SURE START SHREWSBURY

PARENT/GUARDIAN SURVEY

Sure Start is a Government funded programme to improve health, education and support services for families with young children. The Sure Start Shrewsbury Partnership needs to know what would help you and your family. We would be grateful if you could spare a few minutes to answer the following questions so that Sure Start Shrewsbury can assist in providing the best possible services for local families. All answers will be ANONYMOUS and CONFIDENTIAL. Please return your survey in the FREEPOST envelope provided BY 25 OCTOBER 2002.

If you would like to enter the Free Prize Draw to win £50 worth of supermarket vouchers, please fill in your details on the back form, and return in the FREEPOST envelope. Thank you for your assistance.

ABOUT YOUR CHILDREN

Q1 How many children do you have aged between 0 and 14 years?

_____

Q2 Into which of the following age bands do your children fall? (please tick all that apply)

0-2 years
3 years
4 years
5-8 years
9-11 years
12-14 years
Currently Pregnant

Q3 Into which of the following age bands do you fall?

15-20 years
21-25 years
26-30 years
31-35 years
36 years or over

Q4 Are you male or female?

Male
Female

Q5 Please describe your ethnic origin (tick all that apply).

White British
White Irish
Any Other White Background (please specify)
Caribbean
African
Any Other Black Background (please specify)
White and Black Caribbean
White and Black African
White and Asian
Any Other Mixed Background (please specify)
Indian
Pakistani
Bangladeshi
Any Other Asian Background (please specify)
Chinese
Traveller/Gypsy
Other (please specify)

Q6 Do you consider yourself to have any special needs?

Yes
No

If yes, please specify_____

Q7 Does your child have any special needs?

Yes
No

If yes, please specify_____

Q8 What is your postcode?_____

SERVICES FOR CHILDREN UNDER FOUR

Q9 If you use any of the following services for your children under 4, how do you feel about this service?

	Very Satisfied	Satisfied	OK	Dissatisfied	Very Dissatisfied
Day Nursery					
Pre-school/Playgroup					
Childminder					
Creche					
Carer and Toddler Group					
Other (please specify)_____					

Q10 Do you feel your pre-school child/children have access to good quality play and learning opportunities in this area?

Yes
No

Any Comments_____

Q11 If more services were available locally, which would be most useful to you and your family?

	Very Useful	Useful	Not Useful	Don't know
Day Nursery				
Pre-school/Playgroup				
Childminder				
Creche				
Carer and Toddler Group				
Other (please specify) _____				

Q12 How often do you have any help looking after your children under 4, from any of the following?

	Daily	A few times a week	Once a week	Occasionally

Never
Family
Friends
Neighbours
Babysitters
Others e.g. local voluntary organisations, Home Start
Other
(please specify)
_____

Q13 How do you feel about the services given to you by....?

Doctors

Very satisfied Satisfied OK Dissatisfied Very dissatisfied

Availability
Easily accessible
Caring and concern for children and parents
Quality of info/advice

Midwives

Very satisfied Satisfied OK Dissatisfied Very dissatisfied

Availability
Easily accessible
Caring and concern for children and parents
Quality of info/advice

Health Visitors

Very satisfied Satisfied OK Dissatisfied Very dissatisfied

Availability
Easily accessible
Caring and concern for children and parents
Quality of info/advice

Ante-natal care

Very satisfied Satisfied OK Dissatisfied Very dissatisfied

Availability
Easily accessible
Caring and concern for children and parents
Quality of info/advice

Post-natal care

Very satisfied Satisfied OK Dissatisfied Very dissatisfied

Availability
Easily accessible
Caring and concern for children and parents
Quality of info/advice

Q14 Does your child visit a dentist?

Yes Go to Question 15
No Go to Question 16

Q15 When visiting a dentist, how do you feel about the following? (please tick appropriate boxes)

Very satisfied Satisfied OK Dissatisfied Very dissatisfied

Availability
Easily accessible
Caring and concern for children and parents
Quality of information and advice

Q16 If your child does not visit a dentist, why?

_____
_____
_____
_____

Q17 Which form of transport do you and your children use most often to get to services and places, which are not in walking distance from your home? (please tick one box only)

Own car
Family/friend's car
Taxi

Bus
Train
Other (please specify)_____

Q18 Do you feel that local buses are...? (please tick appropriate boxes)

	Yes	No	Don't know
Easy to get on with children and pushchairs			
Stops near your house			
Run frequently			
Current timetables			
Comfortable			
Reasonably priced			

Other comments_____

Q19 Sure Start is hoping to provide some new services and activities for children under 4 and their families. We will not necessarily be able to provide all the services below, but can you tell us which would be most useful to you and your family?

	Very Useful	Useful	Not Useful	Don't know
More home visits				
Adult education				
Play facilities indoor				
Play facilities outdoor				
Facilities enabling parents and children to play together				
Playgroups				
Family support				
Info on local activities				
Advice on money				
Advice on keeping healthy				
Specialist advice e.g. counselling				

Other (please specify)_____

Q20 What are/were the difficulties of bringing up a pre-school child in your area?

_____

_____

_____

Q21 What are/were the most helpful things about bringing up a pre-school child in this area?

_____

_____

_____

Q22 What would help/have helped you as a parent bringing up a pre-school child in this area? (e.g. creche, social support, better access)

_____

_____

_____

Q23 What services or activities would be most useful for local fathers looking after children under 4?

_____

_____

_____

Q24 If you could wave a magic wand what would you choose to improve for yourself, your children and local services?

_____

_____

_____

Q25 Do you smoke?

Yes
No

Q26 Does anyone else in your household smoke?

Yes
No

If yes, please state who e.g. partner, child etc.

_____

Thank you for your assistance.