Suffolk County Council

Support for Young Parents

Tell us what you think about the changes we want to make

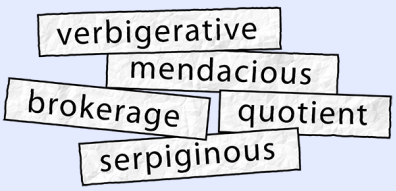
Easy read survey

This is an Easy Read version of some information. It has words and pictures.

You might want help to read this booklet. You can ask someone to help you.

words

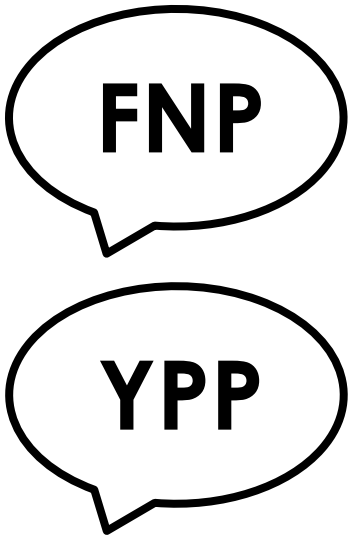
Some words are **black and bold**. This means we think they are difficult words.



Black and bold words are thicker and darker. We explain what they mean in a box like this.

About this booklet

We are **Suffolk County Council**. We organise 2 services to help young parents in Suffolk.



- **Family Nurse Partnership**, also called **FNP**, is a service for anyone in the UK. We use this in Suffolk.
- **Young Parents Pathway**, also called **YPP**, is only for people in Suffolk.

We want to change the way FNP and YPP work and we want to know what you think.

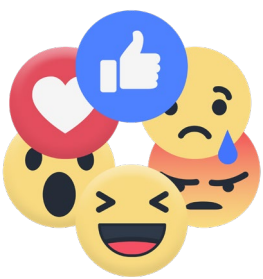
This booklet tells you about the changes we want to make and asks you some questions to find out what you think.

About FNP

FNP can help you if you are under 21 years old and are a parent for the first time.

Special nurses work for FNP and can visit you in your own home.

They help with things like



- getting to know your child.
- breastfeeding.
- helping your child learn.
- learning to be a good parent.
- your feelings.
- stopping smoking.

About YPP

YPP can help you if you are under 20 years old, live in Suffolk and cannot get help from FNP.

Special nurses work for YPP and can visit you in your own home.

They can visit when you are pregnant and until your child is 2 years old.

They do activities with young mums and dads.

What we want to change

We will stop running both FNP and YPP.

We will give young parents support through some other services instead.

These will be

- Health Visitors.
- Early Help Family Hubs.
- Best Start Family Hubs.
- other services that we work with.

All families who use FNP or YPP now will get Health Visitors.

They can also get extra help through our other services.

The support that we give will be better through these services.

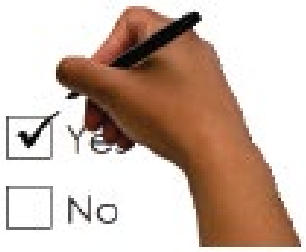
We will spend more money on these services to make sure they are better.

We will check every family and make sure they get the help they need.

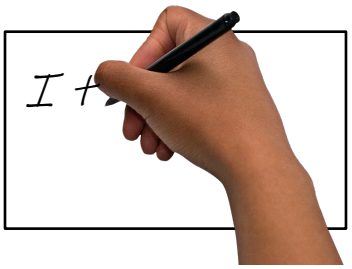
Tell us what you think

We want to know about you and what you think about the changes we want to make.

On the next pages we will ask you some questions.



Draw a tick in the little boxes to pick the answer that is right for you.



Tell us your answers by writing in the big boxes.

Q1 Who are you?

Please tick all the boxes that are right for you.

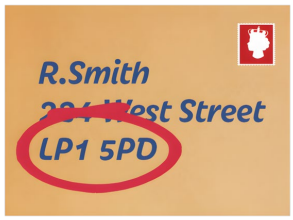
- ☐ I use FNP
- ☐ I use YPP
- ☐ I am a parent or carer of someone who uses FNP
- ☐ I am a parent or carer of someone who uses YPP
- ☐ I work for FNP
- ☐ I work for YPP
- ☐ I live in Suffolk
- ☐ I work for Suffolk County Council
- ☐ I work for a local business
- ☐ I am an official Member of Suffolk County Council
- ☐ I work for a Town or Parish Council

There are more choices on the next page

- [ ] I work for a voluntary or community organisation
- [ ] I am part of a local group that helps families
- [ ] I am a health professional
- [ ] I do not want to say
- [ ] Someone else (please tell us who you are)

Answer the questions on this page if you want to tell us what a group or organisation thinks.

Q2 **Who are you answering for?**
Tell us the name of the group or organisation.



Q3 **What is their postcode?**
Tell us the postcode for the group or organisation.

Q4 Do you think the changes will make a difference to you, your family or other people?

Please tick 1 box.

- ☐ Yes, it will make a good difference
- ☐ No, it will not make any difference
- ☐ Yes, but it will make a bad difference
- ☐ I do not know

Q5 Why?

Tell us about your answer to question 4.

In the next questions we ask more about you. Your answers will help us make sure everyone is included.

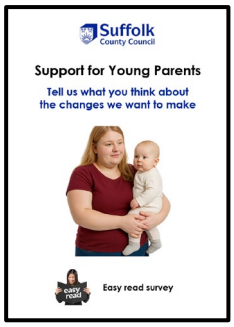
You do not have to answer if you do not want to. If you do, your answers will be **anonymous**.

Anonymous means nobody will know who you are.

Q6 **Do you want to answer the next questions about you?**
Please tick 1 box.

☐ No, I do not want to say

☐ Yes, I will answer the next questions



Q7 How did you hear about this survey?

Please tick 1 box.

- ☐ Facebook
- ☐ Twitter
- ☐ Local newspaper
- ☐ Local news online
- ☐ Someone told me
- ☐ Radio
- ☐ TV
- ☐ Somewhere else (please tell us where)

Q8 Are you female or male?

Please tick 1 box.

- ☐ Female
- ☐ Male
- ☐ I do not want to say
- ☐ I want to say in my own words (please tell us)

Q9 How old are you?

Q10 Do you have a disability?

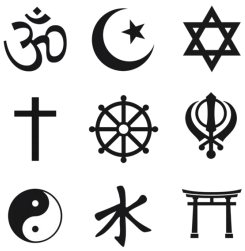
This means you have a physical or mental health difficulty that will last a long time and affects you every day.

- ☐ Yes
- ☐ No
- ☐ I do not want to say

Q11 If yes, what is your disability?

Please tick all the boxes that are right for you.

- ☐ Moving
- ☐ Hearing
- ☐ Eyesight
- ☐ Learning
- ☐ Mental health
- ☐ Communication
- ☐ Health condition
- ☐ I do not want to say
- ☐ Something else (please tell us)



Q12 What is your religion or belief?

Please tick 1 box.

- [ ] I have no religion
- [ ] Baha'i
- [ ] Buddhist
- [ ] Christian
- [ ] Hindu
- [ ] Jain
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] I do not want to say
- [ ] Something else (please tell us)

Q13 Which group are you part of?

Please tick 1 box.

- [ ] Asian or Asian British – Indian
- [ ] Asian or Asian British – Pakistani
- [ ] Asian or Asian British – Bangladeshi
- [ ] Other Asian or Asian British (please tell us)

- [ ] Black or Black British – Caribbean
- [ ] Black or Black British – African
- [ ] Other Black background (please tell us)

- [ ] Chinese

There are more choices on the next page

- [ ] Mixed – White and Black Caribbean
- [ ] Mixed – White and Black African
- [ ] Mixed – White and Asian
- [ ] Other Mixed background (please tell us)

- [ ] White – English
- [ ] White – Irish
- [ ] White – Northern Irish
- [ ] White – Scottish
- [ ] White – Welsh
- [ ] White – British
- [ ] Gypsy or Irish Traveller
- [ ] Other White background (please tell us)

There are more choices on the next page

☐ I do not want to say

☐ Other (please tell us)

Q14 What is your sexual orientation?

Sexual orientation is about who you are attracted to.
Please tick 1 box.

☐ Bisexual

☐ Gay man

☐ Gay woman or lesbian

☐ Different sex relationship

☐ No sexuality

☐ Same sex relationship with a man

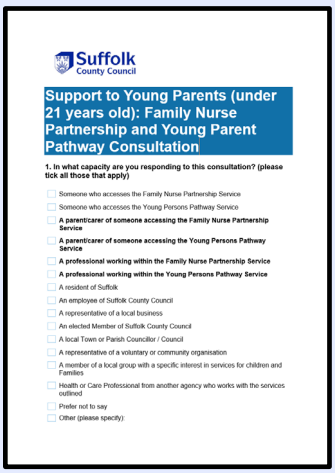
☐ Same sex relationship with a woman

☐ I do not want to say

☐ Something else (please tell us)

Thank you

Please put this survey in the freepost envelope and put it in a postbox to send your answers to us.


Suffolk County Council

Support to Young Parents (under 21 years old): Family Nurse Partnership and Young Parent Pathway Consultation

1. In what capacity are you responding to this consultation? (please tick all those that apply)

- Someone who accesses the Family Nurse Partnership Service
- Someone who accesses the Young Persons Pathway Service
- A parent/carer of someone accessing the Family Nurse Partnership Service
- A parent/carer of someone accessing the Young Persons Pathway Service
- A professional working within the Family Nurse Partnership Service
- A professional working within the Young Persons Pathway Service
- A resident of Suffolk
- An employee of Suffolk County Council
- A representative of a local business
- An elected Member of Suffolk County Council
- A local Town or Parish Councillor / Council
- A representative of a voluntary or community organisation
- A member of a local group with a specific interest in services for children and Families
- Health or Care Professional from another agency who works with the services outlined
- Prefer not to say
- Other (please specify):

Thank you to A2i for the words **www.a2i.co.uk** (reference 45615)

The full version of this document is called "Support to Young Parents (under 21 years old): Family Nurse Partnership and Young Parent Pathway Consultation"

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