



## **THE WEIR LINK IS ASKING FOR YOUR HELP**

STARTING the week of February 14<sup>th</sup> 2011 The Weir Link will be asking for your help in our survey of users and local residents.

We need to find out from you what you think about our services so that we can improve them and plan for the future based on what you tell us.

Also, Children's Centres should make a difference to the lives of the children and parents/carers that use Centres and we need to find out from you if we have made a difference. If we have - how have we made a difference and if not, why.

The information will be invaluable for our Ofsted inspection coming soon and for our current fundraising.

Everyone who completes our survey form will be given number which will be entered in a prize draw with £50 vouchers as a prize.

Survey Forms can be picked up at the centre or downloaded from The Weir Link website.

[www.theweirlink.org](http://www.theweirlink.org) and WERA website [www.wera.org.uk](http://www.wera.org.uk) and e- mailed to [info@theweirlink.org](mailto:info@theweirlink.org)

Feel free to e-mail with any comments to [info@theweirlink.org](mailto:info@theweirlink.org).

**OPPORTUNITY TO WIN £50 VOUCHERS!!!**

**PRIZE DRAW MARCH 1<sup>ST</sup>**

**SECTION A**

**Where Did You First Hear About The Weir Link (*Please tick*)**

- Through a friend or family member
- Picked up a leaflet or saw a poster (from where)
- Information through the post
- From a health visitor or midwife
- From a pre-school, nursery or school
- The Weir Link website
- Lambeth websites
- Families Information Service
- Tenants association or community group
- Church
- Other

Please specify

.....

**Would you like to receive regular updates on Weir Link activities by e-mail and/or text?**

**Name:** .....

**E-mail address:** .....

**Mobile No:** .....

**SECTION B**

**What Weir Link Activities Do You Attend/Have Attended - What Do You Think Of Them (Please tick)**

Stay & Play			
Health Visitor (Baby Weighing)			
Toddler Tunes			
Computer Training			
English as a Second Language (ESOL)			
First Aid			
Wriggle & Rhyme			
Somali Women's Coffee Morning			
Polish Story Time			
Healthy Eating			
Tate Gallery			
Toilet Training			
Money Management			
Confidence Building			
Parents' Forum			
Family Support with Outreach Worker			
Child Attends Nursery			
Child Attends Crèche			
Others			

**SECTION C**

How often do you Use The Weir Link Centre?

More than once a week

Once a month

Once a week

Less than monthly

Once every two weeks

**SECTION D**

**What Difference Has It Made Attending Activities And Using Services At The Weir Link?**

**FOR YOU**

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| Given me more confidence                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me more confidence about dealing with my child/ren  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me a chance to learn new skills                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me skills which will help my parenting              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me a sense of achievement                           | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me a better understanding of healthier living       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me support with serious problems                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me advice and helped me access other services       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Given me new friends / helped me feel part of a community | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Taught me more about how children learn and develop       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |






















**FOR YOUR CHILD**

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| My child's confidence has increased                                  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| My child's listening and language skills have improved               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| My child has gained a sense of achievement                           |     | <input type="checkbox"/> |    | <input type="checkbox"/> |
| My child has made new friends and learnt to play with other children |     | <input type="checkbox"/> |    | <input type="checkbox"/> |
| My child has benefitted from play opportunities                      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| My child is better prepared for move to nursery or school            | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| My child's behaviour has improved                                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

What other differences has using The Weir Link Centre made to your life or your children's life

**SECTION E**

**HOW DO YOU RATE SERVICES PROVIDED AT THE WEIR LINK (tick one face for each statement)**

The centre staff are welcoming and friendly			
The centre celebrates my cultural background			
The centre meets my language needs			
The services available at the centre meet my needs			
The services available at the centre meet my child's needs			
The days and times of services is convenient for me and my family			
It is easy to find out about what is on offer at the centre and in the local area			

Is there anything else you would like to tell us about the services we provide at The Weir Link Community Children's Centre? This could be about things you think we are doing well and about things you think we could do better.

Activities you would like to see?

What would encourage you to use more services at the centre?

**SECTION F**

**Crèche and Nursery Provision**

We would like to know more about your experiences of using the crèche and the nursery. You only need to complete these sections if they are relevant to you.

**Crèche provision at The Weir Link Community Children’s Centre:**

How often do you use the crèche?

More than once a week

Once a month

Once a week

Less than monthly

Once every two weeks

How many children do you leave in the crèche?

**Please can you tell us how satisfied you are with the crèche? (Please tick boxes below)**

😊 I am very happy with the crèche, and no improvement is needed

😐 The crèche is ok, but could be improved

☹️ I am not happy with the crèche, it needs to be improved

**Is there anything else you would like to tell us about the crèche provision at the Weir Link community Children’s Centre? This could be about things you think we are doing well, and about things you think we could do better.**

**Nursery provision at the Weir Link Community Children’s Centre:**

How many children do you have in the nursery?

How old are these children?

Do your children attend nursery 1/2/3/4/5 days per week? *(Please insert Number)*

Child One

Child Two

Child Three

Child Four

Is Your Child Part Of Lambeth's 2 Year Pilot Scheme Yes  No

Is Your Child Using Lambeth 3 Years Nursery Grant s b

Do You Pay for Extra Hours to Top up the Grant Funded Time? Yes  No

**Please can you tell us how satisfied you are with the nursery? *(Please tick)***

😊 I am very happy with the nursery, and no improvement is needed

😐 The nursery is ok, but could be improved

😞 I am not happy with the nursery, it needs to be improved

**Is there anything else you would like to tell us about the nursery provision at The Weir Link community Children's Centre? This could be about things you think we are doing well, and about things you think we could do better.**

**SECTION G**

**About You**

Are you?

<b>Male</b>	<b>Female</b>	<b>Parent with a child under 5</b>	<b>Childminder</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Grandparent</b>	<b>Carer</b>	<b>Other</b>	<b>Please Specify:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

What is your age group?

<b>Up to 18 Years</b>	<input type="checkbox"/>	<b>25-39 Years</b>	<input type="checkbox"/>
<b>19-24 Years</b>	<input type="checkbox"/>	<b>40+</b>	<input type="checkbox"/>

Are you living as a.....

<b>Lone Parent</b>	<input type="checkbox"/>	<b>Two Parent Family</b>	<input type="checkbox"/>
<b>Parent to Be</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

How many Children do you have (please write in the number)

<b>Children aged 0-2</b>	<input type="checkbox"/>	<b>Children aged 12-14</b>	<input type="checkbox"/>
<b>Children aged 3-4</b>	<input type="checkbox"/>	<b>Children aged 15+</b>	<input type="checkbox"/>
<b>Children aged 5-11</b>	<input type="checkbox"/>		

How many adults live in your household?

<b>1</b>	<input type="checkbox"/>	<b>2</b>	<input type="checkbox"/>
<b>3</b>	<input type="checkbox"/>	<b>4+</b>	<input type="checkbox"/>

What is your ethnic group?

Our ethnic background describes how we think of ourselves. Ethnic background describes how we think of ourselves. Ethnic background is not the same as nationality or country of birth. Please choose the ethnic group that is closest to you.

White – White British	<input type="checkbox"/>	Black – Black Caribbean	<input type="checkbox"/>
White – Other White	<input type="checkbox"/>	Black – Black African	<input type="checkbox"/>
Mixed – White and Black Caribbean	<input type="checkbox"/>	Black – Other Black	<input type="checkbox"/>
Mixed – White and Black African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Mixed – White and Asian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>
Mixed – Other mixed	<input type="checkbox"/>	Don't know or prefer not to say	<input type="checkbox"/>
Asian – Indian	<input type="checkbox"/>		
Asian – Pakistani	<input type="checkbox"/>		
Asian – Bangladeshi	<input type="checkbox"/>		
Asian – Other Asian	<input type="checkbox"/>		

**What languages do you speak in your home?**  
Please write in:

Do you have any long-term illness, health problem or disability? (this includes living with a mental health difficulty, such as depression or anxiety)

Yes  Prefer not to say

No  If yes, please provide brief details if you wish to:

**Is your current home.....**

Owner Occupied	<input type="checkbox"/>
Rented from the council	<input type="checkbox"/>
Temporary (eg a hostel or refuge)	<input type="checkbox"/>
Rented from a private landlord	<input type="checkbox"/>
Don't know or prefer not to say	<input type="checkbox"/>

**Thank you very much for taking the time to tell us what you think of us.**