

Parents' & Carers' Survey 2010

It's time for you to tell us the kinds of extended services you would like for you and your family. Your views are very important and will help us provide services to suit your needs.

Please complete this questionnaire by January 31st and return it to the person or organisation from whom you received it.



1 Please tick which area you live in:							
Basildon East		Basildon West		Billericay		Brentwood	Wickford
Your postcode							
Which children's centre/school/nursery or pre-school does your child/ren attend?							

2	How old are your children?				
	<i>Please write how many you have in each age group</i>	0-5 yrs		6-11 yrs	12-19 yrs

3	About your child/ren and teenagers					
	We should like to know what help/support /information you would like to help you with your children. Please tick as many boxes as you wish					
	Alcohol/Drugs		Child development		Lack of communication	Sibling Rivalry
	Anger		Confidence & self-esteem		Loud music	Sleep difficulties
	Antisocial behaviour		Discipline		Lying/telling fibs	Smoking
	Arguments/shouting		Eating/food fads		Not getting up/being out late	Special needs
	Bedtimes		Feelings and emotions		Potty/toilet training	Speech & Language
	Bedwetting		Friendships/peer pressure		Rudeness/bad language	Starting nursery, pre-school/school
	Being sexually different		Future choices/leaving school		School attendance	Street safety inc. gangs & knives
	Behaviour		Growing up		School issues	Temper tantrums
	Body language		Hearing		Self-harm/eating disorders	TV/internet/mobiles
Bullying		Health/Hygiene		Sex & relationships	Where babies come from	
Childcare		Independence & freedom		Shyness	Other (please specify):	

4	When would you like activities provided for your child/teen? <i>Tick as many as you like</i>	
	Before school <input type="checkbox"/> after school <input type="checkbox"/> at weekends <input type="checkbox"/> during holidays <input type="checkbox"/> Sport <input type="checkbox"/> Art & Craft <input type="checkbox"/> Dance <input type="checkbox"/> Drama <input type="checkbox"/> Music <input type="checkbox"/> Media <input type="checkbox"/> Booster Learning Classes <input type="checkbox"/>	

5	How would you like to help your children more with their learning? <i>Please tick as many boxes as you like</i>	
a	Know how to play with my child/ren and help them learn	
b	Like more chances to help in my child's early years group/school/activities	
c	Know how to help my child/teen with schoolwork and exams	
d	Know how to help my child/teen when moving to a new 0 – 5s setting/school/college/job	

6	About you as a parent	
	What would you like help with as a parent? <i>Please tick the ones you need help with</i>	
a	Being more confident in my parenting skills	
b	My confidence in managing difficult and challenging behaviour	
c	Knowing how to build my child's/teen's confidence and self esteem or social skills	
d	Knowing how to help my child/teen develop language and communication skills	
e	Setting limits and saying 'No'	
f	Understanding my child's/teen's development so I can support him/her	
g	Understanding why my child/teen behaves as s/he does	

7	What help/support /information would you like to help you as a parent? <i>Please tick the ones you need help with and circle any you feel particularly important</i>	
a	Having more time for myself or my partner, enjoying family life more, less stress/relax more	
b	My general confidence and well-being	
c	My confidence in communicating with others	
d	My household skills: budgeting or cooking or organising daily life	
e	My skills/education/qualifications/employment	
f	Coping with difficult family situations e.g. family break-up or bereavement	
g	Knowing how to deal with alcohol or smoking or drug misuse	
h	Improving health or healthy lifestyles or leisure activities	

8	About services If you and your family needed help/support/information with any of the following, would you know where to go? <i>Please circle YES or NO</i>											
	Benefits	Y	N	Bereavement	Y	N	Bullying	Y	N	Domestic abuse	Y	N
	Emotional issues	Y	N	Fitness & leisure	Y	N	Health Information	Y	N	Housing	Y	N
	Improving skills/employment	Y	N	Keeping your family safe	Y	N	Money	Y	N	Relationships	Y	N
	Special needs or disabilities	Y	N	Supporting learning	Y	N	Other (<i>please specify</i>):					

9	Which of these Parent Support Groups have you attended or would you like to attend? <i>Please circle H for Have attended and L for Like to attend</i>													
	Informal 1:1 chat				H	L	Drop-in session				H	L		
	Information session				H	L	Talk/demonstration				H	L		
	Daytime parents' course				H	L	Daytime event with crèche				H	L		
	Evening parents' course				H	L	Workshop session				H	L		
	Specialist groups <i>for example:</i>													
	ADHD			H	L	Single parents			H	L	Grandparents			H
Divorced or separated			H	L	Drugs/Alcohol/ Knife Crime			H	L	Other (<i>please specify</i>):				

10	If you have received help/support/information, we should like to know briefly what services you have used and how they have helped you or your family.										

11	If you have not been to any parent support groups, what stopped you coming?													
	Did not know when/where groups are held					Travel difficulties								
	Did not realise that they are for all parents					Childcare problems								
	Nothing for Dads					Language								
	Disabilities					Don't feel the need								
	I prefer to get help from: <i>Tick as many as you like</i>													
	My family			My friends			Websites			Chat rooms			Books	
Health Visitor			Children's Centre			Pre-school/ Nursery/School			Other (<i>please specify</i>):					

12	Please answer these questions about yourself:									
	Male		Female		Age <i>Please circle</i>	Under 21	21 - 30	31 - 40	41 – 50	51+
	Single Parent			Have a spouse or partner			Carer (<i>please specify</i>): e.g. Grandparent/Other			
	Ethnicity <i>Please tick one of the boxes</i> <i>These categories reflect the 2001 Census ethnicity classification system:</i>									
	White – British						Asian or Asian British – Other			
	White – Irish						Chinese			
	Other White background						Other Asian background			
	Black or Black British – Caribbean						Mixed – White & Black Caribbean			
	Black or Black British – African						Mixed – White & Asian			
	Other Black background						Mixed – White & Black African			
Asian or Asian British – Bangladeshi						Other Mixed background				
Asian or Asian British – Indian						Other Ethnic background				
Asian or Asian British – Pakistani						I prefer not to say what my ethnicity is				

Have you answered all the questions?
Thank you very much for your help, your views are greatly appreciated.

Please return this survey by January 31st
to the person or organisation from whom you received it.

If you would like this questionnaire in a different format e.g. large print or another language,
please contact the person from whom you received it.

If you need any help on anything mentioned in this survey,
then please contact the person or organisation who gave it to you
and they will be pleased to help you,
or email: contactessex@essex.gov.uk
or phone 0845 7430 430

This information will be used solely for the purposes of this survey
and all information will be treated in confidence and is anonymous.

Data Protection Act 1998

This questionnaire was prepared by a multi-agency partnership involving statutory
and voluntary agencies that commission and/or provide services
to children, young people and their families locally.