



Pride Village Party consultation

Have your say - Pride Village Party

Pride Village Party (PVP) takes place in St James's Street each year over Pride weekend. The consultation is an opportunity for residents and businesses to have their say on the future of the PVP.

The Pride Village Party has been happening in and around the St James's Street area of the city for many years. Up until 2015 the event was not organised officially by either the council nor by Pride itself, instead, visitors independently congregated in the area attracted by the LGBTQ+ bars and clubs that exist there.

Since 2015 Pride organisers have managed the PVP and have put resources in place to manage the disruption to local people including additional security personnel, street cleaning and toilets. It is now a ticketed event limited to certain parts of St James's Street and neighbouring roads.

We are now seeking the views of residents and businesses on the future of the PVP, including whether it should continue, where it should take place and any other changes people would like to be made to the event. The consultation is open from 13 December to 31 January and the responses will be reported to the Tourism, Development and Culture committee in March 2019.

If you are able to do so, please complete the consultation online – you can find it on our website www.brighton-hove.gov.uk by searching for the **Consultation Portal**. If you would prefer to submit a paper copy to us, please complete this questionnaire and return it to us by 31st January using the enclosed pre-paid envelope.



Pride Village Party consultation

About you

Q1. In what way are you responding to this consultation, are you? **(PLEASE TICK ONE BOX ONLY)**

A resident who live in the current ticketed area.	<input type="checkbox"/>
A resident who lives near the ticketed area but not in it	<input type="checkbox"/>
A resident somewhere else in the city	<input type="checkbox"/>
A representative of a business located in current ticketed area, please give details below in Q1(a)	<input type="checkbox"/>
A representative of a business located near the ticketed area but not in it, please give details below in Q1(a)	<input type="checkbox"/>
A representative of a business somewhere else in the city, please give details below in Q1(a)	<input type="checkbox"/>
A representative of a community or voluntary organisation, please give details below in Q1(a)	<input type="checkbox"/>
A representative of a statutory agency, please give details below in Q1(a)	<input type="checkbox"/>
A representative of a LGBTQ+ community organisation, please give details below in Q1(a)	<input type="checkbox"/>
A visitor to the city	<input type="checkbox"/>
Other, please give details below in Q1(b)	<input type="checkbox"/>

Q1(a). Which business or organisation are you representing?

(PLEASE WRITE IN BELOW)

Q1(b). In what other way are you responding to this survey?

(PLEASE WRITE IN BELOW)

Q2. Have you attend previous Pride Village Parties? **(PLEASE TICK ONE BOX ONLY)**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q3. What is your Postcode **(PLEASE WRITE IN BELOW)**

Q4. Do you agree or disagree that the organised Pride Village Party has a positive effect on the City?
(PLEASE TICK ONE BOX ONLY)

Strongly agree	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Tend to disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know / not sure	<input type="checkbox"/>

Q5. Do you agree or disagree the organised Pride Village Party should continue?
(PLEASE TICK ONE BOX ONLY)

Strongly agree	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Tend to disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know / not sure	<input type="checkbox"/>

Q6. If the Pride Village Party continues where do you think it should be held?
(PLEASE TICK ONE BOX ONLY)

Current location - St James' Steet	<input type="checkbox"/>
Madeira Drive	<input type="checkbox"/>
Other, please give details below	<input type="checkbox"/>

In what other location could the event be held? **(PLEASE WRITE IN BELOW)**

Q7a. If the Pride Village Party remains in its current St. James' Street location, how much do you agree or disagree with the following statements? **(PLEASE TICK ONE BOX PER ROW)**

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know / not sure
There should be no change to the current arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There should be a reduction in the time of the event (currently 6pm-midnight Saturday 3pm-9pm Sunday)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the Pride Village Party to one day only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A reduction in the size of the Pride Village Party site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The removal of outside stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7b. If the Pride Village Party was reduced to one day which day would you like the event to happen? **(PLEASE TICK ONE BOX ONLY)**

Saturday	<input type="checkbox"/>
Sunday	<input type="checkbox"/>

Q7c. If the Pride Village Party remains in its current location are there any other changes you would like to see?

(PLEASE WRITE IN BELOW)

Q8. Do you agree or disagree that the event feels safer since it has been regulated, ticketed and fenced? **(PLEASE TICK ONE BOX ONLY)**

Strongly agree	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Tend to disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know / not sure	<input type="checkbox"/>

Q9. Do you have any additional comments you would like to make about the Pride Village Party?

(PLEASE WRITE IN BELOW)

About you

The reason why we ask you these questions is so we can;

- Make our services open to everyone in the city,
- Treat everyone fairly and appropriately when they use our services,
- In consultations, make sure that we have views from all across the city.

The Equality Act 2010 makes these aims part of our legal duties. Your answers help us check that we have met the law and help improve our services.

You do not have to answer these questions; however, by doing so you will help us improve our services. The answers you provide will be collated with all equalities data we collect, thereby ensuring that individuals will not be identified. We will use this information in a completely anonymous and confidential manner and protect your information in accordance with the Data Protection Act (1998).

Q10. What age are you? **(PLEASE WRITE IN BELOW)**

Q11. What gender are you? **(PLEASE TICK ONE BOX ONLY)**

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Other, please give details below	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Q12. Do you identify as the sex you were assigned at birth? For people who are transgender, the sex they were assigned at birth is not the same as their own sense of their gender.

(PLEASE TICK ONE BOX ONLY)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Q13. Which of the following best describes your sexual orientation? **(PLEASE TICK ONE BOX ONLY)**

Heterosexual / Straight	<input type="checkbox"/>
Lesbian / Gay woman	<input type="checkbox"/>
Gay man	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other, please give details below	<input type="checkbox"/>

Q14. How would you describe your ethnic origin? **(PLEASE TICK ONE BOX ONLY)**

White - English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>
White - Gypsy or Irish Traveller	<input type="checkbox"/>
White - Any other White background (please give detail below)	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>
Asian or Asian British - Chinese	<input type="checkbox"/>
Asian or Asian British - Any other Asian background (please give details below)	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>
Black or Black British - Any other Black background (please give details below)	<input type="checkbox"/>
Mixed - Asian & White	<input type="checkbox"/>
Mixed - Black African & White	<input type="checkbox"/>
Mixed - Black Caribbean & White	<input type="checkbox"/>
Mixed - Any other mixed background (please give details below)	<input type="checkbox"/>

Arab	<input type="checkbox"/>
Any other ethnic background (please give details below)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
If you answered 'other background' above please give details here	

Q15. What is your religion or belief? **(PLEASE TICK ONE BOX ONLY)**

I have no particular religion/belief	<input type="checkbox"/>	Pagan	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Agnostic	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Atheist	<input type="checkbox"/>
Jain	<input type="checkbox"/>	Other	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Other philosophical belief	<input type="checkbox"/>
Muslim	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
If you answered 'other' above please give details here			

Q16. 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? **(PLEASE TICK ONE BOX ONLY)**

Yes a little	<input type="checkbox"/>	Please answer question 17	No	<input type="checkbox"/>	Please go to question 18
Yes a lot	<input type="checkbox"/>	Please answer question 17	Prefer not to say	<input type="checkbox"/>	Please go to question 18

Q17. Please state the type of impairment which applies to you. If you have more than one impairment please indicate all that apply. If none of the categories apply, please tick other and state.

Physical Impairment	<input type="checkbox"/>	Mental Health Condition	<input type="checkbox"/>
Sensory Impairment	<input type="checkbox"/>	Autistic Spectrum	<input type="checkbox"/>
Learning Disability / Difficulty	<input type="checkbox"/>	Other Developmental Condition	<input type="checkbox"/>
Long-standing Illness	<input type="checkbox"/>	Other, please give details:	<input type="checkbox"/>
<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div>			

Q18. Are you a carer? A carer provides unpaid support to family or friends who are ill, frail, disabled or have mental health or substance misuse problems (**PLEASE TICK ONE BOX ONLY**)

Yes	<input type="checkbox"/>	Please answer question 19
No	<input type="checkbox"/>	Please go to question 20
Prefer not to say	<input type="checkbox"/>	Please go to question 20

Q19. Do you care for a... (**PLEASE TICK ALL THAT APPLY**)

Parent	<input type="checkbox"/>	Partner / spouse	<input type="checkbox"/>
Child with special needs	<input type="checkbox"/>	Friend	<input type="checkbox"/>
Other family member	<input type="checkbox"/>	Other, please give details:	<input type="checkbox"/>

Q20. Armed Forces Service (**PLEASE TICK ONE BOX PER ROW**)

	Yes	No	Prefer not to say
Are you currently serving in the UK Armed Forces (this includes reservists or part-time service, e.g. Territorial Army)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever served in the UK Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a member of a current or former serviceman or woman's immediate family / household?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for completing this survey. Please return the completed survey in the pre-paid envelope provided. If you have any queries please call Mark Savage-Brookes on 01273 292100 or email mark.savage-brookes@brighton-hove.gov.uk.