

Tell us what
you think

? Questionnaire

Changing Family and Children's Centres to Family Wellbeing Centres



Family and Children's Centre

Tell us what you think



Introduction

Families told us that if the teams in the Council joined together it would make their lives easier.

The Council has ideas on how to change to help families to



- Get information
- Get advice
- Take part in activities
- Get support

IDEA

We want to have main Family Wellbeing Centres and some smaller buildings that will be able to help families.

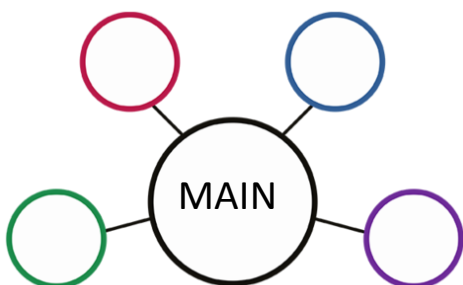
This will help families get support easier



Our idea is to change what Children's Centres and Family Centres do and how they do it.

The ideas will help families with children aged 0 - 19 years old.

We want to know what you think about our ideas.





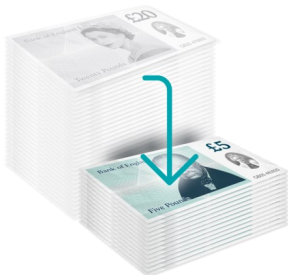
It may mean that some people will use our services in a different place or in a different way.

This change will help us make the most of the limited amount of money we have but still provide important support to 0 - 19 year olds and their families.



What is this questionnaire for?

We want to know what you think about this idea?



Why does it have to change?

There is lots of information about the Council's Vision 2030, what the Council does for its community and the changes we need to make because of how much money we have.

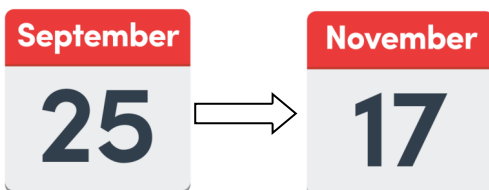


If you would like to know more have a look at the website

modgov.sefton.gov.uk

(click here if reading on a computer)

When will this consultation start and end?

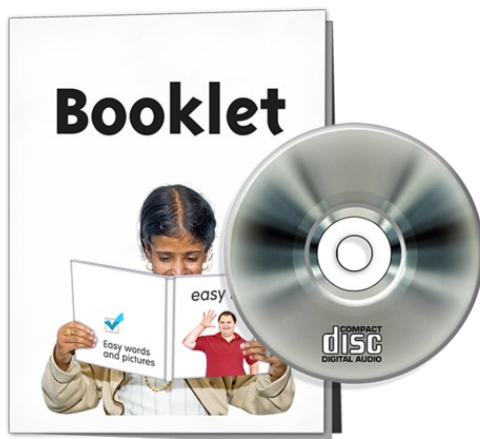


It will start on 25th September 2017 and end on 17th November 2017.



How can I get involved?

- You can fill in this questionnaire
- You can fill in the questionnaire on line on the engage space website. You can find this on the Council's website consultation pages.



You can get this questionnaire in different formats

- Easy Read version (this one)
- Standard
- Large print
- Audio
- Other languages



If you need another format please ring 0151 934 3733.

If you need to give us your ideas over the telephone you can ring 0151 934 3193.



Send your filled in questionnaire to
PMO
Sefton Council
FREEPOST LV7340
L20 1YX

What will we do with your feedback



Your feedback will help us to know what we could do and how we can help families in the future.



We follow the law – the Data Protection Act (1998) and others.

All the information you give is kept safe.

The information is destroyed after it is no longer needed.



The results of the consultation will be put on the Council's website. There will also be a summary of any questions asked and any responses given called Frequently Asked Questions.



If you would like to be sent a copy of the results of the consultation please email yourseftonyoursay@sefton.gov.uk



Or ring
0151 934 3733

Questions



1. What do you think about it?

- Good
 Bad
 Not sure



Tell us what you think

We would like to ask you some questions to help us understand what you think of our ideas.

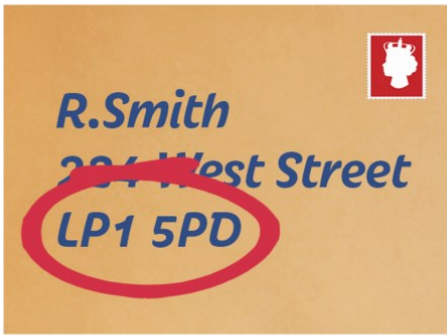
We want to make sure we talk to as many different people as possible. Please can you tell us a bit about you and your interest in this consultation.

Part 1

1. What best describes you? Please tick all that apply. I am a...



<input type="checkbox"/>	Parent / Grandparent / Carer
<input type="checkbox"/>	Childminder
<input type="checkbox"/>	Child or Young person
<input type="checkbox"/>	Children's Centre Advisory Board
<input type="checkbox"/>	Employee of a Children's Centre
<input type="checkbox"/>	Employee of a Family Centre
<input type="checkbox"/>	Early Years Provider
<input type="checkbox"/>	Member of the public
<input type="checkbox"/>	Health partner
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Sefton Council Staff
<input type="checkbox"/>	Other organisation (please say who)



2. What is your postcode

This is used to understand different needs in different areas.

If you are filling this in for yourself and your family please use your home postcode. If for an organisation please use the postcode of the organisation.



3a Do you have any children and/or any caring responsibility for any children?

Yes

No

b. If yes, how many children are these ages?



<input type="checkbox"/>	0 - 5 Years Old
<input type="checkbox"/>	6 - 11 Years Old
<input type="checkbox"/>	12 - 19 Years Old

c. Do any of the children have a disability?

Yes

No



c. Is the child's disability related to



	Child 1	Child 2	Child 3
Mobility			
Learning Disability			
Mental Health			
Under diagnosis			
Pathway			
Other			

d. Do you have a disability?

Yes

No



If yes, is the disability	Parent/ Carer 1	Parent/ Carer 2
Mobility		
Learning Disability		
Mental Health		
Under diagnosis		
Pathway		
Other		



e. Do any of your children have a caring role?

Yes

No



4. Are you or your partner pregnant or planning on becoming pregnant?

Yes

No

5. Do you use either a Children's Centre and/or a Family Centre as a worker or a parent/carer?



Yes No

If NO please go to question 9.

5b. If you answered YES which centres do you use?

<input type="checkbox"/>	Cambridge Children's Centre	<input type="checkbox"/>	First Steps (Kings Meadow and Farnborough Road)
<input type="checkbox"/>	Freshfield Children's Centre	<input type="checkbox"/>	Hudson Children's Centre
<input type="checkbox"/>	Linaker Children's Centre	<input type="checkbox"/>	Linaker Children's Centre - Canning Road
<input type="checkbox"/>	Linaker Children's Centre - The Atkinson	<input type="checkbox"/>	Litherland Children's Centre
<input type="checkbox"/>	Marie Clarke Family Centre	<input type="checkbox"/>	Netherton Children's Centre
<input type="checkbox"/>	Netherton Family Centre	<input type="checkbox"/>	Seaforth Children's Centre
<input type="checkbox"/>	Seaforth Family Centre	<input type="checkbox"/>	Southport Family Centre (Talbot Street)
<input type="checkbox"/>	Springwell Children's Centre	<input type="checkbox"/>	Thornton Children's Centre
<input type="checkbox"/>	Waterloo Children's Centre	<input type="checkbox"/>	Don't know
<input type="checkbox"/>	None of these		

5b. How do you get to the centres?



<input type="checkbox"/>	Walk
<input type="checkbox"/>	Cycle
<input type="checkbox"/>	Use public transport
<input type="checkbox"/>	Own car
<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Friend or family's car
<input type="checkbox"/>	Other



6a In the last 12 months, what have you used at the centre?

Health and Wellbeing	
<input type="checkbox"/>	Child development
<input type="checkbox"/>	Dental health
<input type="checkbox"/>	Healthy eating information
<input type="checkbox"/>	Exercise classes
<input type="checkbox"/>	Pram walks
<input type="checkbox"/>	Safety in the home
<input type="checkbox"/>	Paediatric first aid
<input type="checkbox"/>	Infant feeding and weaning workshops





6a In the last 12 months, what have you used at the centre?



Health and Wellbeing	
<input type="checkbox"/>	Breastfeeding support
<input type="checkbox"/>	Support to stop smoking
<input type="checkbox"/>	Vitamin collection
<input type="checkbox"/>	Family cookery
<input type="checkbox"/>	Lunch club
<input type="checkbox"/>	Support with your emotional wellbeing
<input type="checkbox"/>	Young minds



Health Visiting Services	
<input type="checkbox"/>	Well baby clinic
<input type="checkbox"/>	Development checks
<input type="checkbox"/>	Toilet training

6a In the last 12 months, what have you used at the centre?



Access to support for low

<input type="checkbox"/>	One to one family support
<input type="checkbox"/>	Think differently, cope differently
<input type="checkbox"/>	Positive thoughts
<input type="checkbox"/>	Shine
<input type="checkbox"/>	Peer support groups



Antenatal services

<input type="checkbox"/>	Midwife booking in clinic
<input type="checkbox"/>	Parent craft classes
<input type="checkbox"/>	Antenatal groups
<input type="checkbox"/>	Breastfeeding support
<input type="checkbox"/>	Mellow bump



Perinatal Services

<input type="checkbox"/>	Drop In clinic
<input type="checkbox"/>	Baby massage
<input type="checkbox"/>	Mellow parenting



6a In the last 12 months, what have you used at the centre?



Family Support

<input type="checkbox"/>	Home Visit
<input type="checkbox"/>	Domestic violence support (SWACA)
<input type="checkbox"/>	Drugs / Alcohol
<input type="checkbox"/>	Co-ordinated family support plan for me and my family
<input type="checkbox"/>	Home safety visits / home safety equipment
<input type="checkbox"/>	Mediation / relationship support / family counselling

Access to support for families with Special Educational Needs & Disability (SEND)



<input type="checkbox"/>	Respite
<input type="checkbox"/>	Family fun days
<input type="checkbox"/>	Stay and play (SEND)
<input type="checkbox"/>	Sensory play
<input type="checkbox"/>	One to One support
<input type="checkbox"/>	Parent training events
<input type="checkbox"/>	Sefton Carers support



6a In the last 12 months, what have you used at the centre?

Early Learning

<input type="checkbox"/>	Creche
<input type="checkbox"/>	2 year old offer
<input type="checkbox"/>	Preschool group (delivered in schools)
<input type="checkbox"/>	Stay and play
<input type="checkbox"/>	Mark making
<input type="checkbox"/>	Breakfast club
<input type="checkbox"/>	After school club
<input type="checkbox"/>	Support to access nurse provision
<input type="checkbox"/>	Early reading skills (i.e storytime)
<input type="checkbox"/>	Speech, language and communication (i.e Chattertime)
<input type="checkbox"/>	Advice and support with child



Developing Parents Life Skills

<input type="checkbox"/>	Triple P (group)
<input type="checkbox"/>	Triple P (one to one)
<input type="checkbox"/>	No excuses
<input type="checkbox"/>	Strengthening families
<input type="checkbox"/>	Mellow Parenting
<input type="checkbox"/>	Incredible Years (Webster Stratton)



6a In the last 12 months, what have you used at the centre?



Attachment and support programmes

<input type="checkbox"/>	Baby massage or baby yoga
<input type="checkbox"/>	Beautiful beginnings (play to learn)
<input type="checkbox"/>	Baby well-being
<input type="checkbox"/>	Mellow baby
<input type="checkbox"/>	Baby bonding sessions (i.e. baby and me)
<input type="checkbox"/>	Baby stay and play

Support into employment

<input type="checkbox"/>	Volunteering courses
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Building confidence
<input type="checkbox"/>	Support with job applications
<input type="checkbox"/>	Work ready programmes
<input type="checkbox"/>	Accredited learning courses (i.e. Maths and English)



6a In the last 12 months, what have you used at the centre?



Support with money and budgeting

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Benefits / debt advice |
| <input type="checkbox"/> | Housing advice / support |
| <input type="checkbox"/> | Money management |
| <input type="checkbox"/> | Cooking on a budget |
| <input type="checkbox"/> | Foodbank vouchers |
| <input type="checkbox"/> | Family support i.e. grant applications |
| <input type="checkbox"/> | Lunch club |



Other Services

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Practical support and advice (often in home) |
| <input type="checkbox"/> | Family group work (often at home) |
| <input type="checkbox"/> | International group |
| <input type="checkbox"/> | Dads club |
| <input type="checkbox"/> | Supervised contact |
| <input type="checkbox"/> | Parent forum |
| <input type="checkbox"/> | Drop in sessions |
| <input type="checkbox"/> | Peer support groups |
| <input type="checkbox"/> | Other - please say what here |



b. Have you had a home visit from one of our Children and Family Centre teams?

Yes No

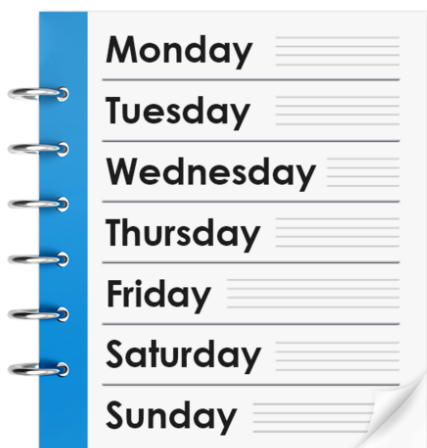
If yes, what was the reason for the visit?

c. From the services listed earlier - which are the most important things to help the health and wellbeing of your family?



1	
2	
3	

7. How often do you use the centre?



<input type="checkbox"/>	Daily
<input type="checkbox"/>	Weekly (not every day but once or more than once a week)
<input type="checkbox"/>	Monthly (not every week but at least once or more a month)
<input type="checkbox"/>	Not often (sometimes I drop in)

8 Which of these places do you also visit?

Would you feel comfortable using these places to access services for children and families in the future?



	Use now	Would use
Hospitals (Pre and post natal services)		
Leisure centres		
Parks and coast		
Church halls		
Libraries		
Halls attached to other places of worship (e.g mosques, temple)		
Community Centres		
Village Halls		
Schools		
Youth Centres / Clubs / Events		
Somewhere else (please tell us)		



PART 2

ABOUT OUR IDEAS

We want to see all communities in Sefton do well and the most vulnerable in our communities kept safe.

The ideas we want to ask you about will help to

- Help people to have good mental health
- Make sure everyone in Sefton has good emotional well-being so they are not stressed or anxious
- Able to support people who need help with their health.



The aims of the Family Wellbeing bases are to

- Have respect for the issues families may have
- Get involved early to give families the support they need at the right time
- Think about 'the whole family' and where the problems are. This limits the times families re-tell their stories.
- If 'whole family' approach does not work focus on the children and young people.





- Make sure that we carry on hearing the child's voice and we carry on keeping children safe when we change.
- Know about where support is needed most by children and families
- Support children and families that are not doing as well as they could especially around attachment, learning how to talk and reach childhood milestones.

9. Do you agree with the ideas about what the Family Wellbeing service aims to do?

Yes

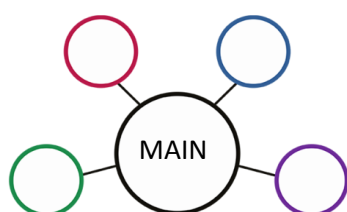
No

If no which ones?



Below are our ideas about where we would have our main centres and other places which we will deliver some services from.

Area	Idea for Main Base	Other Bases
North	Talbot Street - Possible Family Wellbeing Centre	Linaker Freshfield Farnborough and Kingsmeadow
South	Waterloo - Possible Family Wellbeing Centre OR Marie Clarke - Possible Family Wellbeing Centre	Cambridge Seaforth (the place you use now may change)
Central	Netherton - Possible Family Wellbeing Centre	Hudson Litherland Thornton Springwell

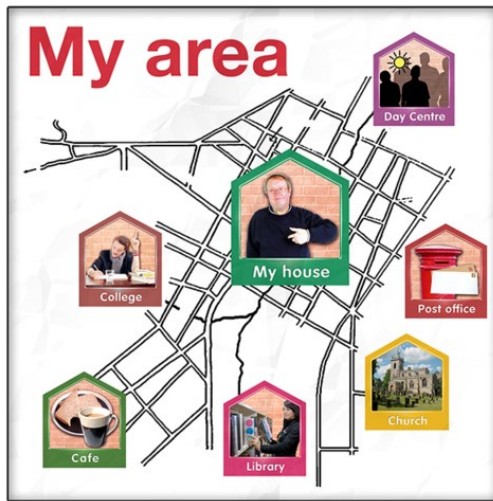


10 Do you agree with the above ideas?

Yes

No

If no please tell us you ideas for possible different locations



11. Which centre do you think will be the easiest for you to go to if we use our new ideas?

Main bases

<input type="checkbox"/>	Southport Family Centre (Talbot Street)	<input type="checkbox"/>	Netherton Family Centre
<input type="checkbox"/>	Waterloo Children's Centre	<input type="checkbox"/>	Marie Clarke Family Centre

Other bases

<input type="checkbox"/>	Base in Cambridge area (Bootle)	<input type="checkbox"/>	Base in Kings Meadow and Farnborough Road area (Ainsdale)
<input type="checkbox"/>	Base in Freshfield area	<input type="checkbox"/>	Base in Hudson area (Maghull)
<input type="checkbox"/>	Base in Linaker area (Southport)	<input type="checkbox"/>	Base in Litherland area
<input type="checkbox"/>	Base in Seaforth area	<input type="checkbox"/>	Base in Springwell area (Bootle)
<input type="checkbox"/>	Base in Thornton area	<input type="checkbox"/>	Don't know
<input type="checkbox"/>	None of these (where?)		

12 How would you get there (please tick all that you would do)?



<input type="checkbox"/>	Walk
<input type="checkbox"/>	Cycle
<input type="checkbox"/>	Use public transport
<input type="checkbox"/>	Own car
<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Friend or family's car
<input type="checkbox"/>	Other

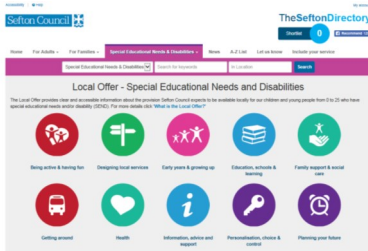
13 How do you usually get about?



<input type="checkbox"/>	Walk
<input type="checkbox"/>	Cycle
<input type="checkbox"/>	Use public transport
<input type="checkbox"/>	Own car
<input type="checkbox"/>	Taxi
<input type="checkbox"/>	Friend or family's car
<input type="checkbox"/>	Other



14 How do you find out what is going on in the local area?



- | | |
|--------------------------|--|
| <input type="checkbox"/> | Local Offer
(usually used for families with children or young people with a disability or educational need) |
| <input type="checkbox"/> | Sefton Directory (Council) |
| <input type="checkbox"/> | Sefton Directory (CVS) |
| <input type="checkbox"/> | Sefton Council website |
| <input type="checkbox"/> | Children's Centre website |
| <input type="checkbox"/> | Information shared by Centre Staff |
| <input type="checkbox"/> | Children's Centre Social Media Page |
| <input type="checkbox"/> | Children's Centre text messaging service |
| <input type="checkbox"/> | Internet search e.g Google, Bing |
| <input type="checkbox"/> | Information shared by schools |
| <input type="checkbox"/> | Family and / or friends |
| <input type="checkbox"/> | Anything else? Please say |



15 Do you have any other comments or suggestions in reactions to this proposal?

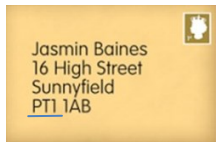
A large, empty rounded rectangular box intended for writing comments or suggestions.

Some Questions About You



Filling in this form will help us make sure we are reaching everyone in Sefton.

You can find more information about why we collect this information in the "What's it got to do with you?" booklet which is available on the Council website



The first part of my post code is _____

I am



A Man



A Woman

My age group is



15 or under

16 - 17

18 - 29

30 - 39

40 - 49

50 - 59

60 - 69

70 - 79

80 - 84

85 +

Do you think of yourself as disabled?



Yes

No

My disability is



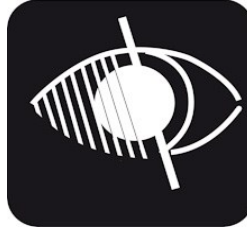
Learning Disability



Mobility Related



Mental Health



Visual Impairment



Hearing Impairment



Limiting Long Term Illness

Other

My ethnicity is

White



British

English

Irish

Scottish

Welsh

Polish

Latvian

Gypsy or Traveller

Other White Background _____



Asian

- Asian - Bangladeshi
- Asian - Indian
- Asian - Pakistani

Other Asian Background _____

Black



- British
- African
- Caribbean _____

Other Black Background _____

Chinese



- Chinese _____

Other Chinese Background _____

Mixed Ethnic Backgrounds



- Asian and White
- White and Black African
- White and Black Caribbean

Other mixed _____



Church



Mosque



Religion

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> No religion | |
| <input type="checkbox"/> Other | |
-

Relationships

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay |
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Lesbian |

Do you live in the gender you were given at birth?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Thank you for filling in this form.

This information will not be able to
tell us who you are.

