

QUESTIONNAIRE FOR PARENTS LIVING IN THE BALLYMONEY AREA



**We want to improve services
for children 0 - 4 years and Parents
living in the Ballymoney area.**

**We need YOU to tell us about what life is like for you
and your family where you live and what other
services you need?**

This Questionnaire is completely confidential and anonymous

This questionnaire is for Parents/Carers of Children aged 0-4 years living in the Ballymoney area.

What is your postcode?

What ages are your children?

0 years	<input type="checkbox"/>	1years	<input type="checkbox"/>	2 years	<input type="checkbox"/>
3 years	<input type="checkbox"/>	4 years	<input type="checkbox"/>	5+ years	<input type="checkbox"/>

Information

A List of sample services are available at the back of questionnaire

Q1a: Tell us about the services you currently use for your children aged 0-4 years where you live?
(Refer to back page for list of sample services)

Q1b: Do any of your Children aged 0-4 years have any special requirements that seeks any additional help and support?

Examples of Services

- ⇒ The Park
- ⇒ The Library
- ⇒ Parent and Toddler Groups
- ⇒ Play groups
- ⇒ Nursery
- ⇒ Registered Childminder
- ⇒ Parenting Support
 - ◇ Managing behaviour
 - ◇ Incredible years programmes
 - ◇ Breast feeding support group
- ⇒ Child support programme
 - ◇ Baby massage
 - ◇ Yoga
 - ◇ 2 year old programme

This is not a complete list, feel free to add others:-

- ⇒ _____
- ⇒ _____
- ⇒ _____
- ⇒ _____
- ⇒ _____
- ⇒ _____
- ⇒ _____

Thank You for your time in completion of this Questionnaire.
We appreciate your views and idea's on improving services
for you in the Ballymoney area.

If you would be interested in participation further in
improving services where you live and would like to be
contacted again please provide contact details below.

Your Contact Details:

NAME	
ADDRESS	
TEL NUMBER	
EMAIL ADDRESS	
CHILDREN'S AGES	

For further information feel free to contact:

Sandra Anderson
Participation Development Officer
Children and Young People's Strategic Partnership
Tel: 028 2563 6608 / 07789260676
Email: sandraL.anderson@northerntrust.hscni.net

Q2: Do you use any of the Services Below? (please tick)

Registered Child Minder Day Care Nursery
Parent /Toddler Group Playgroup

Q2b: Any other support? (please tick)

Family Friend Baby Sitter
Grand Parent

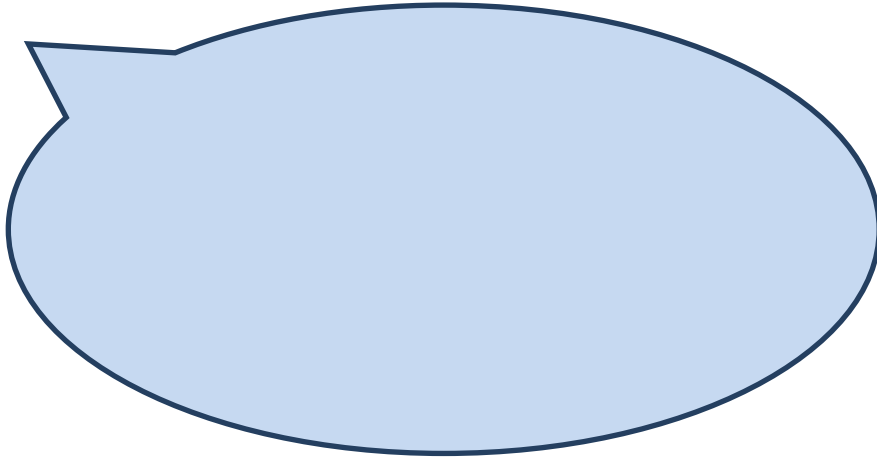
**Q3: How would you describe access to Childcare Services
In your area? (please tick)**

Very Poor Poor Average
Good Very Good

Comments
(please give reasons
for your answers)

Q4: As a parent of a 0 - 4 year old Child are there any other services you feel you would benefit from?

You



Q4b: Are there any other Services you feel your 0 - 4 year old child would benefit from?

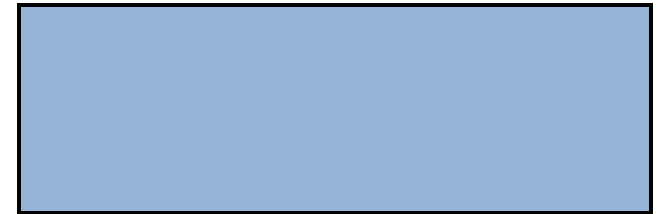


Q5: Please tick which services would be of interest to you and your children.

(Refer to back page for more information of sample services)

- | | | | |
|--------------------------|--------------------------|------------------------------|--------------------------|
| Postnatal support | <input type="checkbox"/> | Breast Feeding Support Group | <input type="checkbox"/> |
| Support for parents | <input type="checkbox"/> | Nutrition / Feeding Advice | <input type="checkbox"/> |
| Caring for yourself | <input type="checkbox"/> | Help with behaviour (0-4yrs) | <input type="checkbox"/> |
| Baby massage | <input type="checkbox"/> | Play for 0 - 1 years | <input type="checkbox"/> |
| Antenatal Classes | <input type="checkbox"/> | Play for 2 - 3 years | <input type="checkbox"/> |
| Parent and Toddler Group | <input type="checkbox"/> | | |

Other's
(please detail)



Q5a: What stops you from accessing Services in your area?
(please tick)

- | | | | |
|------------------|--------------------------|-----------------------------|--------------------------|
| Language Barrier | <input type="checkbox"/> | Don't know what's available | <input type="checkbox"/> |
| Transport | <input type="checkbox"/> | Lack of Facilities | <input type="checkbox"/> |
| Cost | <input type="checkbox"/> | Times/dates | <input type="checkbox"/> |
| Venue | <input type="checkbox"/> | | |

Other
(please detail)

