

Have your say: Lenten Pool, Denbigh

This questionnaire is for you to give your views about the layout of the Lenten Pool junction in Denbigh.

Lenten Pool is an area of Upper Denbigh (towards the South end of the town) with a busy road junction which hosts the local bus interchange as well as linking Bridge Street/High Street with Henllan Street and Smithfield Road.



Figure 1 - photograph showing the Lenten Pool junction in Denbigh, taken from Smithfield Road and looking towards Bridge Street

A number of safety concerns have been raised around the site over the years by local residents and Councillors, and we are now in a position to start understanding these concerns in more detail with a view to potentially re-designing the junction at a later date.

We would like to know what you think.

Understanding how you use the junction at Lenten Pool and how you think it could be improved will help us to research and carry out some feasibility studies to make useful improvements to the junction.

Please complete this survey and return it to Denbigh Library by no later than Wednesday 15th May 2024

Privacy Statement:

Denbighshire County Council will only keep response data for the specific purposes of completing this consultation. For more information on how Denbighshire County Council handles your personal data, please visit our website: www.denbighshire.gov.uk/privacy

Are you responding to this consultation as a...?

If you feel you fit more than one category, please tick 'other' and provide a brief description

Please tick one option only

- | | | | | |
|---------------------------|---------------------------|--|--|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local resident in Denbigh | Business owner in Denbigh | Visitor to the area from outside Denbigh | I am an elected Member (such as a Town Councillor, County Councillor, Aelod o'r Senedd, or Member of Parliament) serving Denbigh, or the wider local community | Representative of a group |

Other (please tell us)

How frequently do you use Lenten Pool junction?

Please tick one option only

- | | |
|--|--|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Several days a week |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Less frequently | <input type="checkbox"/> Never |
| <input type="checkbox"/> Not sure / not applicable | |

What are the typical purposes of your journey through Lenten Pool? (select the top two)

Please tick not more than 2

- | | |
|--|---|
| <input type="checkbox"/> To take children to school | <input type="checkbox"/> To access bus stops at Lenten Poo |
| <input type="checkbox"/> To access a faith centre/place of worship | <input type="checkbox"/> To access my workplace |
| <input type="checkbox"/> To access Denbigh High Street | <input type="checkbox"/> To access supermarkets |
| <input type="checkbox"/> To pass through the area | <input type="checkbox"/> To access healthcare services (e.g. doctors, dentists) |

Other (please tell us)

Thinking about how you access Lenten Pool, which of the following statements is applicable to you?

If you vary how you travel, please select the option that you feel is **most** relevant to you

Please tick one option only

I usually walk

I usually cycle

I usually drive

I usually rely on public transport

Do you have any observations about the current layout of the Lenten Pool area related to any of the following:

Please tick all that apply

- | | |
|--|--|
| <input type="checkbox"/> Ease of use/safety as a driver, pedestrian or cyclist | <input type="checkbox"/> Congestion |
| <input type="checkbox"/> Public transport access | <input type="checkbox"/> Visual appeal |
| <input type="checkbox"/> Noise | <input type="checkbox"/> Air quality |
| <input type="checkbox"/> Something else | |

Please provide any observations you may have in the box below:

Staying in touch

If you would like to stay in touch, please let us know. Your data will be held on file by Denbighshire County Council for the purposes of contacting you for further updates on the proposed project for Lenten Pool.

For more information on how Denbighshire County Council handles your personal data, please visit the Council's website: www.denbighshire.gov.uk/privacy

What is your name? _____

What is your address?

What is your email address?

Which is your preferred language?

Please tick one option only

Cymraeg (Welsh)

English

Another language

Another language (please tell us)

Equalities monitoring questions

Thank you. You have completed the main part of the survey.

We would be very grateful if you could also take the time to tell us a bit about yourself by answering some standard equality monitoring data.

This helps us to ensure that we are reaching as many of our diverse communities in Denbighshire as we possibly can as we continue to develop our future Corporate Plan.

What is your ethnic group? Please choose one option that best describes your ethnic background

Please tick one option only

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Gypsy or Irish Traveller |
| <input type="checkbox"/> Mixed - White / Black Caribbean | <input type="checkbox"/> Mixed - White Caribbean |
| <input type="checkbox"/> Mixed - White / Black African | <input type="checkbox"/> Mixed - any other background |
| <input type="checkbox"/> Black - Caribbean | <input type="checkbox"/> Black - African |
| <input type="checkbox"/> Black - any other background | <input type="checkbox"/> Asian - Indian |
| <input type="checkbox"/> Asian - Bangladeshi | <input type="checkbox"/> Asian - Pakistani |
| <input type="checkbox"/> Asian - Chinese | <input type="checkbox"/> Asian - any other background |
| | <input type="checkbox"/> Prefer not to say |

Any other ethnicity (please specify)

How would you describe your national identity?

Please tick one option only

- | | |
|---|--|
| <input type="checkbox"/> Welsh | <input type="checkbox"/> British |
| <input type="checkbox"/> English | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Northern Irish | <input type="checkbox"/> Scottish |
| | <input type="checkbox"/> Prefer not to say |

Other (please specify)

How would you best describe yourself?

Please tick one option only

Man

Woman

Prefer not to say

I think of myself in another way (please tell us)

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

Please tick one option only

Yes

No

Prefer not to say

Which of the following best describes your sexual orientation?

Please tick one option only

Heterosexual /
Straight

Gay man

Gay woman /
lesbian

Bisexual

Prefer not to say

Other (please tell us)

Are you married or in a same-sex civil partnership?

Please tick one option only

Yes

No

Prefer not to say

Please tell us your age

Please tick one option only

- | | |
|--|--|
| <input type="checkbox"/> 0-15 years | <input type="checkbox"/> 16-24 years |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 35-44 years |
| <input type="checkbox"/> 45-54 years | <input type="checkbox"/> 55-64 years |
| <input type="checkbox"/> 65-74 years | <input type="checkbox"/> 75 years or above |
| <input type="checkbox"/> Prefer not to say | |

Caring

Do you look after or help family members, friends, neighbours or other people because of:

- A long-term physical or mental health condition or disability
- Problems related to old age

Please tick one option only

Yes

No

Prefer not to say

Disability:

Section 6(1) of the Equality Act 2010 states that a person has a disability if:

- That person has a physical or mental impairment, and
- The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Using this definition, do you consider yourself to be disabled?

Please tick one option only

Yes

No

Prefer not to say

What is your religion or belief?

Please tick one option only

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

Other (please tell us)

Please select the most appropriate options below in relation to the Welsh language

Please tick one option only in each row

	Extremely confident / Welsh first language	Very confident / Welsh second language	Somewhat confident / Welsh learner	Not very confident / Beginner learner	Not at all confident / Not learning	No interest
Ability to speak in Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to read in Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write in Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of the Welsh language and Welsh culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Diolch am eich amser / Thank you for your time.