

# Survey - have your say

## Best Start children's centres consultation – May 2021

Before you complete this survey, please read the accompanying summary of changes that we are proposing to make to our children's centre services.

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## Data protection and consent

### Data protection statement

We're asking for your information in this survey because it tells us more about the people (like you) who use our services. If we know more about you, we know more about the way our services are used and this helps us to make improved decisions about them. It also helps us to make sure we're hearing from all our diverse communities.

When we analyse responses and report findings from our surveys, your personal details will not be identifiable. That's the same for when we ask for demographic information (like your age, gender identity, ethnicity or disabilities). We'll also make sure that you don't have to answer any questions about you, if you don't want to.

For more information about the collection of this data, please read the accompanying privacy notice.

**1) I agree for the anonymised information I am providing in this survey to be shared with council teams as part of the analysis and reporting of the consultation.**

Please tick the box below to confirm.

I Agree	<input type="checkbox"/>
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## About you and your family

The following questions are optional. By answering them, you are helping us to ensure that a wide range of views are heard. If we know who in our community we have heard from, this will help us to make contact with groups who have not yet responded.

### 2) Are you completing this survey as a:

Parent/carer currently using children's centre services	[ ]
Parent/carer who has used children's centre services in the past	[ ]
A future user of children's centres	[ ]
Best Start practitioner	[ ]
Other practitioner	[ ]
Other	[ ]
Prefer not to say	[ ]

2.1) If "Other", please specify:

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### 3) Do you and/or your partner have children?

Yes	[ ]
No	[ ]
Prefer not to say	[ ]

If your response is "No" or "prefer not to say", please skip to Question 4.

### 3.1) How many children do you have?

1	[ ]
2	[ ]
3	[ ]
4	[ ]
5+	[ ]
Prefer not to say	[ ]

### 3.2) Please select the age ranges of your child(ren):

Please tick all that apply.

Up to 3 months	[ ]
Between 3 months and 6 months	[ ]
Between 6 months and a year	[ ]
1 to 2 years old	[ ]
3 to 4 years old	[ ]
5 to 6 years old	[ ]
7 to 8 years old	[ ]
9 to 10 years old	[ ]
Prefer not to say	[ ]

### 4) Are you or your partner expecting a baby?

Yes	[ ]
No	[ ]
Prefer not to say	[ ]

## Your use of children's centres

The following questions are about your use of children's centres.

### 5) Which is your local Croydon children's centre?

Aerodrome	[ ]
Byron	[ ]
Crosfield	[ ]
Kensington Avenue	[ ]
New Addington	[ ]
Purley Oaks	[ ]
Selhurst	[ ]
Shirley	[ ]
Woodlands	[ ]
Not sure	[ ]

### 6) Prior to 23 March 2020, when services were affected due to national lockdown, which children's centre(s) did you access?

Please tick all that apply.

Aerodrome	[ ]
Byron	[ ]
Crosfield	[ ]
Kensington Avenue	[ ]
New Addington	[ ]
Purley Oaks	[ ]
Selhurst	[ ]
Shirley	[ ]
Woodlands	[ ]
Other eg. out of borough	[ ]
Not sure	[ ]

**7) Please tell us about parent/child activities that you use, or are aware of in your area other than children's centre services:**

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**8) How do you usually travel to the children's centre you use the most?**

Please tick all that apply.

Walk	[ ]
Cycle	[ ]
Car	[ ]
Public transport (train, bus, tram)	[ ]
Other	[ ]

8.1) If "Other", please specify below:

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**9) Which children's centre services did you access?**

Please tick all that apply.

<b>Stay and play provision</b> (e.g. Babbling Babies, Little Explorers, Now I am Two) Speech and Language Support groups ( such as Chatterbox)	[ ]
<b>Adult and family learning/ employability support</b>	[ ]
<b>Health Services</b> (e.g. antenatal/ postnatal clinics, Well Baby Clinics, developmental checks with the Health Visitor)	[ ]
<b>1-2-1 family support</b>	[ ]
<b>Parenting programmes and parent support</b>	[ ]
<b>Support to families in crisis through advice appointments</b>	[ ]
<b>Other</b>	[ ]

9.1) If "Other", please specify below:

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**10) Which of the following activities has supported your child's development or has had the greatest impact on helping your child get ready for nursery or reception?**

Please tick all that apply.

Baby massage	[ ]
Babbling Babies/baby groups	[ ]
Stay & Play sessions	[ ]
Now I'm Two/Now I'm Three	[ ]
Bookstart	[ ]
Chatterbox	[ ]
Cooking Cubs	[ ]
Not applicable	[ ]
Other	[ ]

10.1) If "Other", please specify below:

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## Your views on our proposals - hubs and spokes

A three hub and six spoke model is our proposed option for children's centre services. It provides a dedicated hub and two spokes in each area (north, central, south), ensuring access to services across the borough.

**11) Please rate the extent to which you agree or disagree that our proposed new model for children's centres will provide the right services, in the right places:**

Strongly agree	[ ]
Agree	[ ]
Neither agree nor disagree	[ ]
Disagree	[ ]
Strongly disagree	[ ]
Not sure	[ ]

**11.1) Please tell us why, including any impact this will have on you:**

**12) If you have any ideas for how we could provide our children's centre services differently with the reduced budget available, please tell us below?**

A large, empty rectangular box with a thin black border, intended for the respondent to write their ideas for providing children's centre services differently with a reduced budget.

## Hubs and spokes

Each Best Start children’s centre hub will deliver a full range of children’s centre services and coordinate a reduced programme of activities from two other children’s centre buildings – the spokes.

Our proposal is for spoke sites to be open fewer days and for less hours, with opening times focused on the services needed within that area.

Area	Children's centre hub	Children's centre spoke	Area covered
North	Kensington Avenue	Winterbourne	North west
		PIP House	North east
Central	Selhurst	Malling Close	Central east
		Aerodrome	Central west
South	Woodlands	New Addington	South east
		Byron	South west

### 13) Thinking about the proposed spokes in your area, how easy or difficult is it for you to access them?

Very easy	[ ]
Fairly easy	[ ]
Neither easy nor difficult	[ ]
Fairly difficult	[ ]
Very difficult	[ ]
Not sure	[ ]

**14) Please explain why you selected your response to the previous question, including other locations you would suggest:**

**15) From the proposed model below, which spoke site are you most likely to use?**

Area	Children's centre hub	Children's centre spoke	Area covered
North	Kensington Avenue	Winterbourne	North west
		PIP House	North east
Central	Selhurst	Malling Close	Central east
		Aerodrome	Central west
South	Woodlands	New Addington	South east
		Byron	South west

Please tick all that apply.

Kensington Avenue - Winterbourne	[ ]
Kensington Avenue - PIP House	[ ]
Selhurst - Malling Close	[ ]
Selhurst - Aerodrome	[ ]
Woodlands - New Addington	[ ]
Woodlands - Byron	[ ]
None of these	[ ]
Don't know	[ ]

**16) Which services would you like to be able to use at that site?**

Please pick your top three from the list below.

Please answer each column.

	<b>1st choice</b>	<b>2nd choice</b>	<b>3rd choice</b>
<b>Stay and play provision</b> (e.g. Babbling Babies, Little Explorers, Now I am Two) Speech and Language Support groups ( such as Chatterbox)	[ ]	[ ]	[ ]
<b>Adult and Family Learning/ employability support</b>	[ ]	[ ]	[ ]
<b>Health Services</b> (antenatal/ postnatal clinics, Well Baby Clinics, developmental checks with the Health Visitor)	[ ]	[ ]	[ ]
<b>1-2-1 family support</b>	[ ]	[ ]	[ ]
<b>Parenting programmes and parent support</b>	[ ]	[ ]	[ ]
<b>Support to families in crisis through advice appointments</b>	[ ]	[ ]	[ ]

**17) Which would be the preferred days and times for you to access this site?**

Please tick all that apply.

Please answer each row.

	<b>9 - 11am</b>	<b>10 - 12pm</b>	<b>1 - 3pm</b>	<b>3 - 5pm</b>
<b>Monday</b>	[ ]	[ ]	[ ]	[ ]
<b>Tuesday</b>	[ ]	[ ]	[ ]	[ ]
<b>Wednesday</b>	[ ]	[ ]	[ ]	[ ]
<b>Thursday</b>	[ ]	[ ]	[ ]	[ ]
<b>Friday</b>	[ ]	[ ]	[ ]	[ ]

**18) Are there any other days or times that would be more suitable?**

Please specify below:

## Your views on our proposals - providing outreach services

As part of our proposed new model we are looking for ways we can provide more services within existing community venues. We would like to hear your suggestions for where you would benefit from accessing services and any other venue ideas you may have.

**19) Where do you think we could deliver outreach services in your area?** This might be delivering children’s centre services from different community spaces such as community halls, parks, health centres or schools.

Please specify below:

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**20) If you would prefer to receive any of the following services from a different venue, such as a health centre, please tell us where:**

	Name of venue
Stay and play provision (e.g. Babbling Babies, Little Explorers, Now I am Two) Speech and Language Support groups ( such as Chatterbox)	
Adult and Family Learning/ employability support	
Health Services (antenatal/ postnatal clinics, Well Baby Clinics, developmental checks with the Health Visitor)	
1-2-1 family support	
Parenting programmes and parent support	
Support to families in crisis through advice appointments	

## Stopping children's centre services from Purley Oaks Children's Centre

21) Will stopping children's centre services from Purley Oaks Children's Centre directly affect you and your family?

Yes	[ ]
No	[ ]
Not sure	[ ]

If your response is "No" or "Not Sure", please skip to Question 22.

21.1) If yes, please tell us the reasons why:

21.2) What can we do to address the reasons you have given?

**22) If you have any suggestions for where we could deliver Best Start services in the area if we stop providing services from Purley Oaks Children's Centre, please tell us where below:**

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## **Closure of Shirley Children's Centre**

**23) Will the closure of Shirley Children's Centre directly affect you and your family?**

Yes	[ ]
No	[ ]
Not sure	[ ]

If your response is "No" or "Not sure", please skip to question 24.

**23.1) If yes, please tell us the reasons why:**

**23.2) What can we do to address the reasons you have given?**

**24) If you have any suggestions for where we could deliver Best Start services in the area if Shirley Children's Centre was to close, please tell us where below:**

## About you

The following questions are optional. By answering them you are helping us to ensure that a wide range of views are heard. If we know who in our community we have heard from, it helps us to make contact with groups who have not yet responded.

### 25) What is your full postcode?

### 26) How would you describe your gender?

Male (including female-to-male transgender men)	[ ]
Female (including male-to-female transgender women)	[ ]
Non-binary (for example, androgenous people)	[ ]
Prefer not to say	[ ]
Any other gender	[ ]

26.1) If you prefer to self-describe, please specify below:

### 27) Please tell us your age range:

Under 18	[ ]
18-30	[ ]
31-40	[ ]
41-50	[ ]
51-60	[ ]
61-70	[ ]
71+	[ ]
Prefer not to say	[ ]

**28) How would you describe your sexuality?**

Heterosexual/Straight	[ ]
Gay/Lesbian	[ ]
Bi-Sexual	[ ]
Any other sexual orientation	[ ]
Prefer not to say	[ ]

28.1) If you prefer to self-describe, please specify below:

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**29) Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**

Yes, limited a lot	[ ]
Yes, limited a little	[ ]
No	[ ]
Prefer not to say	[ ]

If your response is “No” or “Prefer not to say”, please skip to question 30.

**29.1) If yes, in what way(s)?**

Please tick all that apply.

Visually Impaired	[ ]
Hearing Impaired	[ ]
Mobility disability	[ ]
Learning disability	[ ]
Communication difficulty	[ ]
Hidden disability: autism (ASD);	[ ]
Hidden disability: ADHD	[ ]
Hidden disability: asthma	[ ]
Hidden disability: epilepsy	[ ]
Hidden disability: diabetes	[ ]
Hidden disability: sickle cell	[ ]
Other	[ ]
Prefer not to say	[ ]

29.2) If "Other", please specify:

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**30) How would you describe your ethnic origin?**

White English / Welsh / Scottish / Northern Irish / British	[ ]
White Irish	[ ]
White Gypsy or Irish Traveller	[ ]
Any other White background	[ ]
White and Black Caribbean	[ ]
White and Black African	[ ]
White and Asian	[ ]
Any other Mixed / multiple ethnic background	[ ]
Indian	[ ]
Pakistani	[ ]
Bangladeshi	[ ]
Chinese	[ ]
Any other Asian background	[ ]
Black African	[ ]
Black Caribbean	[ ]
Any other Black background	[ ]
Arab	[ ]
Other	[ ]
Prefer not to say	[ ]

30.1) If "Other", please specify below:

————— END OF SURVEY —————

Thank you for completing this survey.