

# Student Housing Engagement

## Overview

Thank you for your interest in filling out the survey on student living in Edinburgh. We would really appreciate your views. If you fill out the survey, you'll be entered into a prize draw to win a £50 (all purpose) voucher. Just remember to leave your e-mail address at the end.

Having somewhere safe and secure to call home whilst studying is essential to support your health and wellbeing so you can focus on your studies and enjoy being a student in Edinburgh.

We know finding somewhere to live in Edinburgh can be difficult for anyone whether you are a student or not. Accommodation is in high demand and is expensive.

**Please note that this survey is for students in either further or higher education studying and/or living within the Edinburgh area.**

## Why your views matter

In 2023, there were over 100,000 students enrolled in further or higher education in Edinburgh – around 20% of the City's population. As a student, you make a big contribution to Edinburgh. We need to understand your experience and needs around student accommodation and living in Edinburgh.

Your views will feed into the following:

Edinburgh's draft Local Housing Strategy (LHS)

Edinburgh's draft Local Housing Strategy (LHS) covers all aspects of housing and related services for the coming years. With the fastest growing population in Scotland and facing unprecedented challenges, it has never been more important to have a strong housing strategy that reflects and is influenced by the views of those living in the city. We'd like to hear from as many residents as possible including students.

If you would also like to share your views on housing in the city more widely, please access the LHS consultation [here](#) . This consultation closes on 22 April 2025.

Student Accommodation Non-Statutory Planning Guidance

This planning guidance relates to purpose built student accommodation (PBSA) like Unite, Student Castle or IQ. It will provide guidance on where PBSA should be located, what should be provided and how it fits with the surrounding area. It will be used by the Council to assess planning applications. You can share your views on this guidance [here](#) . This closes on 23 May 2025.

City Plan 2040

A local development plan (LDP) is a document prepared by a local planning authority which outlines the vision and framework for the future development and use of land within its area, serving as the basis for determining planning applications. City Plan 2040 will be Edinburgh's next LDP and as part of this work, we need to think student accommodation – how much we need, where it should be located but also understanding where students want to live. You can find out more about City Plan 2040 [here](https://www.edinburgh.gov.uk/local-development-plan-guidance-1/city-plan-2040).



## HAPPY TO TRANSLATE

Please email the Interpretation and Translation Service at [its@edinburgh.gov.uk](mailto:its@edinburgh.gov.uk) quoting reference **25-0413**.

## Introduction

1 What is your name?

Name

2 What is your email address?

Email

## About You

### 3 What is your current level of study?

Please select only one item

- College
- First year undergraduate
- Undergraduate other
- Postgraduate

Other (please enter)

### 4 Where are you enrolled?

Please select only one item

- Edinburgh College
- Edinburgh Napier University
- Heriot-Watt University
- Scotland's Rural College
- Queen Margaret University
- University of Edinburgh

Other (please enter)

## Your accommodation

### 5 Where do you currently live?

Please select only one item

- Home
- Private rented accommodation
- Purpose built student accommodation (for example: Unite, Student Castle, IQ)
- University halls of residence
- Short-term accommodation i.e. Airbnb, hotel or hostel
- I don't have a fixed place to live

Other (please enter)

### 6 Thinking about where you currently live, how happy are you with it?

Please select only one item

- Very happy
- Happy
- Neither happy nor unhappy
- Unhappy
- Very unhappy

Can you tell us why you put that answer?

**7** How easy is it to find a place to live in Edinburgh?

*Please select only one item*

- Very difficult
- Difficult
- Neither difficult or easy
- Easy
- Very easy
- Not applicable

Can you tell us why you put that answer? Have you a story to tell us?

**8** What do you see as the main challenges around accommodation/housing in Edinburgh?

**9** Where would you currently go to find advice and information about accommodation/ housing in Edinburgh?

**10** How much are paying each month for your accommodation?

**11** Does that include bills?

*Please select only one item*

- Yes
- No
- Don't know

Your preferences

## 12 What type of accommodation do you prefer to live in?

*Please select only one item*

- Home
- Private rented accommodation
- Purpose built student accommodation (for example: Unite, Student Castle, IQ)
- University halls of residence
- Short-term accommodation i.e. Airbnb, hotel or hostel

Other (please enter)

Can you tell us why you put that answer?

## 13 Out of these choices which would you prefer

*Please select only one item*

- Bedroom in shared flat/ house
- Studio (i.e. a self contained unit with kitchen, living space & bathroom) with communal facilities
- Studio with no communal facilities

Can you tell us why you put that answer?

What is important to you when choosing accommodation?

## 14 Facilities: What would you like your accommodation to have?

	Essential	Important to me	Would be nice to have	Not important to me/ not applicable
Large size bedroom <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
En-suite facilities <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Double bed <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not sharing – having my own studio/flat <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking for vehicle <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycle parking <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled parking <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation that is accessible and/or suitable for my disability <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suitable for my family's needs <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good decoration/quality of furnishings <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a shared communal living space/living room <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private outdoor space/garden <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site accommodation manager <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site recreational facilities <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secure door access/security gates <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provision of catered accommodation <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 15 What else might be important?

	Essential	Important to me	Would be nice to have	Not important to me/ not applicable
Affordability of accommodation <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Utility bills included in rental price <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to choose who you live with <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choosing the number of people you will be living with <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living independently 'in a real home' <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to a large group of students for socialising <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/guardians would be happy with the accommodation <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16** Location: What is important to you when thinking about where to live in Edinburgh?

	Essential	Important to me	Would be nice to have	Not important to me/ not applicable
Being near where you are studying <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus routes/ public transport links <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An area that feels safe <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being in a busy area where there's a lot going on <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close to nightlife <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somewhere quiet <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food shops <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supermarket <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Place of worship <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Places to eat and drink <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to green space <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Places to play sport <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gym <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors/pharmacy/dentist <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things that meet the needs of my family/partner i.e. schools, nursery, work place <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17** Is there anything you would like to say about what is important to you?

**18** If you have a disability or access needs, do you feel there is enough suitable accommodation for you?

*Please select only one item*

- Yes
- No
- Not applicable
- Don't know

Is there anything you'd like to share about your experience or have you any ideas to address your needs?

**19** Do you feel safe and secure in your accommodation and in the city?

*Please select only one item*

- Strongly Disagree
- Disagree
- Undecided
- Agree
- Strongly Agree

Have you anything you would like to say about safety?

**20** Does where you live have an impact on your wellbeing?

*Please select only one item*

- Yes
- No
- Maybe
- Don't know
- Not applicable

Is there anything you would like to say about your experience?



**21** Which of the following do you think applies to your experience living in Edinburgh? (You can select more than one)

*Please select all that apply*

- Where I live students are welcomed by their non-student neighbours
- Where I live students are valued as part of the local community
- Where I live students are viewed as beneficial to the local economy
- Where I live, I feel part of the local community
- Where I live students are viewed as a problem

**22** What do you think would help to build better connections between students and local community?

**23** Have you a story that would want to share about finding accommodation and living in Edinburgh?

### About you

These questions are optional, but it would be great if you could answer them, so we make sure we get a range of views and understand what is important to you.

**24** What is your age?

*Please select only one item*

- Under 16
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 and over
- Prefer not to say

**25** What is your sex?

*Please select only one item*

- Female
- Male
- Prefer not to say

**26** Do you consider yourself to be trans, or have a trans history?

- Only answer this question if you are **aged 16 or over**
- Here we use trans as a term to describe people whose gender identity is not the same as their sex registered at birth

*Please select only one item*

- No
- Yes
- Prefer not to say

If you would like to, please describe your trans status (for example non-binary, trans man, trans woman):

**27** Which of the following best describes your sexual orientation?

- Only answer this question if you are **aged 16 and over**

*Please select only one item*

- Straight / Heterosexual
- Gay or Lesbian
- Bisexual
- Other sexual orientation, please write in
- Prefer not to say

## 28 What is your ethnic group?

Choose **one** section from A to F, then tick **one** box which **best describes** your ethnic group or background

### A. White

*Please select only one item*

- 1. Scottish
- 2. Other British
- 3. Irish
- 4. Polish
- 5. Gypsy / Traveller
- 6. Roma
- 7. Showman / Showwoman
- 8. Other white ethnic group, please write in

### B. Mixed or multiple ethnic groups

*Please select only one item*

- 9. Any mixed or multiple ethnic groups, please write in

### C. Asian, Scottish Asian or British Asian

*Please select only one item*

- 10. Pakistani, Scottish Pakistani or British Pakistani
- 11. Indian, Scottish Indian or British Indian
- 12. Bangladeshi, Scottish Bangladeshi or British Bangladeshi
- 13. Chinese, Scottish Chinese or British Chinese
- 14. Other, please write in

### D. African, Scottish African or British African

*Please select only one item*

- 15. Please write in (for example, Nigerian, Somali)

### E. Caribbean or Black

*Please select only one item*

- 16. Please write in (for example, Scottish Caribbean, Black Scottish)

### F. Other ethnic group

*Please select only one item*

- 17. Arab, Scottish Arab or British Arab
- 18. Other, please write in (for example, Sikh, Jewish)

### G.

*Please select only one item*

- 19. Prefer not to say

**29** What best describes where you come from?

Tick **all** that apply

*Please select all that apply*

- Edinburgh
- Scotland (not Edinburgh)
- Other UK
- International (EU)
- International (Non-EU)
- Prefer not to say

Other (please enter)

**30** What religion, religious denomination or body do you belong to?

*Please select only one item*

- None
- Church of Scotland
- Roman Catholic
- Other Christian, please write in
- Muslim, write in denomination or school
- Hindu
- Buddhist
- Sikh
- Jewish
- Pagan
- Another religion or body, please write in
- Prefer not to say

**31** Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

*Please select only one item*

- Yes
- No
- Prefer not to say

If answer 'Yes' (do you have a physical or mental health condition or illness lasting or expected to last 12 months or more):

**Do any of these conditions or illnesses affect you in any of the following areas?**

*Please select all that apply*

- Vision (for example blindness or partial sight)
- Hearing (for example deafness or partial hearing)
- Mobility (for example walking short distances or climbing stairs)
- Dexterity (for example lifting or carrying objects, using a keyboard)
- Learning or understanding or concentrating
- Memory
- Mental health
- Stamina or breathing or fatigue
- Socially or behaviourally (for example associated with autism spectrum disorder (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD))
- Other (please specify)
- Prefer not to say

**32** Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?

*Please select only one item*

- Yes, a lot
- Yes, a little
- Not at all
- Prefer not to say