

APPENDIX B

Review of Anti-Social Behaviour Town Centre PSPO

This Consultation runs from 29 July 2020 to midday on 09 September 2020

What is a PSPO?

Public Spaces Protection Orders (PSPOs) are intended to deal with a particular nuisance or problem in a particular area that is detrimental to the local community's quality of life, by imposing conditions on the use of that area which apply to everyone.

They are designed to ensure the law-abiding majority can use and enjoy public spaces without experiencing anti-social behaviour.

A council can use PSPOs to restrict the consumption of alcohol in a public space, restrict the use of illegal substances and drugs, restrict urination and defecation unless in a public toilet, restrict begging, restrict the blocking of doorways and fire escapes where it is associated with anti-social behaviour

The PSPO will allow Police and Authorised Officer to ask individuals to stop drinking and or taking illegal substances and have their alcoholic drinks, drug paraphernalia confiscated, if they are deemed to be acting antisocially. It is an offence to fail to comply with a request to stop drinking or surrender alcohol or stop taking illegal substances and surrender drug paraphernalia in the area covered by the PSPO.

A PSPO cannot be used to restrict the consumption of alcohol where a premises is licensed for the supply of alcohol - licensing law already includes safeguards against premises becoming associated with nuisance and anti-social behaviour.

How do PSPO's work?

Breach of a PSPO is a criminal offence subject to, up to a level three fine on prosecution (up to £1,000)

A Fixed Penalty Notice can be issued for £100 for failing to comply with an officers request to stop drinking or hand over the alcohol

Payment of the Fixed Penalty Notice discharges liability to conviction for the offence

The police will work in partnership with the council to ensure the effective enforcement of the PSPOs.

The Consultation

Following the introduction of the Town Centre PSPO in Gosport on 17 November 2017, the law states that a formal review is required before they expire on 17 November 2020.

We are consulting to obtain the views of the local community and interested bodies on whether the conditions contained in the PSPOs need to be:

1. Extended for a further three years and varied as per the attached draft Town Centre PSPO 2020
2. Discharged (no longer needed)
3. We are also considering on whether or not we should extend the boundary of the PSPO (see the proposed boundary extension map)???

HAVE YOUR SAY:

Complete the Online Survey

Click the button below to complete the Anti-Social Behaviour PSPO - Alcohol & Drug 2020 survey:

Q4. Do you agree that the PSPO where you live, work or visit should be extended for a further 3 years? *	
Yes, remain in place	<input type="radio"/>
Be varied (please explain below)	<input type="radio"/>
Be discharged (ended as no longer needed)	<input type="radio"/>
No opinion	<input type="radio"/>
Please add your comments <input type="text"/>	
Q5. Do you agree that the boundary of the PSPO should be extended as shown on the map?*	
Yes, the boundary be extended	<input type="radio"/>
Be varied further (please explain below)	<input type="radio"/>
Not be extended	<input type="radio"/>
No opinion	<input type="radio"/>
Please add your comments here <input type="text"/>	
Q6. Have you personally experienced any of the following anti-social behaviour incidents related to the consumption of alcohol in the Town Centre in the last 12 months? Please tick all that apply *	
Adults drinking alcohol	<input type="checkbox"/>
Young people drinking alcohol	<input type="checkbox"/>
Threatening or intimidating behaviour by adults	<input type="checkbox"/>
Threatening or intimidating behaviour by young people	<input type="checkbox"/>
Noisy disturbance by adults who have been drinking alcohol	<input type="checkbox"/>
Noisy disturbance by young people who have been drinking alcohol	<input type="checkbox"/>
Alcohol litter in the street or park, estate	<input type="checkbox"/>
Have not experienced any of the above	<input type="checkbox"/>
Begging	<input type="checkbox"/>
Aggressive begging	<input type="checkbox"/>
Drug litter and or paraphernalia in the area	<input type="checkbox"/>
Adults taking drugs	<input type="checkbox"/>
Young people taking drugs	<input type="checkbox"/>
Noisy disturbance by adults who have been taking drugs	<input type="checkbox"/>
Noisy disturbance by young people who have been taking drugs	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Q7. I am responding to this consultation as a:	
Resident	<input type="radio"/>

Person who works in the borough	<input type="radio"/>
A visitor to the borough	<input type="radio"/>
Local business	<input type="radio"/>
Councillor	<input type="radio"/>
Representative of a community group or voluntary group	<input type="radio"/>

About You

We would be grateful if you could take the time to complete and return this form. By collecting information on diversity, it helps us better understand the profile and characteristics of those living and using services provided by Gosport Borough Council. We have a duty to pay due regard in all our actions, operations and decisions to eliminate discrimination, advance equality of opportunities and foster good relations between all groups of people.

The information you provide on this form is non-attributable to individuals and will be held in the strictest confidence to be used only for the purpose stated above.

Please go through it and tick all the categories that most accurately describe you.

Q1. What is your age?						
	16-24	25-44	45-64	65+	Prefer not to say	
	16-24 <input type="radio"/>	25-44 <input type="radio"/>	45-64 <input type="radio"/>	65+ <input type="radio"/>	Prefer not to say <input type="radio"/>	

Disability

In order to be able to identify and respond to specific needs, it is important that we gain an understanding of disabilities and long-term conditions.

Q2. Do you have any of the following conditions which have lasted or expected to last for at least 12 months?	
No disabilities	<input type="checkbox"/>
Blindness or partial loss of sight	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>
Mental ill health	<input type="checkbox"/>
Long term illness or condition	<input type="checkbox"/>

Developmental disorder		<input type="checkbox"/>		
Deafness or partial loss of hearing		<input type="checkbox"/>		
Any other disabilities, please write in below:		<input type="text"/>		
Q3. What is your country of birth?				
<input type="text"/>				
Q4. Ethnicity (Please tick the box that best describes your ethnic group)				
White				
English, Welsh, Scottish, N Irish, British		<input type="radio"/>		
Irish		<input type="radio"/>		
Gypsy or Irish Traveller		<input type="radio"/>		
Any other white background, please tell us here:		<input type="text"/>		
Black / African / Caribbean / Black British				
African		<input type="radio"/>		
Caribbean		<input type="radio"/>		
Any other Black / African / Caribbean / Black British ethnic background, please write in below:		<input type="text"/>		
Mixed / multiple ethnic backgrounds				
White and Black Caribbean		<input type="radio"/>		
White and Black African		<input type="radio"/>		
White and Asian		<input type="radio"/>		
Any other mixed/multiple ethnic background, please write in:		<input type="text"/>		
Asian / Asian British				
Indian		<input type="radio"/>		
Pakistani		<input type="radio"/>		
Bangladeshi		<input type="radio"/>		
Chinese		<input type="radio"/>		
Any other Asian / Asian British ethnic background, please write in below:		<input type="text"/>		
Any other ethnic group				
Arab		<input type="radio"/>		
Any other ethnic group, please write in:		<input type="text"/>		
Q5. At birth, were you described as: (Please tick one option)				
	Male	Female	Intersex	Prefer not to say

		Male <input type="radio"/>	Female <input type="radio"/>	Intersex <input type="radio"/>	Prefer not to say <input type="radio"/>
Q6. Which of the following describes how you think of yourself? (Please tick one option)					
Male					<input type="radio"/>
Female					<input type="radio"/>
In another way, please write in below				<input type="text"/>	
Q7. What is your religion? This question is voluntary. Please tick as appropriate:					
No religion					<input type="radio"/>
Buddhist					<input type="radio"/>
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)					<input type="radio"/>
Hindu					<input type="radio"/>
Jewish					<input type="radio"/>
Muslim					<input type="radio"/>
Sikh					<input type="radio"/>
Any other religion, please write in below:				<input type="text"/>	
Q8. Which of the following options best describes how you think of yourself?					
	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
	Heterosexual or straight <input type="radio"/>	Gay or lesbian <input type="radio"/>	Bisexual <input type="radio"/>	Other <input type="radio"/>	Prefer not to say <input type="radio"/>
Q9. Pregnancy and maternity					
	Yes	No	Prefer not to say		
Are you pregnant? (Please tick one box)	Are you pregnant? (Please tick one box) Yes <input type="radio"/>	Are you pregnant? (Please tick one box) No <input type="radio"/>	Are you pregnant? (Please tick one box) Prefer not to say <input type="radio"/>		
Have you had a baby in the last 12 months? (Please tick one box)	Have you had a baby in the last 12 months? (Please tick one box) Yes <input type="radio"/>	Have you had a baby in the last 12 months? (Please tick one box) No <input type="radio"/>	Have you had a baby in the last 12 months? (Please tick one box) Prefer not to say <input type="radio"/>		
Q10. What is your legal marital or civil partnership status? Please tick one box					
Never married and never registered a civil partnership					<input type="radio"/>
Married or in a civil partnership					<input type="radio"/>
Widowed or surviving partner from a civil partnership					<input type="radio"/>

	Divorced or legally dissolved from a civil partnership	<input type="radio"/>
	Separated but still legally married or in a civil partnership	<input type="radio"/>
	If so, what country or region are you a refugee/asylum seeker from?	<input type="text"/>
Q11. Are you a refugee or an asylum seeker? Please tick one box		
	A Refugee	<input type="radio"/>
	An Asylum Seeker	<input type="radio"/>
Q12. What is your main language?		
	English	<input type="radio"/>
	Other, please write in below (including British Sign Language):	<input type="text"/>
Thank you for completing this survey		