yes, if so does this make you feel unsafe?

Optional question (947 response(s), 1 skipped)

Question type: Radio Button Question

How old are you?



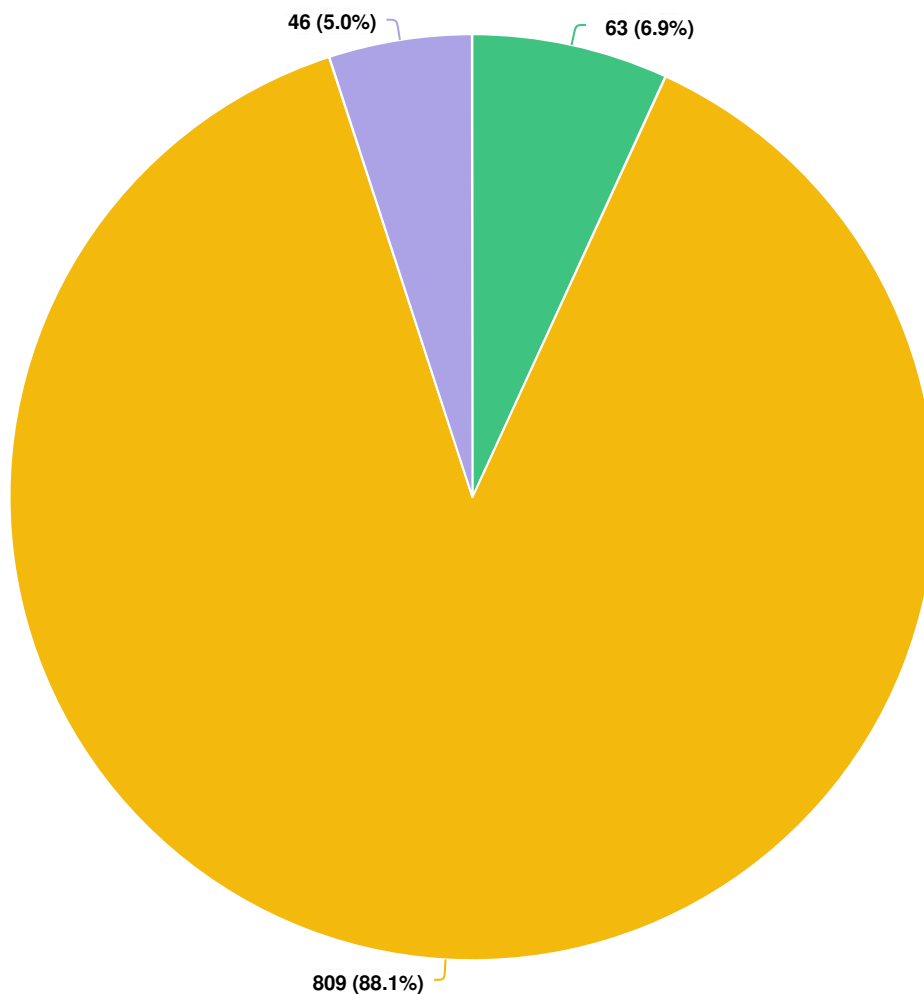
Question options

- 0-15
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+
- Prefer not to say

Optional question (919 response(s), 29 skipped)

Question type: Dropdown Question

Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?



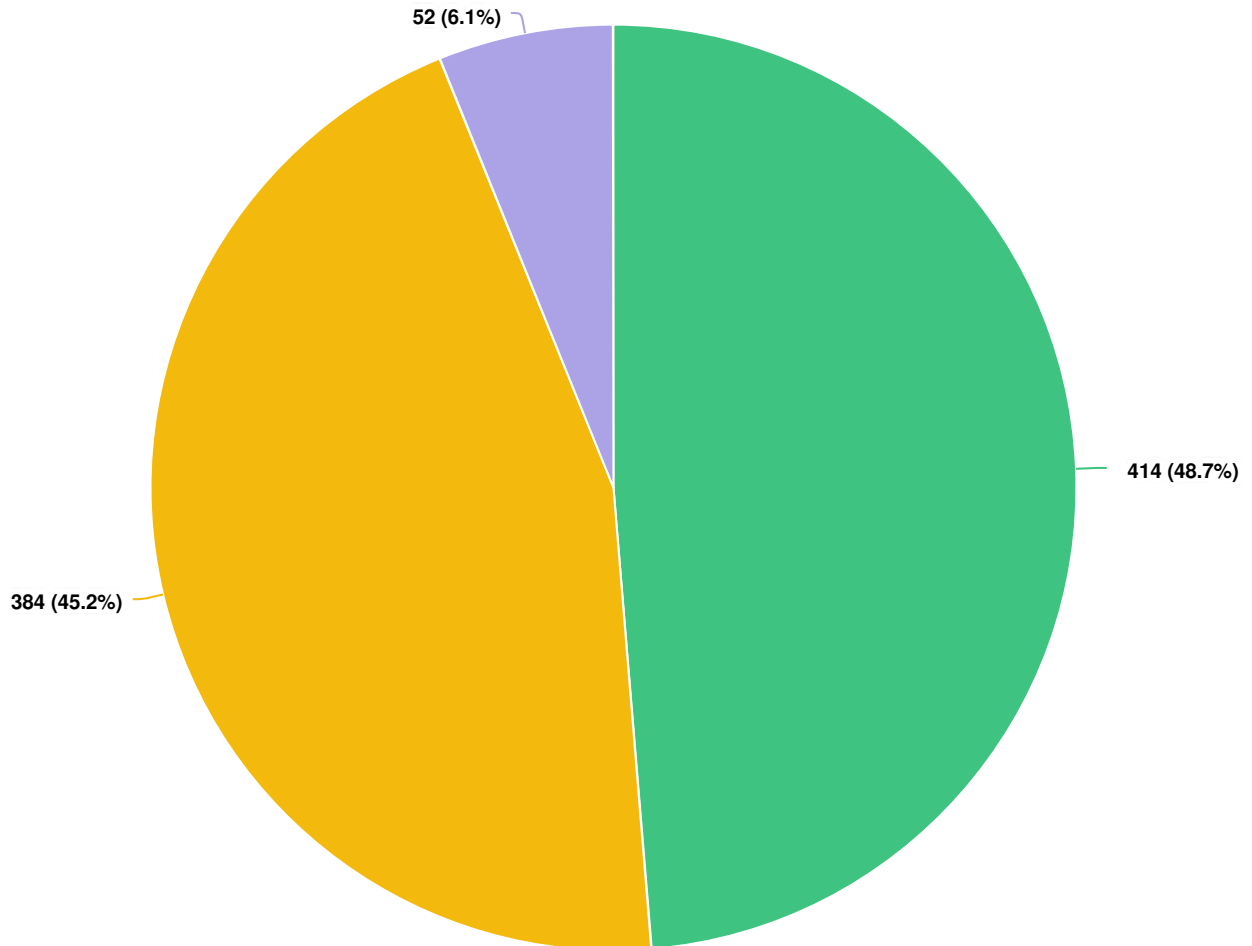
Question options

- Yes
- No
- Prefer not to say

Optional question (918 response(s), 30 skipped)

Question type: Radio Button Question

Which best describes your gender?



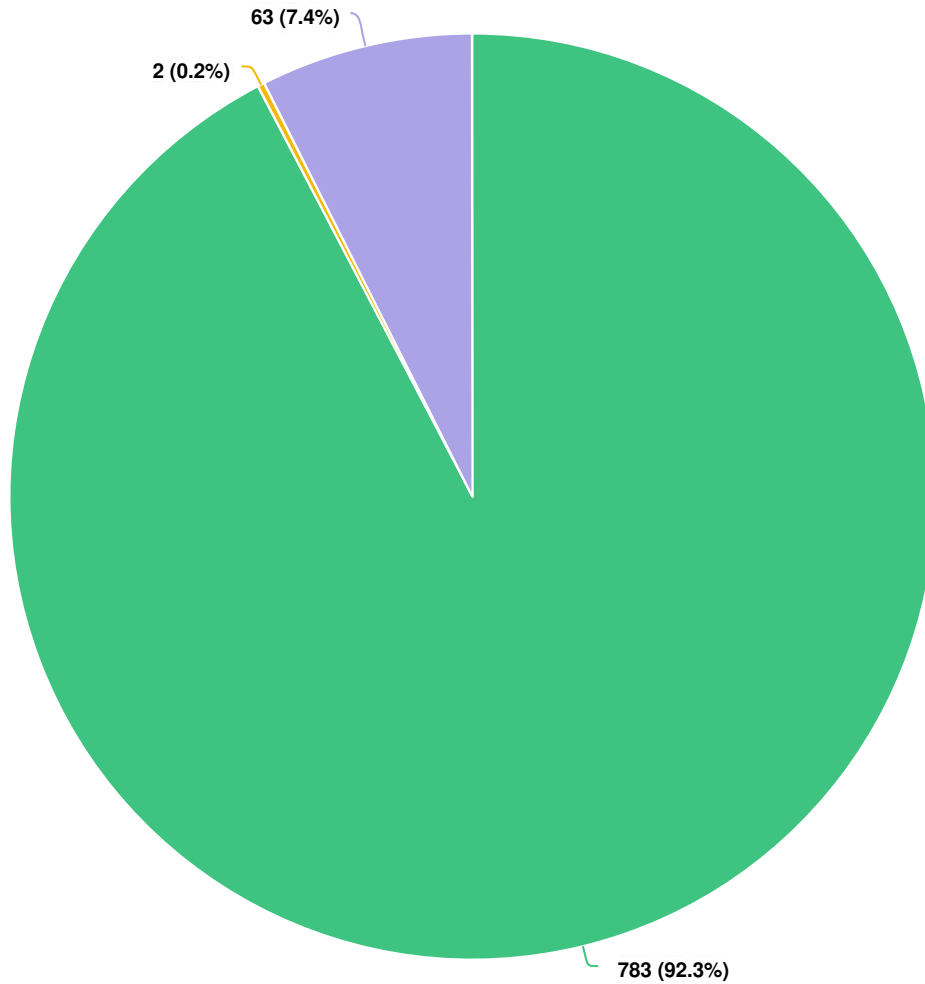
Question options

- Male
- Female
- Prefer not to say

Optional question (850 response(s), 98 skipped)

Question type: Radio Button Question

Is your gender identity the same as the sex you were assigned at birth?



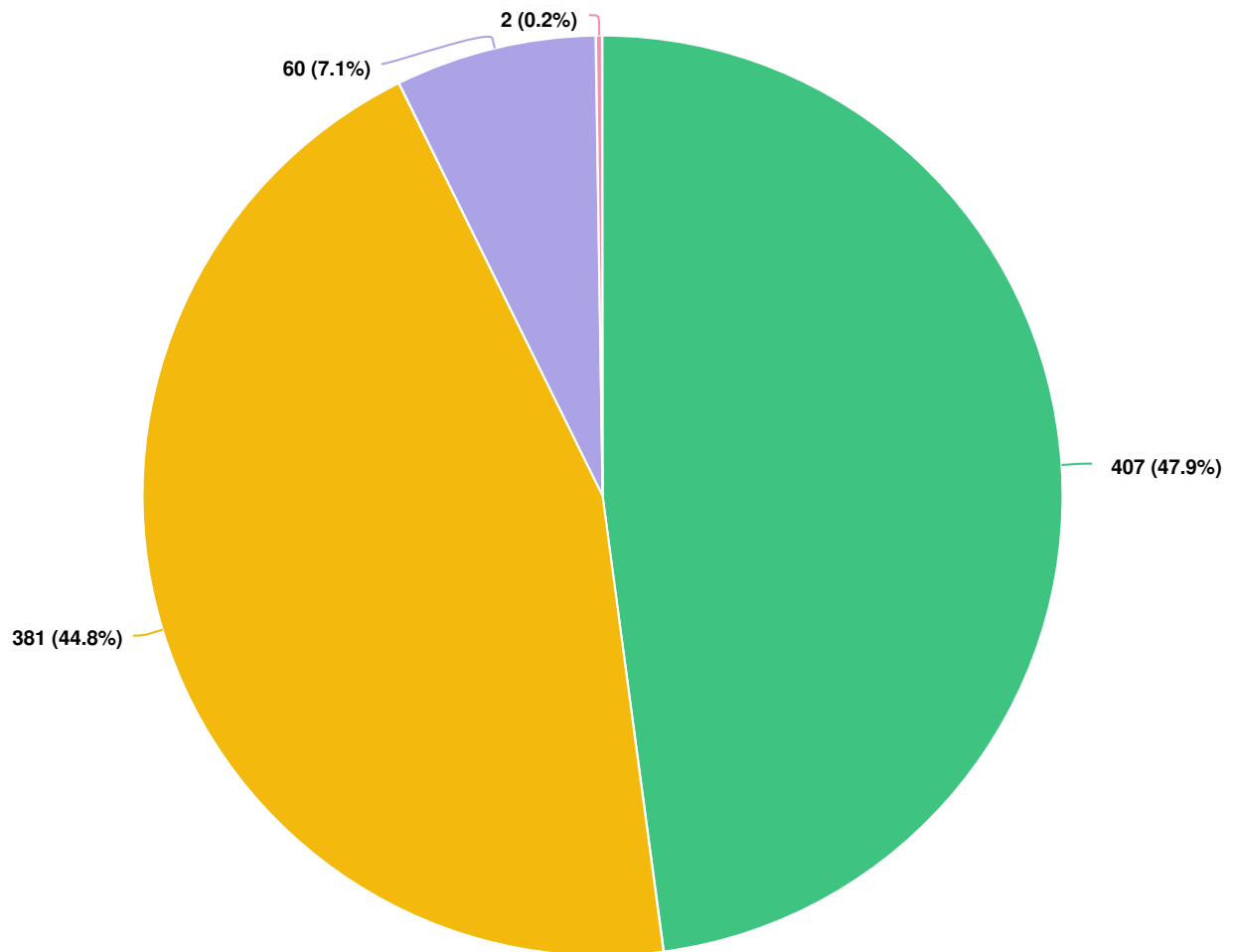
Question options

- Yes
- No
- Prefer not to say

Optional question (848 response(s), 100 skipped)

Question type: Radio Button Question

Which of the following describes your sex?



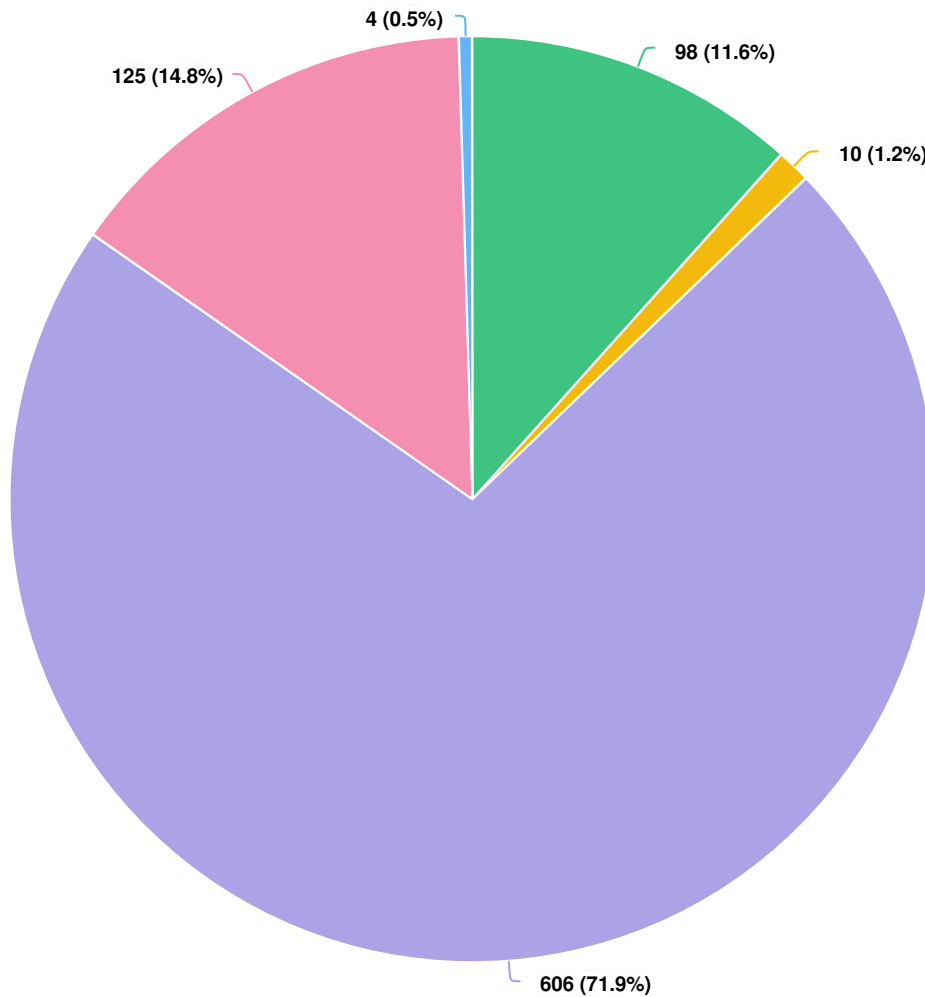
Question options

- Man
- Woman
- Prefer not to say
- Prefer to self-describe (please specify):

Optional question (850 response(s), 98 skipped)

Question type: Radio Button Question

Which of the following describes your sexual orientation?



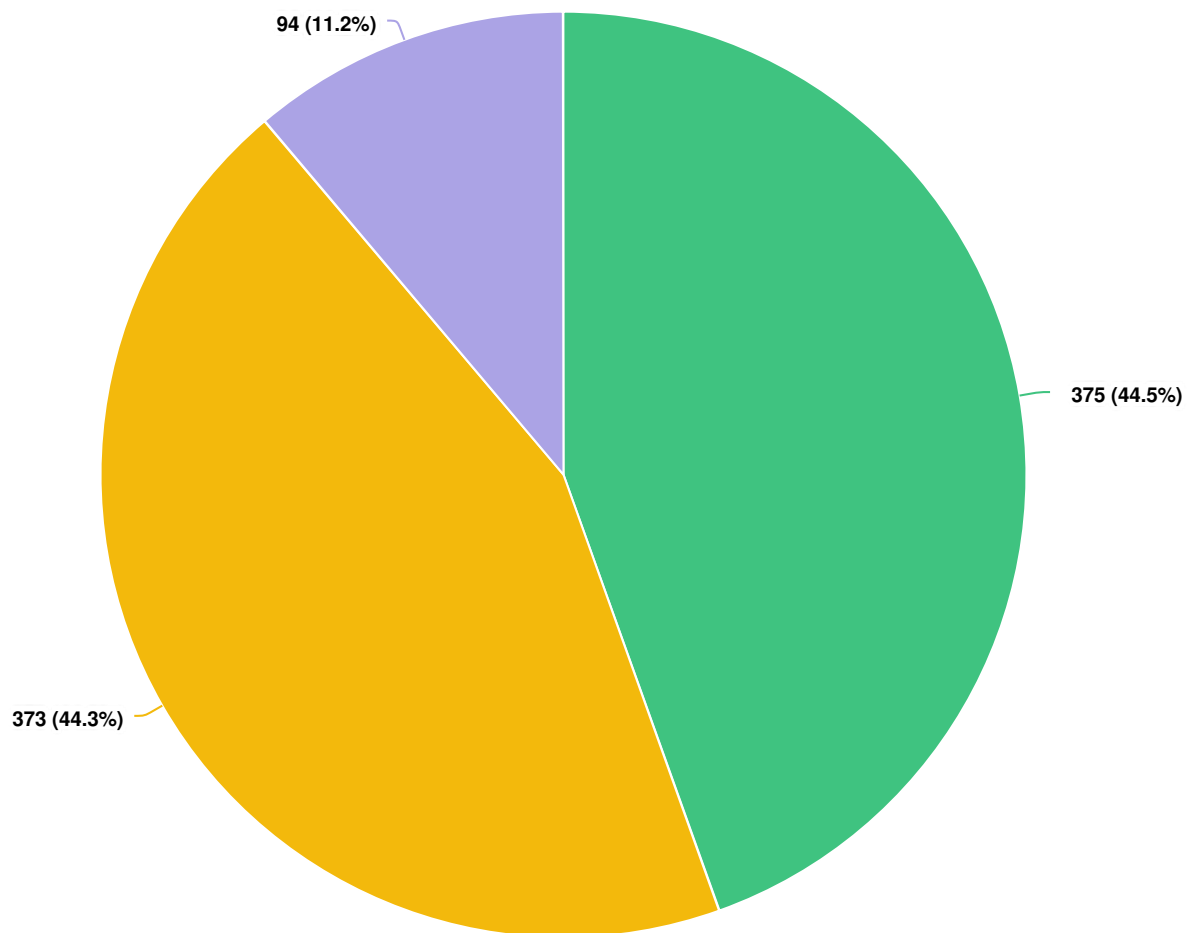
Question options

- Gay/lesbian
- Bi (attracted to more than one gender)
- Heterosexual/straight
- Prefer not to say
- Prefer to self-describe (please specify):

Optional question (843 response(s), 105 skipped)

Question type: Radio Button Question

Are you legally married or in a civil partnership?



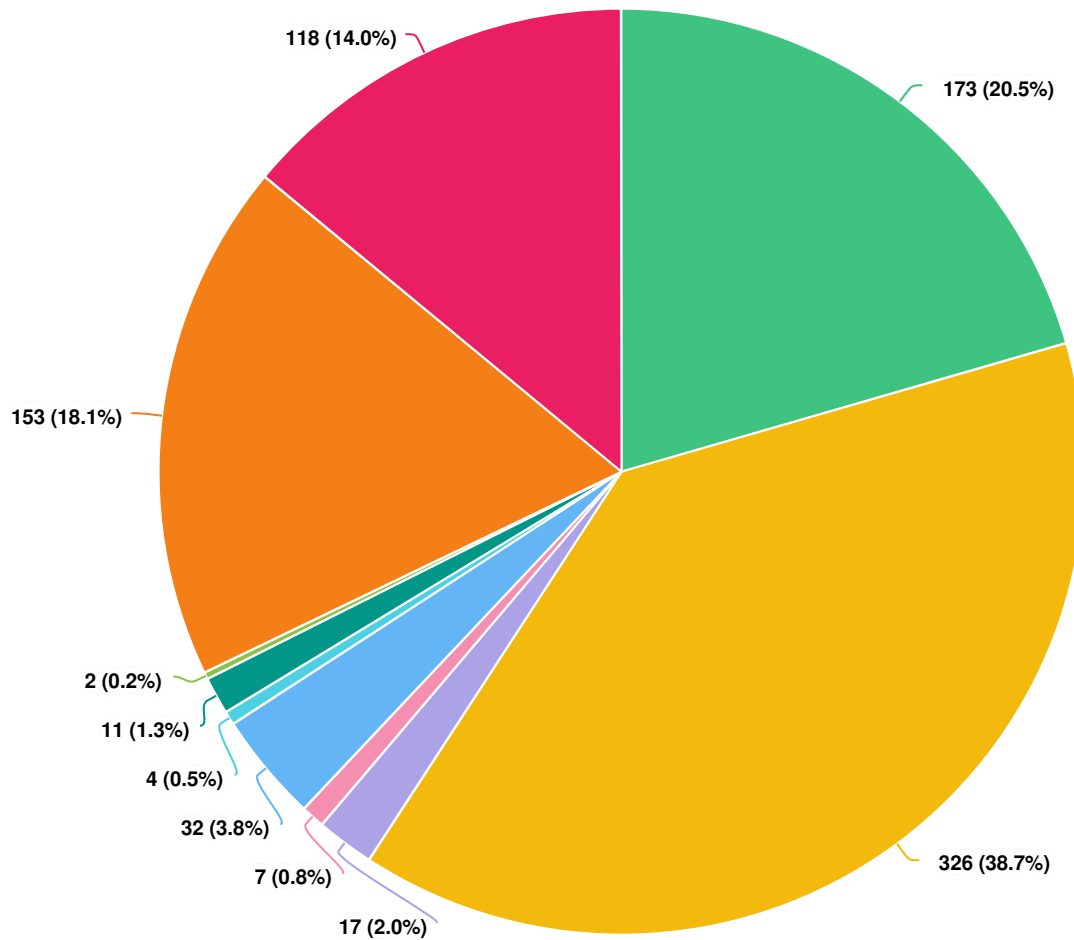
Question options

- Yes
- No
- Prefer not to say

Optional question (842 response(s), 106 skipped)

Question type: Radio Button Question

Which best describes your current marital, civil partnership or cohabitation status?



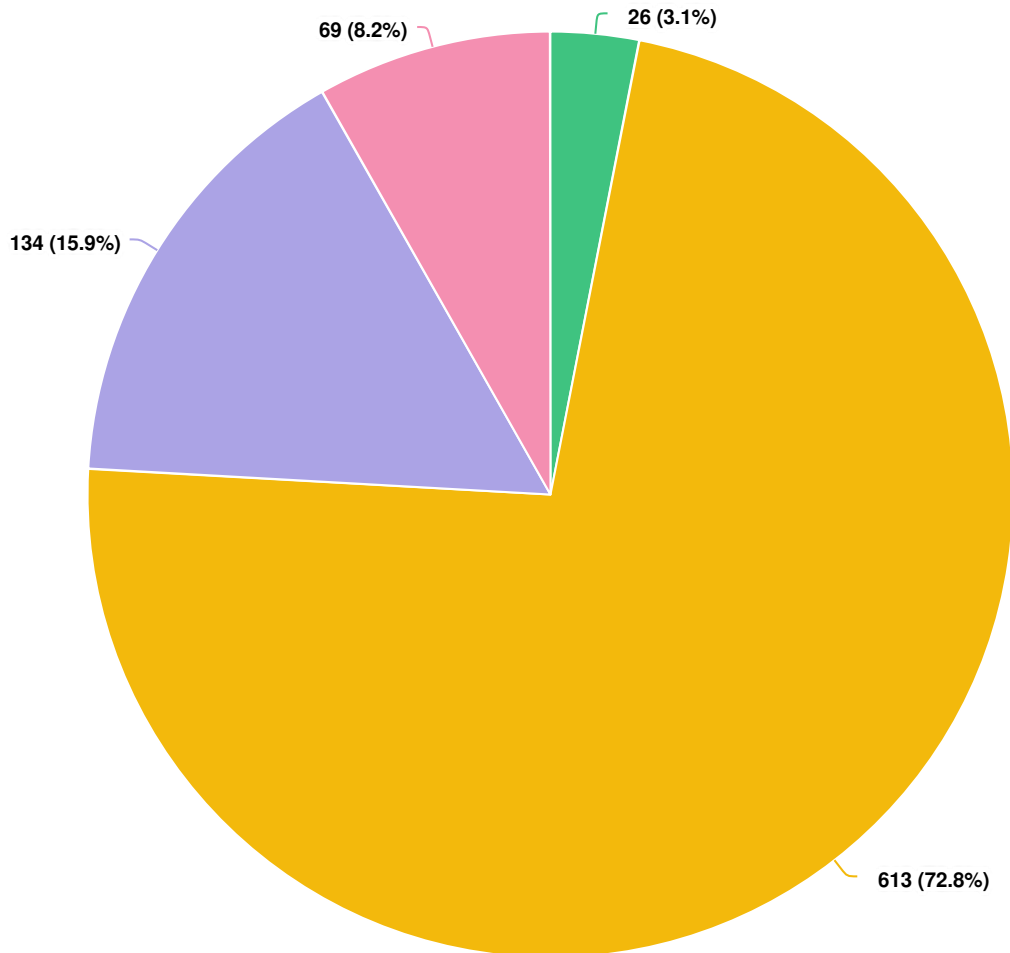
Question options

- Single (never married or never registered a civil partnership)
- Married
- In a registered civil partnership
- Separated, but still legally married
- Divorced
- Formerly in a registered civil partnership which is now dissolved
- Widowed
- Surviving partner from a registered civil partnership
- Cohabiting with a partner
- Prefer not to say

Optional question (843 response(s), 105 skipped)

Question type: Radio Button Question

Are you currently pregnant or did you give birth in the last twelve months?



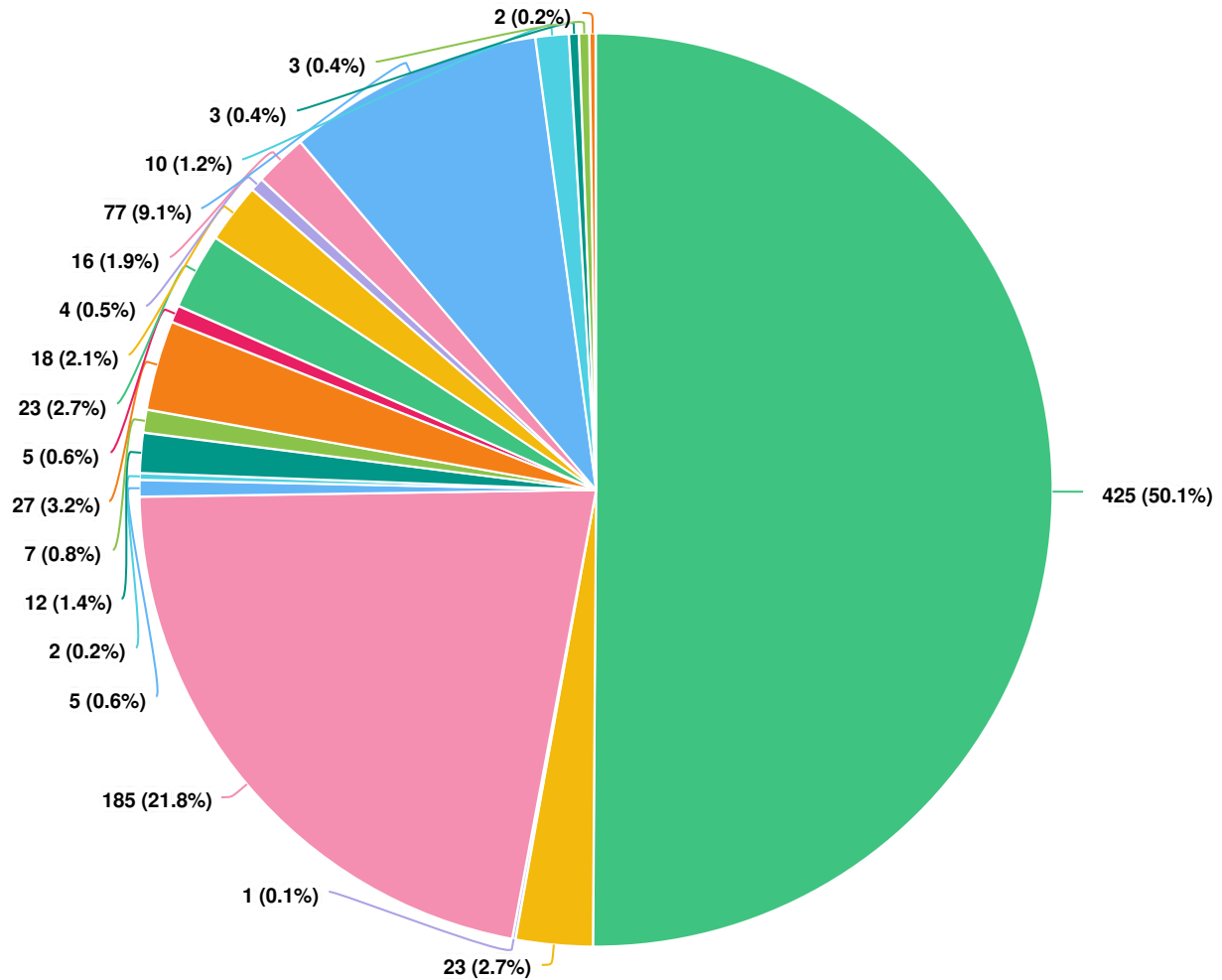
Question options

- Yes
- No
- Not applicable
- Prefer not to say

Optional question (842 response(s), 106 skipped)

Question type: Radio Button Question

How would you describe your ethnic group?



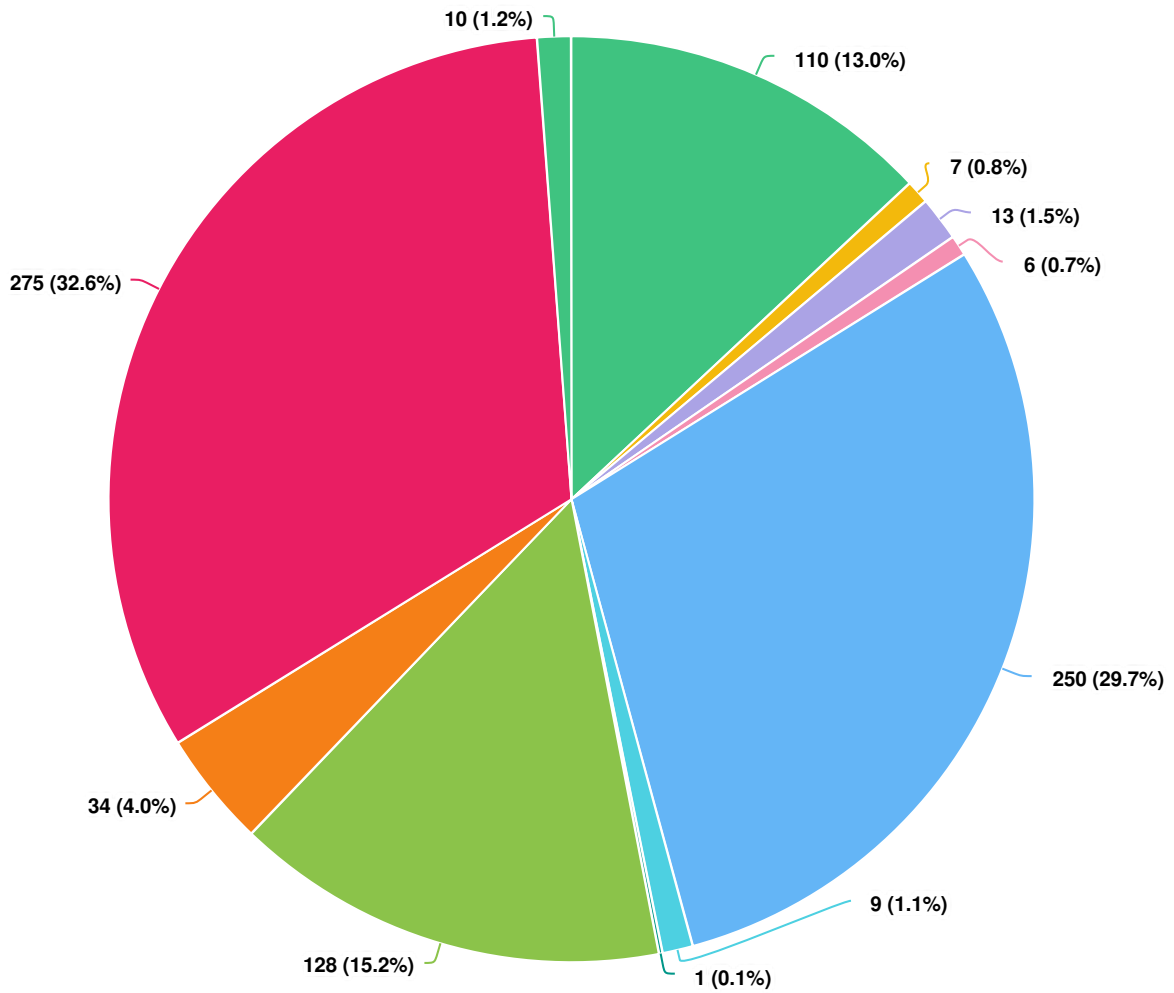
Question options

- White: British
 ● White: Irish
 ● White: Traveller of Irish heritage
 ● Any other White background
- Mixed: White and Black Caribbean
 ● Mixed: White and Black African
 ● Mixed: White and Asian
- Mixed: Any other Mixed background
 ● Asian / Asian British: Indian
 ● Asian / Asian British: Pakistani
- Asian / Asian British: Bangladeshi
 ● Chinese
 ● Vietnamese
 ● Any other background
 ● Prefer not to say
- Any other Asian background
 ● Black / Black British: Other Africa
 ● Black / Black British: Caribbean
- Any other Black background

Optional question (848 response(s), 100 skipped)

Question type: Radio Button Question

What is your religion or belief?



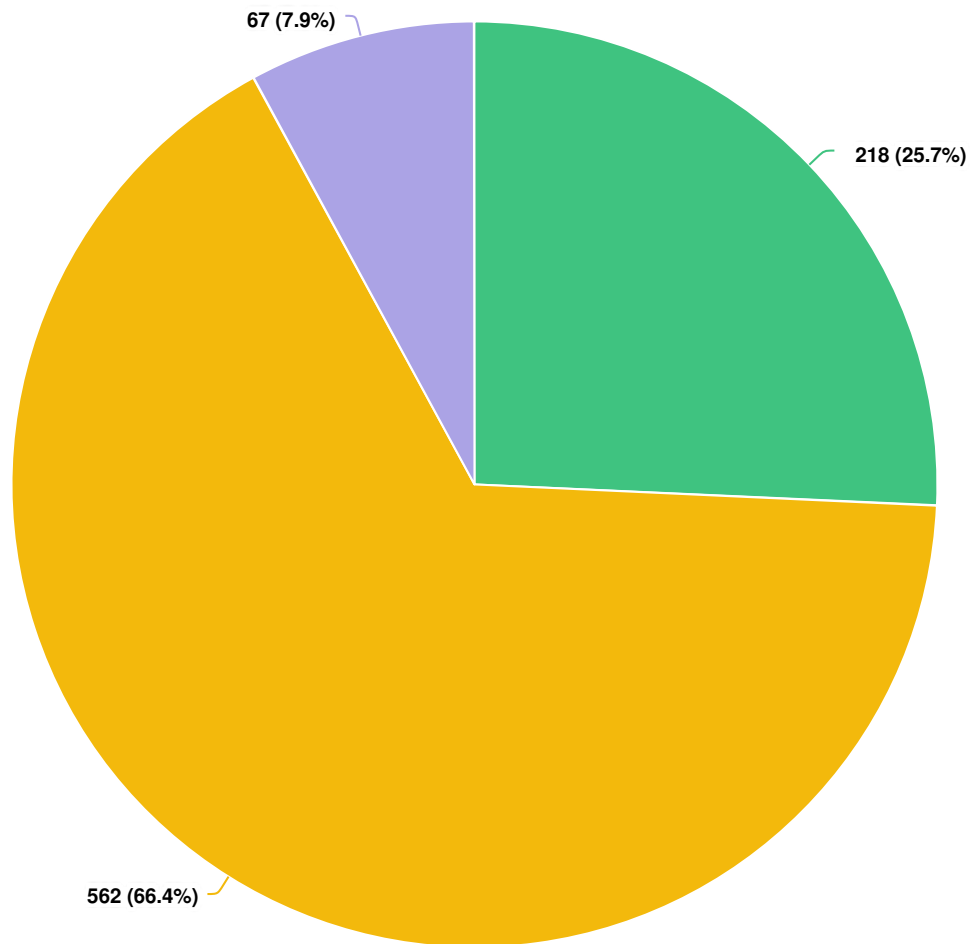
Question options

- Agnostic
- Buddhist
- Hindu
- Humanist
- Christian
- Jewish
- Sikh
- Prefer not to say
- Muslim
- No religion or belief
- Prefer to self-describe (please specify):

Optional question (843 response(s), 105 skipped)

Question type: Radio Button Question

Do you have caring or parenting responsibilities? (for example, childcare or dependent adults)



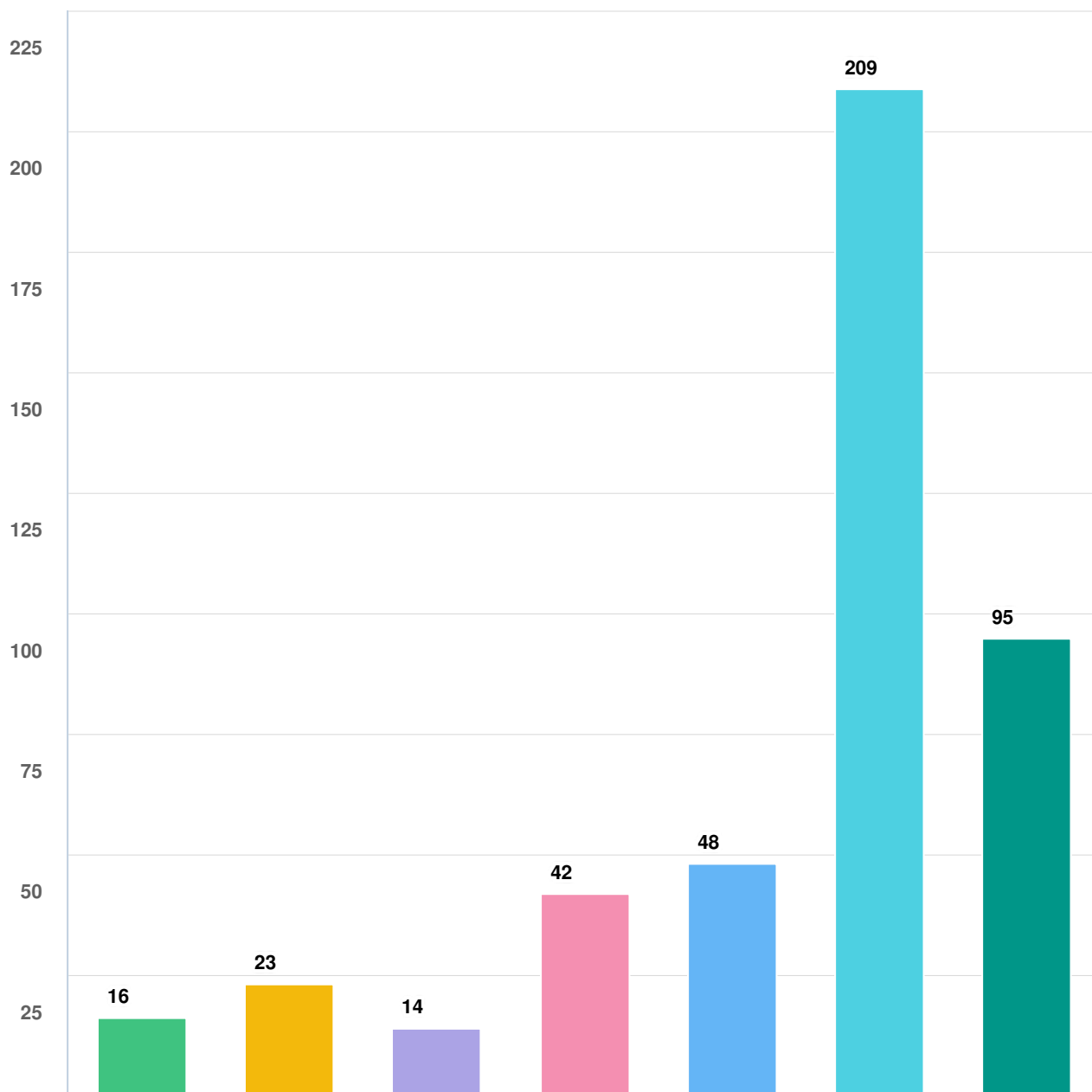
Question options

- Yes
- No
- Prefer not to say

Optional question (847 response(s), 101 skipped)

Question type: Radio Button Question

Please state the type of health problem or disability that applies to you?(People may experience more than one type of disability or health problem, in which case you may indicate more than one. If none of the categories applies, please mark 'Prefe...



Question options

- Sensory impairment (such as being blind / having a visual impairment or being deaf / having a hearing impairment)
- Physical impairment (such as using a wheelchair to get around and / or difficulty using your arms)
- Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Mental health condition (such as depression or schizophrenia)
- Long-standing illness or health condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say
- Prefer to self-describe (please specify):

Optional question (419 response(s), 529 skipped)

Question type: Checkbox Question