



Think Fathers Survey



We would like to get the views of dads across Central Bedfordshire on your experiences of accessing family services and information, as well as attending activities and events with your children. Your views will help us to understand your needs and how we can enable greater engagement of fathers in their children's lives.

Please take a few minutes to complete this short questionnaire and return it to the FREEPOST address provided at the end of the form by 27 January 2012.

Alternatively you can complete the questionnaire online at www.centralbedfordshire.gov.uk/surveys/think/fathers.htm

Q1 How many children do you have and how old are they?

Number of children

Under 1 years old _____

1-4 years old _____

5-9 years old _____

10-13 years old _____

14-16 years old _____

Over 16 years old _____

Q2 Do you live with your child/ren? Yes No

Q3 How many hours a week do you currently spend doing activities with your child/ren? e.g playing games, going to the park, going on outings. Please tick one box

0-2 hours 3-5 hours 6-10 hours Over 10 hours

Q4 How many hours a week would you like to spend doing activities with your child/ren? Please tick one box

0-2 hours 3-5 hours 6-10 hours Over 10 hours

Q5 Do you currently attend any organised activities/ groups with your child/ren?

	Aware of and attend	Aware of	Not aware of
Children's Centre groups (Dad & me, messy play, Baby massage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early years - learning together activities (e.g. Messy play, story time, sports play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family learning (e.g. Dad & Me groups, Conex workshops, Battlefield live)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Skills for Life - adult and child Literacy and Numeracy, Family Money Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping Up With The Children - Adult Literacy and Numeracy courses to help support children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Library activities (e.g. story time, reading aloud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Museums (e.g. Active learning sessions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools clubs/ activities (e.g. after school clubs- craft, sport/fitness, homework club)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary organisation/ group led activities (e.g. Stay and play, Sports club, Scouts, Guides, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other organised activities or groups that you attend with your children or are aware of.

Q6 If you do not attend any organised activities or groups with your child/ren, please tell us why. Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Cost of attending is too high | <input type="checkbox"/> Not enough time to attend |
| <input type="checkbox"/> Timings of activities/ groups are not convenient for me | <input type="checkbox"/> Unaware of what is available |
| <input type="checkbox"/> Work commitments | <input type="checkbox"/> Groups are not specific to my needs |
| <input type="checkbox"/> Childcare problems | <input type="checkbox"/> Not culturally relevant to me |
| <input type="checkbox"/> Locations of activities/groups are not convenient for me | <input type="checkbox"/> Unaware of what is available |
| <input type="checkbox"/> Travel/ transport problems | <input type="checkbox"/> Not interested |
| <input type="checkbox"/> Do not feel confident to attend | <input type="checkbox"/> Something else (please specify) |

Please specify other.

Q7 What stops you from spending time with your child/ren? Please tick all that apply

- | | |
|--|---|
| <input type="checkbox"/> Working patterns i.e. shift work, long working days | <input type="checkbox"/> Travel / transports issues to see my child/ren |
| <input type="checkbox"/> Not enough time | <input type="checkbox"/> Separated with partner - limited contact time with child/ren |
| <input type="checkbox"/> No organised events/ activities in my area | <input type="checkbox"/> Difficult relationship with partner or spouse |
| <input type="checkbox"/> My child/ren live too far away from me | <input type="checkbox"/> Something else (please specify below) |

Please specify other

Q8 What types of activities would you be interested in attending with your child/ren? Please tick all that apply

- | | |
|---|--|
| <input type="checkbox"/> Sport | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Art/ Craft | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Music | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Family learning | <input type="checkbox"/> Story/ Rhyme time |
| <input type="checkbox"/> Stay & Play (e.g. at a nursery/ children's centre) | <input type="checkbox"/> Drama/Dance |
| <input type="checkbox"/> Other (please specify below) | |

Please specify other

When would you be most interested in attending activities with your child/ren?

Q9 Term time. Please tick one box

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> After school | <input type="checkbox"/> Weekend morning | <input type="checkbox"/> Weekend afternoon | <input type="checkbox"/> Weekend evening |
|---------------------------------------|--|--|--|

Q10 School holidays. Please tick one box.

- | | | |
|--|--|--|
| <input type="checkbox"/> Weekday morning | <input type="checkbox"/> Weekday afternoon | <input type="checkbox"/> Weekday evening |
| <input type="checkbox"/> Weekend morning | <input type="checkbox"/> Weekend afternoon | <input type="checkbox"/> Weekend evening |

Q11 Where would you like to go to attend activities with your child/ren? Please tick all that apply

- Schools
 Children's Centres
 Libraries
 Youth Centres
 Parks
 Community venues
 Somewhere else (Please specify)
 Please specify other
-

Q12 What support are you aware of and use to help you as a parent?

	Use	Aware of and would like to use	Aware of but do not use/ not relevant to me	Not aware of
Accessing childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antenatal classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/ Relationship Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial/ debt advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting into employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing child's behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing work - life balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting advice (e.g. starting school, toilet training, dietary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups/Meeting other dads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Websites/Texting/email/ new media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify other				

Q13 What barriers, if any have you come across when trying to use any of the types of support listed above? Please tick all that apply

- Support is not made relevant to me
 Not enough staff providing support
 Cost of attending services/ support is too high
 Not enough staff awareness of fathers needs
 Timing not convenient for me
 Negative stigma associated with support
 Location is difficult for me to get to (Transport problems)
 Not aware of the support available to me
 Childcare problems
 Other (Please specify)
 Please specify other
-

Q14 How far do you agree or disagree with the following statement? Please pick one box

Services currently provided do enough to involve and engage fathers in their children's lives.

- Strongly agree
 Agree
 Neither agree or disagree
 Disagree
 Strongly disagree
 Don't know

Q15 Do you have any suggestions or feedback about support or activities available to you as a father?

Q16 Please tell us where you get parenting information, advice or guidance from at the moment and where you would like to receive this from in the future?

	Currently receive	Prefer to receive
School	<input type="checkbox"/>	<input type="checkbox"/>
Other parents	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Central Bedfordshire Council's Website	<input type="checkbox"/>	<input type="checkbox"/>
Family youth and information service	<input type="checkbox"/>	<input type="checkbox"/>
Childcare/ child minder	<input type="checkbox"/>	<input type="checkbox"/>
Children's centres	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor/ midwife	<input type="checkbox"/>	<input type="checkbox"/>
Magazines/ newsletters	<input type="checkbox"/>	<input type="checkbox"/>
TV or Radio	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Please specify other		

Q17 What do you feel are the most important responsibilities of being a dad?

Q18 And finally, please tell us what being a dad means to you?

About You

The following information will help us when considering your opinions and will ensure that we are getting the views of all members of the community. The answers will not be used to identify any individual. Our data protection statement is provided at the end of this form.

Q19 What is your age? Please tick one box

- Under 18 yrs
- 18-29 yrs
- 30-44 yrs
- 45-59 yrs
- 60-64 yrs
- 65-74 yrs
- 75+

Q20 Do you consider yourself to be disabled? Please tick one box.

Under the Equality Act 2010 a person is considered to have a disability if he/she has a physical or mental impairment which has a sustained and long-term adverse effect on his/her ability to carry out normal day to day activities.

- Yes
- No

Q21 To which of these groups do you consider you belong? Please tick one box

- | | |
|---|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Indian | <input type="checkbox"/> White Other European |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any other White background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Somali African | <input type="checkbox"/> Any other Mixed background |
| <input type="checkbox"/> African | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Gypsy or Traveller |
| <input type="checkbox"/> White British | <input type="checkbox"/> Other (please specify below) |

Q22 What is your home postcode?

Thank you for your response.

Please return your completed questionnaire by 27 January 2012 to:

**FREEPOST RSJS GBBZ SRZT
Think Fathers Survey
Central Bedfordshire Council
Priory House, Monks Walk
Chicksands, Shefford,
SG17 5TQ**

Data Protection Act 1998

Please note that your personal details supplied on this form will be held and/or computerised by Central Bedfordshire Council for the purpose of analysing the responses to the Think Fathers survey. The information collected may be disclosed to officers and members of the Council and its partners involved in this consultation. Summarised information from the forms may be published, but no individual details will be disclosed under these circumstances. Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

Information classification: Protected when complete