

<p>Urban agriculture, social cohesion and environmental justice</p> <p>An action-research funded by the ESRC</p> <p>www.urbanfoodjustice.org</p>	
<p>Director of research: Dr. Chiara Tornaghi School of Geography, University of Leeds Woodhouse Lane, Leeds, LS2 9JT Contact: c.tornaghi@leeds.ac.uk</p>	 UNIVERSITY OF LEEDS

Urban food growing

A questionnaire to explore people's need for land in the UK

This questionnaire is directed at individuals interested in accessing land for food growing (including bee keeping and animal farming).

In the next page you will find 9 short questions which will explore your motivation for food growing and the ways in which you are seeking land.

The survey is part of a wider research project directed by Dr Chiara Tornaghi (School of Geography, University of Leeds) and funded by the Economic and Social Research Council (ESRC) to support urban agriculture in the UK.

For more details about the research, contact the director at the email: chiara.tornaghi@gmail.com or visit the website: www.urbanfoodjustice.org

At the end of the questionnaire you will find a consent form where we will ask your permission to use your opinion for our research. The information you will provide will be used anonymously and your private data will not be passed to any third party, however, we need to store your name, surname, postcode and a contact detail to make this information valid to the purpose of the research.

1) Have you ever done any gardening activity in your life?

- Yes
 No

If **YES**, could you tell us when and where did you approximately start?

2) Are you in a waiting list for allotment, or have you been in one until 12 months ago?

- Yes
 No

If **YES**: How long have you been on it? If **NO**: Why did you decide not to subscribe?

3) Are you seeking spaces for food growing in other ways?

(choose as many answers as relevant to you)

- campaigning (please specify in the box below)
- lobbying the council (please specify in the box below)
- sharing someone else's allotment plot or home garden (i.e. Landshare)
- being involved in a community garden (please specify in the box below)
- doing guerrilla gardening on public or private land (please specify)
- through other types of direct action, i.e. squatting (please specify)

- growing in containers at work
- growing in containers at home
- growing on rooftops
- other (please specify in the box below)

Please specify here:

4) What is your primary motivation for seeking to grow food?

5) Between zero and 4 – zero being not at all, 4 being a lot, how much do the following factors influence your desire to grow food? (tick one value for each factor)

	0	1	2	3	4
Income/need to provide affordable fresh food to you and your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental concerns (i.e. reduce food miles, live more sustainably)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	_____

Need to socialise/meet new people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste/food quality (i.e. enjoy the quality and taste of your own food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Popularity on TV and media (i.e. River Cottage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education: learn a useful skill yourself or teach your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fun (you enjoy gardening as an activity in itself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends/Partner influence (i.e. they are doing it or have convinced you to do it with them)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Health (you feel it is good for your mental or physical health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify in the box below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify here:

6) What is your age group?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
up to 25	26-35	36-45	46-55	56-65	66-75	76or more

7) What is your household and family status?

- You live alone
- You live with your partner only
- You live in a shared accommodation or co-housing (with friends, a partner, and or other siblings)
- You live in a squat or temporary accommodation
- You are mobile and do not have a fixed accommodation (you travel, live on the street, in a van, boat, or other mobile structure)
- Other (please specify)

Please specify here:

8) Do you have dependent children (younger than 15) ?

- Yes
- No

9) Employment status: At the moment you are:

- a full time student
- in a permanent waged job
- in a temporary waged job
- unemployed/on benefits
- retired
- Other (specify) _____

Thank you for your time and support.

Please leave your name, surname, postcode and a contact detail (phone or email) in the box below. You can also use the box to add any comment or relevant issue you would like to share. In all cases, your answers will be kept confidential.

Name:

Surname:

Postcode:

Contact:

Thank you!

Your answers have been collected.

If you want to know more about this research, please visit the page:

www.urbanfoodjustice.org

Participant Consent Form

Title of Research Project: “Urban agriculture, social cohesion and environmental justice. An action-research project to inform responsive policy making”

Name of Researcher: Dr. Chiara Tornaghi

Tick the box if you agree with the statement to the left

- 1 I confirm that I have read and understand the “Information sheet” (attached) dated 6th July 2012 explaining the above research project and I have had the opportunity to ask questions about the project.

2 I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without there being any negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline.

3 I understand that I **can choose** to have my responses to be kept strictly *confidential* or *made public* for purposes strictly connected to the research. If I choose confidentiality I understand that my name will not be linked with the research materials, and I will not be identifiable in the reports that result from the research. If I do not need anonymity my name could be associated to the answers, and I could be identifiable.

Therefore, my choice is the following (please tick as appropriate)

Yes, I agree to make my answers public / **No**, I prefer anonymity

4 I agree for the information collected from me to be used in future research

5 I agree to take part in the above research project and will inform the principal investigator should my contact details change.

_____	_____	_____
Name of participant	Date	Signature
(or legal representative)		
Dr. Chiara Tornaghi _____	6 th July 2012 _____	 _____
Lead researcher	Date	Signature