

We want to find out your views about the services we have provided between 1st Aug 2011 and 31st July 2012. We are also interested in finding out what services you want in the future.

Most questions require you to simply tick one box per question. You will also have the option to provide your own comments in the text boxes provided.

If you would like this questionnaire in a different format i.e. large print or audio tape please contact Gornal Parent and Children's Centre on 01384 818274.

Please return completed questionnaires to Gornal Parent and Children's Centre, Robert Street, Lower Gornal DY3 2AZ or alternatively you can complete the form online at <http://childrenscentres.dudley.gov.uk/gornal> and return it to ccinfo@roberts.dudley.sch.uk

Questionnaires can be completed anonymously but if you would like to be entered into our prize draw for a chance to **win £30.00 Tesco vouchers** you need to fill in your name, address and telephone number and return the questionnaire to us by 31st August 2012.

How did you find out about Gornal Parent and Children's Centre?

Which of the following group sessions have you used and how do you rate them?

	Used	Not Used	Not aware of	Very Good	Good	Poor	Very Poor	Don't Know
PEEP for 1 and 2 year olds.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waddle and Toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jumping Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCT Antenatal Classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwife and Health Visitor Appointment at Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and Language Therapist Appointment at the Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEEP Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumps to Babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baby Massage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening Baby Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Support in own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Finance Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PEEP 3 with Roberts Nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue overleaf

1.

New Birth Visit in your own home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Learning Art Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beauty Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Holiday Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizens Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solo Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Induction Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TTT Group/ Gornal Talk and Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triple P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Feeding Buddies Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groovy Guys Dads Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lets Get Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stay and Play at Straits Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduction to solids by Health Visitors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My Fun Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Nursery and Reception Parents Coffee Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Links Nurturing Programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mothers Day Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time for Twos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Santas Grotto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking Tots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tea Time Teddies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YogaBugs Mini Bugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga Bugs Mighty Bugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Coffee Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding Buddies Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active Dudley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Learners Award Ceremony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Antenatal information/advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bookstart Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Mental Health Nurse appointment at the Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.

Which one of these services most attracted you to use Gornal Children's Centre in the first place?
(Please tick only one)

PEEP for 1 and 2 year olds.....	<input type="checkbox"/>	First Aid Training	<input type="checkbox"/>
Waddle and Toddle	<input type="checkbox"/>	Breast Feeding Buddies Training	<input type="checkbox"/>
Jumping Beans	<input type="checkbox"/>	Groovy Guys Dads Group	<input type="checkbox"/>
NCT Antenatal Classes	<input type="checkbox"/>	Lets Get Cooking	<input type="checkbox"/>
Midwife and Health Visitor Appointment at Centre	<input type="checkbox"/>	Stay and Play Straits Primary	<input type="checkbox"/>
Speech and Language Therapist Appointment at the Centre	<input type="checkbox"/>	Introduction to solids by Health Visitor	<input type="checkbox"/>
PEEP Babies	<input type="checkbox"/>	My Fun Bus	<input type="checkbox"/>
Bumps to Babies	<input type="checkbox"/>	New Nursery and Reception Parents Coffee Morning	<input type="checkbox"/>
Baby Massage	<input type="checkbox"/>		<input type="checkbox"/>
Talking Tots	<input type="checkbox"/>	Family Links Nurturing Programme	<input type="checkbox"/>
Parents Voice	<input type="checkbox"/>	Mothers Day Photos	<input type="checkbox"/>
Family support in your own home	<input type="checkbox"/>	Time for twos	<input type="checkbox"/>
Family Finance Course	<input type="checkbox"/>	Santas Grotto	<input type="checkbox"/>
Breastfeeding Buddies Support	<input type="checkbox"/>	Tea Time Teddies	<input type="checkbox"/>
PEEP 3 with Roberts Nursery	<input type="checkbox"/>	YogBugs Mini Bugs	<input type="checkbox"/>
New Birth Visit in your own home	<input type="checkbox"/>	YogaBugs Mighty Bugs	<input type="checkbox"/>
	<input type="checkbox"/>	Volunteer Coffee Morning	<input type="checkbox"/>
Family Learning Art Course	<input type="checkbox"/>	Evening Baby Clinic	<input type="checkbox"/>
Beauty Course	<input type="checkbox"/>	Active Dudley	<input type="checkbox"/>
Safeguarding Training	<input type="checkbox"/>	Adult Learners Award Ceremony	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

School Holiday Activities

Antenatal Information and Advice

Citizens Advice Bureau ☐

Bookstart Corner ☐

Solo Group ☐

Primary Mental Health Nurse appointment ☐
at the centre

Volunteer Induction Training ☐

Triple P..... ☐

TTT Group /Gornal Talk and Support..... ☐

3.

Which of the following best describes your ethnic group? Please tick one box

☐ White British ☐ White Irish ☐ White Other ☐ Mixed background

☐ Black African ☐ Black Caribbean ☐ Black Other

☐ Indian ☐ Bangladeshi ☐ Pakistani

☐ Vietnamese ☐ Chinese ☐ Traveller

Other:

How many children live in your house?

How old are the children?

Child 1 Child 2: Child 3: Child 4: Child 5:

Do you consider yourself to have a special need or disability?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

Does any child in your household have a special need or disability?

☐ Yes ☐ No ☐ Don't Know ☐ Refused

So we can provide you with the best possible service Gornal Children's Centre may wish to carry out further research projects. Would you be willing to be contacted in the future, to take part in further research?

☐ Yes ☐ No

To be entered into a free prize draw for a chance to win £30.00 Tesco Vouchers you need to fill in your name, address and telephone number and return the questionnaire to Gornal Parent and Children's Centre, Robert Street, Lower Gornal, Dudley. DY3 2AZ by 31st August 2012.

Name:

Address:

Post Code:

Telephone Number:

Mobile:

THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY

Once you have completed the survey please return it to Gornal Parent and Children's Centre, Robert Street, Lower Gornal DY3 2AZ or alternatively you can complete the form online at

<http://childrenscentres.dudley.gov.uk/gornal> and return it to ccinfo@roberts.dudley.sch.uk



8.

Which of these benefits has your child found from using the Centre? (Please tick all that apply)

- ☐ My child is learning more or learning new skills
(such as communication and speech, to paint, draw, write, count, read)
- ☐ My child has more or better opportunities to play
- ☐ My child is making friends with other children and socialising more
- ☐ My child has been given the opportunity to explore their imagination i.e. art, music, movement, dance etc.
- ☐ It's a safe environment for my child to explore
- ☐ My child's health has improved
- ☐ My child's speech and language has improved
- ☐ My child has better access to health services and other specialist services
- ☐ No benefits
- ☐ Don't know
- ☐ Other please specify:

Which of these has been the main benefit to your child? (Please tick only one)

- ☐ My child is learning more or learning new skills
(such as communication and speech, to paint, draw, write, count, read)

- ☐ APPENDIX 5 - Report of the Director of Children's Services to Children's Services Scrutiny Committee – 23rd September 2013

My child has more or better opportunities to play

- ☐ My child is making friends with other children and socialising more
- ☐ My child has been given the opportunity to explore their imagination i.e. art, music, movement, dance etc.
- ☐ It's a safe environment for my child to explore
- ☐ My child's health has improved
- ☐ My child's speech and language has improved
- ☐ My child has better access to health services and other specialist services
- ☐ No benefits/ no main benefit
- ☐ Don't Know
- ☐ Other, please specify:

4.
Which of these benefits have you personally found from using the Centre? (Please tick all that apply)

- ☐ I am meeting and socialising more with other parents
- ☐ It gets me out of the house
- ☐ I feel more confident as a parent/have better parenting skills
- ☐ I understand my child's development better
- ☐ I can get advice and support when I need it (e.g. about education, training or claiming benefits)
- ☐ I have better access to health services
- ☐ It's a pleasant environment with friendly staff and quality services
- ☐ I can access all these services under one roof
- ☐ I can access training courses at the Centre
- ☐ I can access volunteering opportunities at the Centre
- ☐ No benefits
- ☐ Don't know

☐ Other, please specify:

Which of those has been the main benefit to you personally? (Please tick one)

- ☐ I am meeting and socialising more with other parents
- ☐ It gets me out of the house
- ☐ I feel more confident as a parent/have better parenting skills
- ☐ I understand my child's development better
- ☐ I can get advice and support when I need it (e.g. about education, training or claiming benefits)
- ☐ I have better access to health services
- ☐ It's a pleasant environment with friendly staff and quality services
- ☐ I can access all these services under one roof
- ☐ I can access training courses at the Centre
- ☐ I can access volunteering opportunities at the Centre
- ☐ No benefits/main benefit
- ☐ Don't know
- ☐ Other, please specify:

5.

Overall how satisfied are you with Gornal Children's Centre?

- | | |
|--|--|
| <input type="checkbox"/> Very Satisfied | <input type="checkbox"/> Fairly Satisfied |
| <input type="checkbox"/> Fairly Dissatisfied | <input type="checkbox"/> Very Dissatisfied |

Would you recommend Gornal Children's Centre to family and friends?

- | | |
|--|--|
| <input type="checkbox"/> Definitely Would | <input type="checkbox"/> Probably Would |
| <input type="checkbox"/> Probably Wouldn't | <input type="checkbox"/> Definitely Wouldn't |

If you wouldn't recommend Gornal Children's Centre please state why

In the last month how many times have you visited Gornal Children's Centre?

☐ 0 – 5 times ☐ 6 – 10 times ☐ 11+ times

Are there any services that you would like Gornal Children's Centre to offer that are not already available?

☐ Yes ☐ No If yes please tell us what these are?

We want to encourage more parents to use Gornal Children's Centre. Which of the following would be most effective to make parents more aware of the Centre? (Please tick all that apply).

- ☐ More information (leaflets and posters) in public places like the supermarket or GP surgery
- ☐ More leaflets through the door
- ☐ More visits by Centre staff to parent's homes to tell them about the Centre
- ☐ Other parents telling them about the Centre
- ☐ Advertising/articles in the local paper
- ☐ Other please specify:

6.

When would you like to be able to access activities and services at Gornal Children's Centre?

	AM	PM	EVENING
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments you would like to make?

Have you done any training at Gornal Parent and Children's Centre?

☐ Yes ☐ No

If so, have you gone on to do further training elsewhere?

☐ Yes ☐ No

Please give details below of any further training that you have done

Since attending training at Gornal Parent and Children's Centre have you gone on to gain employment?

☐ Yes ☐ No

Since attending Gornal Parent and Children's Centre would you say that your confidence as a parent has ..

☐ Increased ☐ Decreased ☐ Stayed the same ☐ Don't know

So we can ensure we are offering services to different groups of people, please complete the following,

Are you:

☐ Male ☐ Female ☐ Parent ☐ Carer

☐ Under 16 ☐ 16 – 24 ☐ 25 – 34 ☐ 35 – 44 ☐ 45 – 54 ☐ 55+

7.