

Public Consultation on South Gloucestershire Partnership Early Help Strategy for Children, Young People and Families 2019 - 2024

Welcome to the survey on the South Gloucestershire Partnership Early Help Strategy for children, young people and families. We would like to hear your views about the vision, priorities and ways of working we intend to guide the offer we provide to families in South Gloucestershire over the next five years.

Please read the strategy before completing this survey, and submit your response by **Wednesday 20th March 2019**.

Q1 Are you completing this survey as:

- A young person (aged up to 25)
- A parent or carer of someone aged 0 - 25 years old
- Local resident
- An Individual in a professional or voluntary capacity regarding young people
- On behalf of a business, community or voluntary organisation
- Town or Parish council
- Other / none of the above

Q2 If you selected professional, organisation or 'other' please specify:

Nature of professional or voluntary capacity
(if applicable):

Name of organisation (if applicable):

Q3 To what extent do you you agree with the five **priorities for action** which the strategy identifies on page 14?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Early understanding of the diverse needs of children, young people and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to information, advice, guidance, support and signposting within the local community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective partnership responsibility, response and accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinated planning and provision of support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate a positive impact on the lives of children, young people and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 If you believe there are any priorities missing from this list please let us know. *Please note: the priorities for action are about ways we can work / achieve our vision, and will not include any specific services or issues e.g. mental health*

Q5 To what extent do you agree with the following statements regarding the proposed ways of working together (section 10)?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
It will enable support at the right time, in the right place, and in the right way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It will enable effective partnership working to make the best use of resources, skills and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It will empower families to take responsibility by working with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6 If you have any other comments or suggestions about our proposed way of working together please let us know:

Q7 **For professionals, volunteers and organisations only:** What would you / your organisation need to be put in place in order for you to be able to fulfil your role and responsibilities within this strategy?

Q8 Looking at the Early Help Partnership Offer, to what extent do you agree with the following proposals for the **early childhood** offers:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Services will work together in different geographical or community-based networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each geographical local area should have a steering group of local stakeholders to coordinate services and ensure the correct support is provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each geographical community area will have one or more focal points where families know they can go for information and advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q9 Looking at the Early Help Partnership Offer, to what extent do you agree with the following proposals for the **adolescent** offers:

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
A new multi-agency adolescent response team, consisting of different professionals from a range of partner organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A way of working with young people that focuses on building a trusting, positive relationship with one or more adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Targeted responses for issues which are more difficult to address, involving a lead person from the young person's network and an agreed action plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q10 If you disagree with any of the above proposals regarding the partnership offer please tell us what could be changed and why:

Q11 To what extent do you agree or disagree that this strategy will allow us to achieve our **ambitions** of what each of the following groups can expect from the Early Help Offer (see page 6 of strategy document)

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Children and young people (e.g. 'I will feel safe, valued and respected')	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents, carers and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionals and organisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q12 If you disagree, please tell us why:

Q13 Section 3 of the Initial Equality Impact Assessment and Analysis (EqIAA) provides information on how different groups in society are affected by issues which link to early help. Are there any further issues which you feel should be added in addition to those covered in the EqIAA?

Q14 If you have any other comments about the strategy, please let us know:

About You

This section is really important as it helps us to gain a better understanding of the needs of different people, and how they could be affected by any changes. This information will remain confidential and will be used for analysis purposes only. Your personal information will not be published and individuals will not be identified.

If you are responding on behalf of an organisation you do not need to answer these questions.

Q15 Please tell us your full postcode:

Q16 Your age:

18 or under

25 - 44

65 - 74

Prefer not to say

19 - 24

45 - 64

Over 75

Q17 Your gender:

Female

Male

Prefer not to say

Q18 Do you have any children under the age of 18 living in your household?

No

Yes

Prefer not to say

Q19 Which of the following age groups do the children in your household fall into:

Under 4

11 to 12

16 to 18

5 to 10

13 to 15

Not applicable

Q20 Religion/ belief

Buddhist

Jewish

Any other religion (please state below)

Christian

Muslim

No religion

Hindu

Sikh

Prefer not to say

If other, please tell us:

Q21 Sexual Orientation:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay male | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Gay female/ lesbian | <input type="checkbox"/> Questioning | |

Q22 Do you identify as transgender?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
|------------------------------|-----------------------------|--|

Q23 Do you consider yourself to be disabled?

- No
- Prefer not to say
- Yes - Physical impairment, such as difficulty using arms or mobility issues which may mean using a wheelchair or crutches
- Yes - Sensory impairment such as being blind/ having serious visual impairment, or being deaf/ having a serious hearing impairment
- Yes - Mental health condition, such as depression, anxiety or schizophrenia
- Yes - Learning disability/difficulty (such as Down's Syndrome, dyslexia, dyspraxia) or cognitive impairment (such as autistic spectrum disorder)
- Yes - Long standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy
- Yes - Other (please state)

If other, please tell us:

Q24 Your ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Arab/Arab British | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – White & Asian |
| <input type="checkbox"/> Asian/Asian British – Bangladeshi | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – White & Black African |
| <input type="checkbox"/> Asian/Asian British – Indian | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – White & Black Caribbean |
| <input type="checkbox"/> Asian/Asian British – Pakistani | <input type="checkbox"/> Mixed/Multiple Ethnic Groups – Other (please state) |
| <input type="checkbox"/> Asian/Asian British – Chinese | <input type="checkbox"/> White – English/Welsh/Scottish/Northern Irish/British |
| <input type="checkbox"/> Asian/Asian British – Other (please state) | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black/African/Caribbean/Black British – African | <input type="checkbox"/> White – Other (please state) |
| <input type="checkbox"/> Black/African/Caribbean/Black British – Caribbean | <input type="checkbox"/> Other ethnic group (please state) |
| <input type="checkbox"/> Black/African/Caribbean/Black British – Other (please state) | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gypsy or Traveller of Irish Heritage | |

Other, please tell us:

Thank you for taking the time to respond to this survey. Please return this survey or any comments before Wednesday 20th March by post to:

South Gloucestershire Council, Corporate Research & Consultation Team, Council offices, Badminton Road, Yate, BRISTOL, BS37 5AF

Any personal information that you have supplied will be held by South Gloucestershire Council in accordance with the Data Protection Act. This information will only be used as part of this exercise and personal information will not be published or passed onto any other organisation.