

Family Support Services and Children's Centre Consultation Questionnaire

We want to hear people's views about our proposals. Please read the consultation document and additional information and then answer the following questions about our approach and what the proposals mean for your area.

We would also welcome your feedback on the services that are important to you and how you would prefer to access them.

If you cannot fit your responses into the spaces provided please use the blank page at the back of this questionnaire.

This questionnaire will be anonymous and if you require any of the documentation in alternative languages or format please contact. Email: FamilySupportService@somerset.gov.uk or Phone 01823 357657

If you have a paper copy of the questionnaire, please either drop it off at any of the children's centres in Somerset or you can send it back via free post to the following address:

Somerset County Council
Family Support Service and Children's Centre consultation
FREEPOST NAT 9109
County Hall
Taunton TA1 4DY

The consultation closes on the 1st December 2017

1. Which of the following best describes you?

- Someone who uses family support services
- Member of the public
- Responding on behalf of an organisation or group (e.g. A school, Parish Council, Youth Club)

Please specify _____

Member of staff from:

- getset service
- Health Visiting service
- School nursing
- Other, Please specify _____

Our Approach

2. We propose developing a Family Support Service for children aged 0-19 years. This would include what we currently deliver in Children's Centres, family support services, Health Visitors and School Nursing Services. We would look to develop greater links with other services that families need and build stronger links with communities.

To what extent do you agree or disagree with this approach?				
Strongly agree	agree	not sure	disagree	strongly disagree

Any additional comments:

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3. The Council has to make significant savings and wants to invest in support and services rather than buildings. To what extent do you agree with this approach?

To what extent do you agree or disagree with this approach?				
Strongly agree	agree	not sure	disagree	strongly disagree

Any additional comments:

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4. We want to make more use of technology and create an easy to use online information service so that families receive the support that suits them best.

To what extent do you agree or disagree with this approach?				
Strongly agree	agree	not sure	disagree	strongly disagree

Any additional comments:

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5. We would create 8 Family Centres in areas of greatest need. These centres would provide the same kind of support they do now and coordinate services in a wider network of places in local communities. This would include the use of libraries, people’s own homes, health centres, community halls and schools. The number of stand-alone Sure Start Children’s Centres would reduce by 16 but these would become part of the wider network delivering early childhood support for local families, for example nursery and school places.

To what extent do you agree or disagree with this proposal?				
Strongly agree	agree	not sure	disagree	strongly disagree

Any additional comments:

What it means in your area

6. To what degree do you support each of the district proposals? (Please provide an answer for the area/s that relate to you. You do not need to comment on all of them)

		Strongly agree	agree	not sure	disagree	strongly disagree
6a	Sedgemoor					
6b	Taunton Deane					
6c	West Somerset					
6d	South Somerset					
6e	Mendip					

Any additional comments:

Thank you for answering the questions on the proposals above. We would now welcome your feedback on the services you use and how you access them. The questions on the following pages will gather information that will be used to help us plan for the future and ensure services are relevant and can be accessed by our communities.

The services you use and how you access them

Current Services

7. Have you used any of the following family support services in the last 2 years?

(Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Childcare (nursery or childminder) | <input type="checkbox"/> Children's centres activities |
| <input type="checkbox"/> Family Support Workers from getset | <input type="checkbox"/> Family Support Workers from another organisation |
| <input type="checkbox"/> Health Visitors | <input type="checkbox"/> Parent Family Support Advisors from your school |
| <input type="checkbox"/> School Nurses | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Other please state _____ | |

Where

8. If you have accessed these services in the last two years, how did you access this support?

(please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> At a children's centre | <input type="checkbox"/> At a community venue e.g. village hall or church hall |
| <input type="checkbox"/> At a GP surgery | <input type="checkbox"/> At home |
| <input type="checkbox"/> At school | <input type="checkbox"/> Nursery |
| <input type="checkbox"/> Using online facilities | <input type="checkbox"/> By text |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other please state _____ |

9. Where do you think support should be provided to best meet your families' needs?

- | | |
|---|--|
| <input type="checkbox"/> At a children's centre | <input type="checkbox"/> At a community venue e.g. village hall or church hall |
| <input type="checkbox"/> At a GP surgery | <input type="checkbox"/> At home |
| <input type="checkbox"/> At school | <input type="checkbox"/> By text |
| <input type="checkbox"/> At a nursery | <input type="checkbox"/> Using online facilities |
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Other please state _____ |

10. Do you access these services in the area in which you live?

- Yes No I travel further

Please specify how far you travel to access services and why?

Effectiveness

11a. With regard to family support services, have you been able to get the support you need?

- Yes No

11b. If no, what has stopped you from being able to access the help you need?

(please tick all that apply)

- Care arrangements prevent me from accessing services
 Opening hours didn't work for me
 Transport doesn't get me to where support is available
 I didn't know that help was available
 Other please state _____

11c. Have you any ideas about how these issues could be overcome?

Future Services

What is important

12. What type of support would you like to be able to access?

(Please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> childcare (eg. nursery, pre-school or childminder) | <input type="checkbox"/> benefits advice |
| <input type="checkbox"/> bereavement support for children | <input type="checkbox"/> breastfeeding support |
| <input type="checkbox"/> child behaviour problems | <input type="checkbox"/> child development support |
| <input type="checkbox"/> difficulty getting child to attend school | <input type="checkbox"/> housing advice |
| <input type="checkbox"/> emotional support for children and young people | <input type="checkbox"/> keeping my child safe (including online) |
| <input type="checkbox"/> management of common childhood illnesses | <input type="checkbox"/> preventing child accidents |
| <input type="checkbox"/> reading, writing and maths skills for parents | <input type="checkbox"/> relationship support for parents |
| <input type="checkbox"/> sleeping problems (child) | <input type="checkbox"/> support for a child with disabilities |
| <input type="checkbox"/> support for parents returning to work | <input type="checkbox"/> support for young people |
| <input type="checkbox"/> health and wellbeing advice for myself | |
| <input type="checkbox"/> Other please state _____ | |

Where would it be accessed from

13. Where would you go for help and support regarding any concerns about your children?

(Please tick all that apply)

- an app if it were available
- children's centre
- childcare provider i.e. a nursery, pre-school or childminder
- community groups
- community venues such as church or village hall
- friends and family
- GP
- health centre
- library
- neighbours
- online e.g. NHS Choices, Somerset Choices
- school
- Voluntary sector organisations e.g. Homestart or Citizens Advice Bureau.

Please specify _____

Other

Please specify _____

When would it be available

14. If you are accessing services face to face, what time of the day best suits you?

(Please tick all that apply)

- Anytime
- During school time
- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings only
- Weekends only

Thanks for taking the time to give your feedback.

**Please use the following questions to provide some information about you.
It will help us analyse the results of the consultation**

About you

15. Which area do you live in?

- Mendip Taunton Deane Sedgemoor
 West Somerset South Somerset

To help us understand your answers please provide the following information:

16. What is your home Postcode (optional) _____

17. Do you identify

- As a women As a man In some other way Prefer not to say

18. What is your age?

- 0-17 18-24 25-34 35-49
 50-64 65-79 80+ Prefer not to say

19. Do you consider yourself to have a disability or long term health condition?

- Yes No Prefer not to say

20. Do you provide care for anyone (for example a parent, child, other relative, elderly person, a friend or neighbour) who has any form of disability (sensory loss, physical, learning disability, mental health problem) or long term illness?

- Yes No Prefer not to say

21. Are you currently in a Marriage or Civil Partnership?

- Marriage Civil Partnership Single Prefer not to say

22. What are the ages of your children?

(Please specify how many children in each age bracket)

- 0-1 2-4 5-12 13-16 17-21 not applicable

23. What is your ethnic group?

- White Mixed and Multiple ethnic groups Asian Black/African/Caribbean
 Other ethnic group - please specify _____
 Prefer not to say

24. Are you in receipt of Universal Credit/Family Tax Credit?

- Yes No

25. Do you have access to the following?

(Please tick all that apply)

- car other form of transport (including public transport) mobile phone
 internet access

Anything else you would like to say?