

Children in Care survey

SURVEY RESPONSE REPORT

29 September 2021 - 31 July 2022

PROJECT NAME:

Children in Care survey

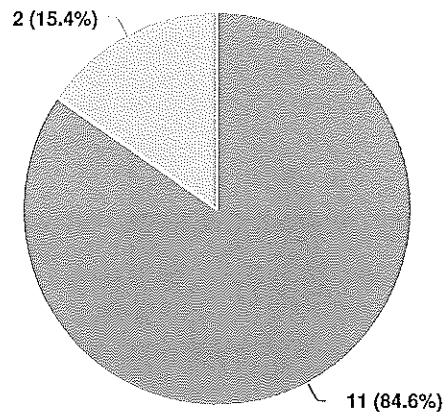


REGISTRATION QUESTIONS



SURVEY QUESTIONS

Q1 Do you consent to the processing and storing of your response for the purpose of this consultation? (Please select one opti...

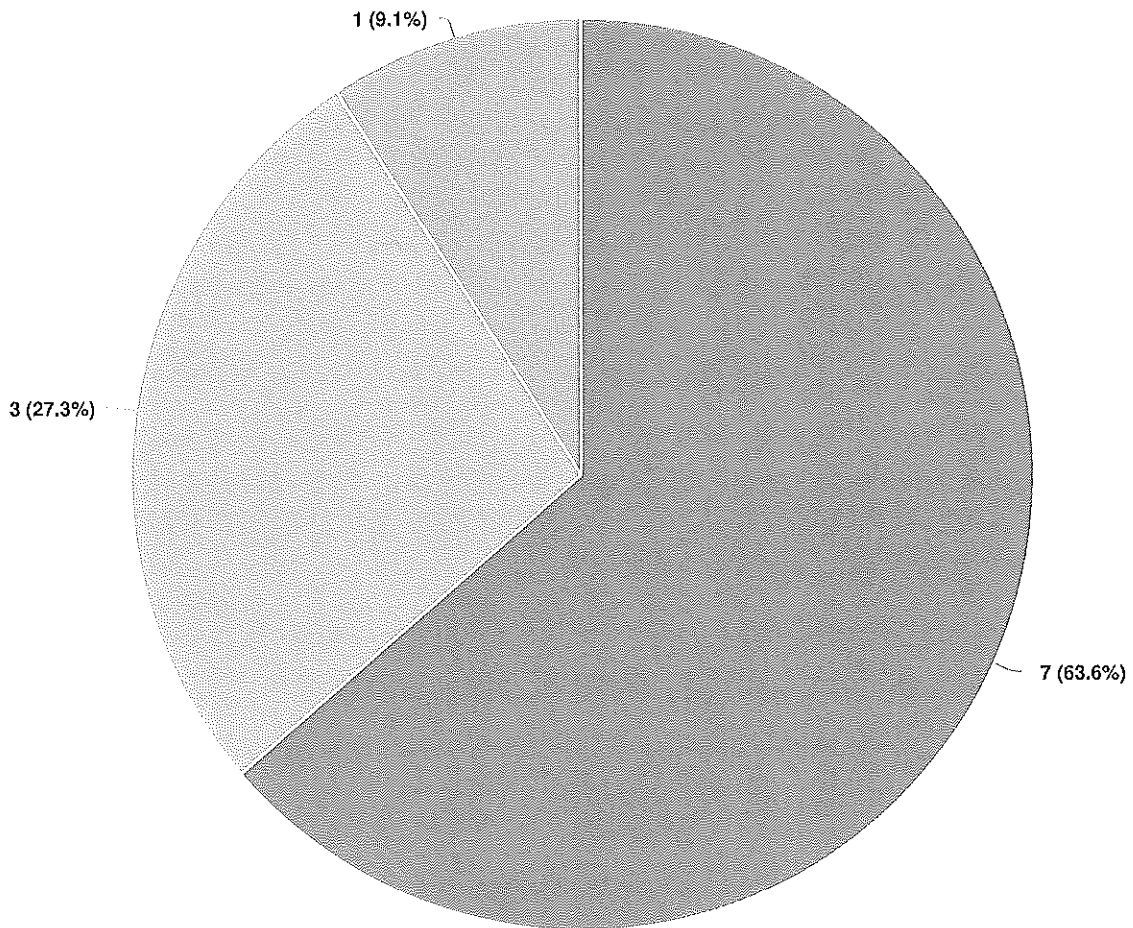


Question options

- Yes
- No, I do not wish to participate in the survey. Please close your browser.

*Mandatory Question (13 response(s))
Question type: Radio Button Question*

Q2 Are you aware of the Children in Care Council and what they do? Please tick one option



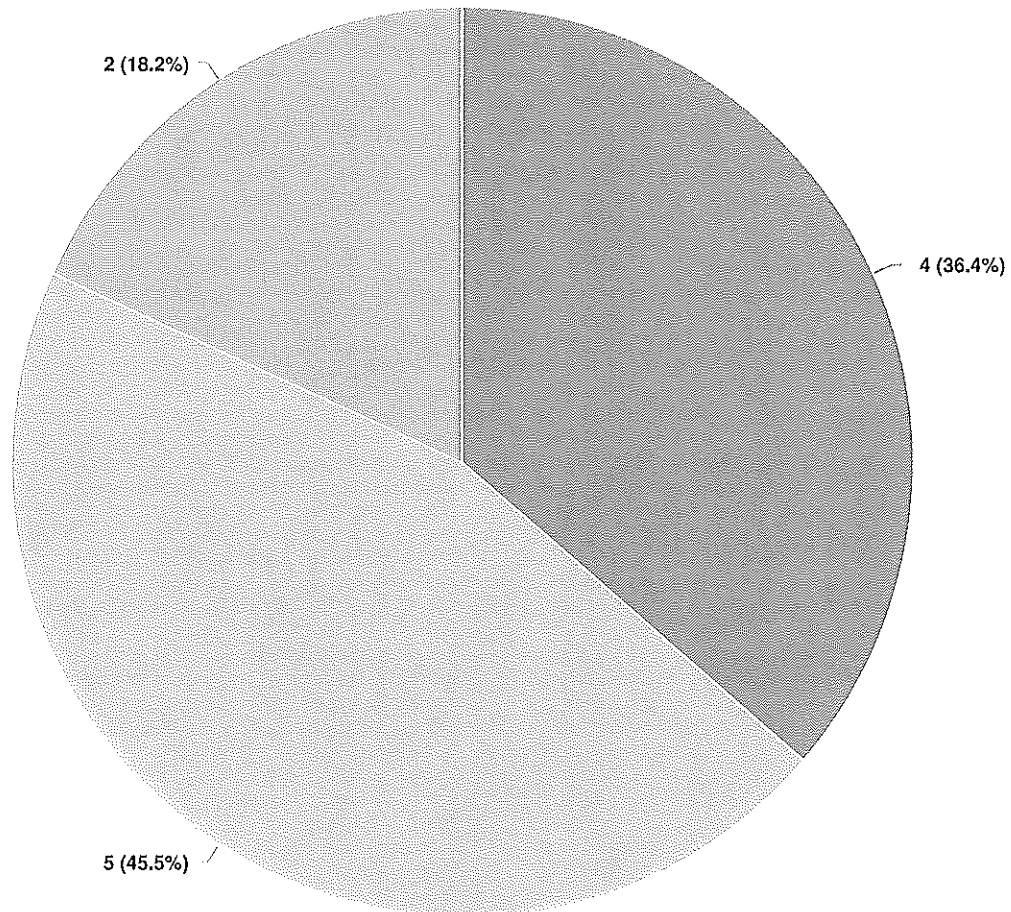
Question options

- Yes No Not sure

Optional question (11 response(s), 2 skipped)

Question type: Radio Button Question

Q3 Would you like to be a part of the Children in Care council? Please tick one option



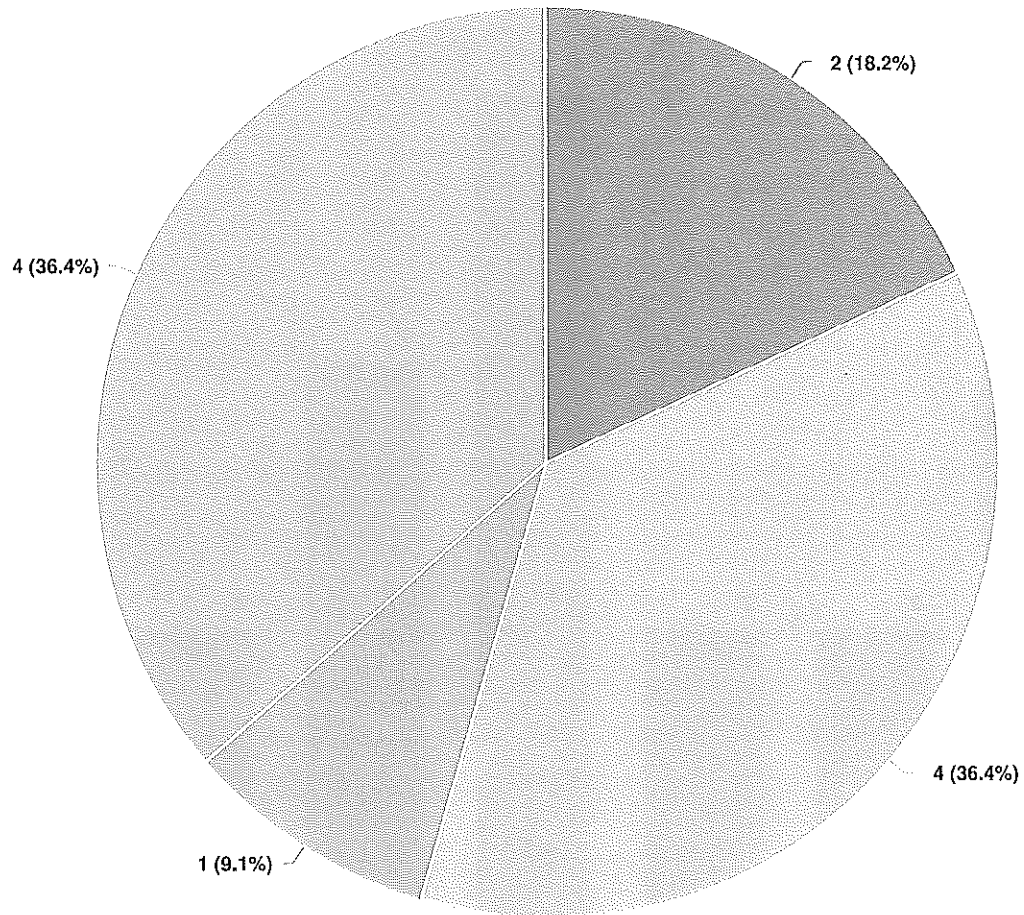
Question options

- Yes No Don't know

Optional question (11 response(s), 2 skipped)

Question type: Radio Button Question

Q4 How often would you like the Children in Care Council to meet? Please tick one option



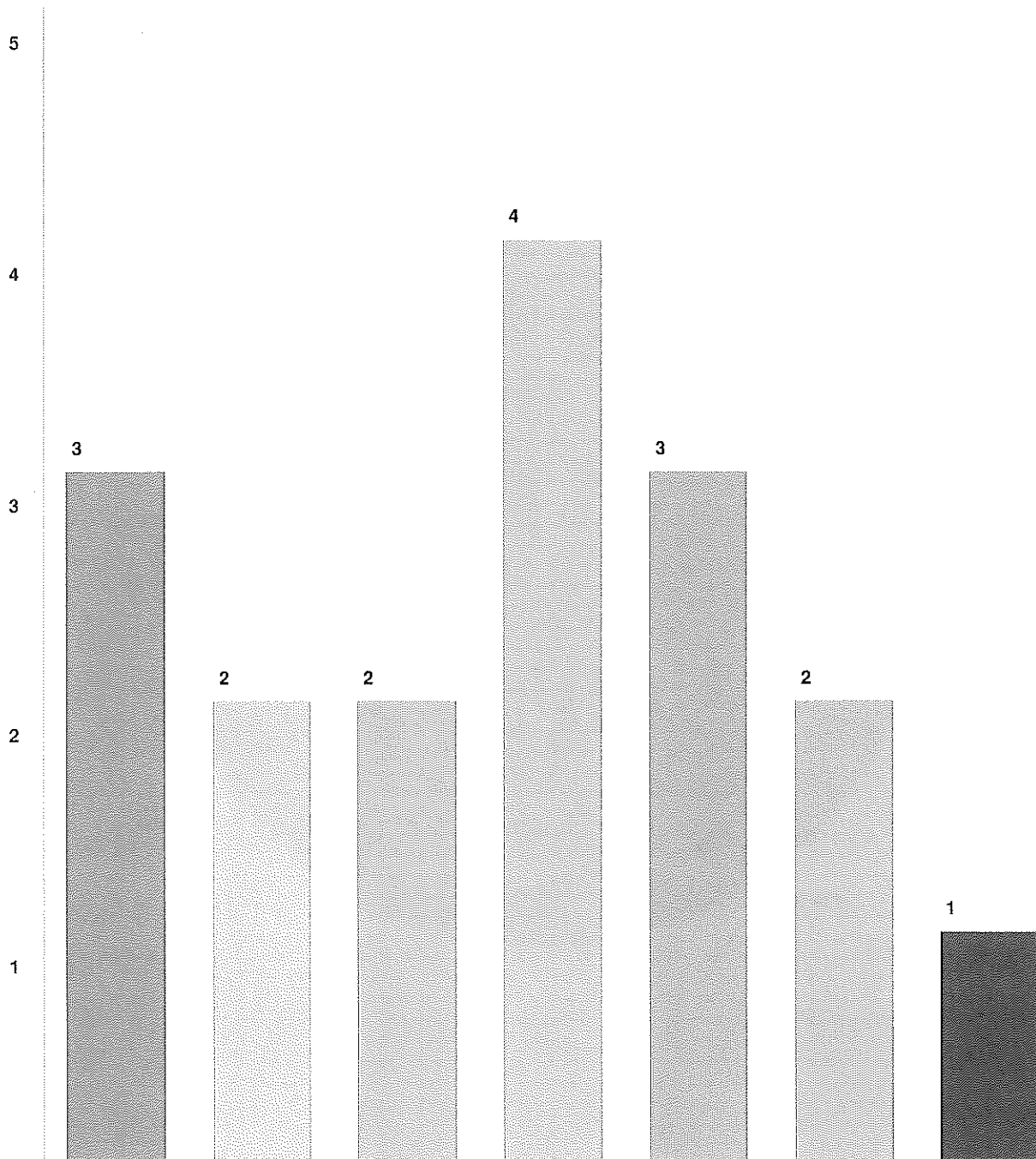
Question options

- Monthly Every other month Every six months Yearly

Optional question (11 response(s), 2 skipped)

Question type: Radio Button Question

Q5 How do you think young people should be able to have their say and/or be involved with the Children in Care Council? Please tick all that apply



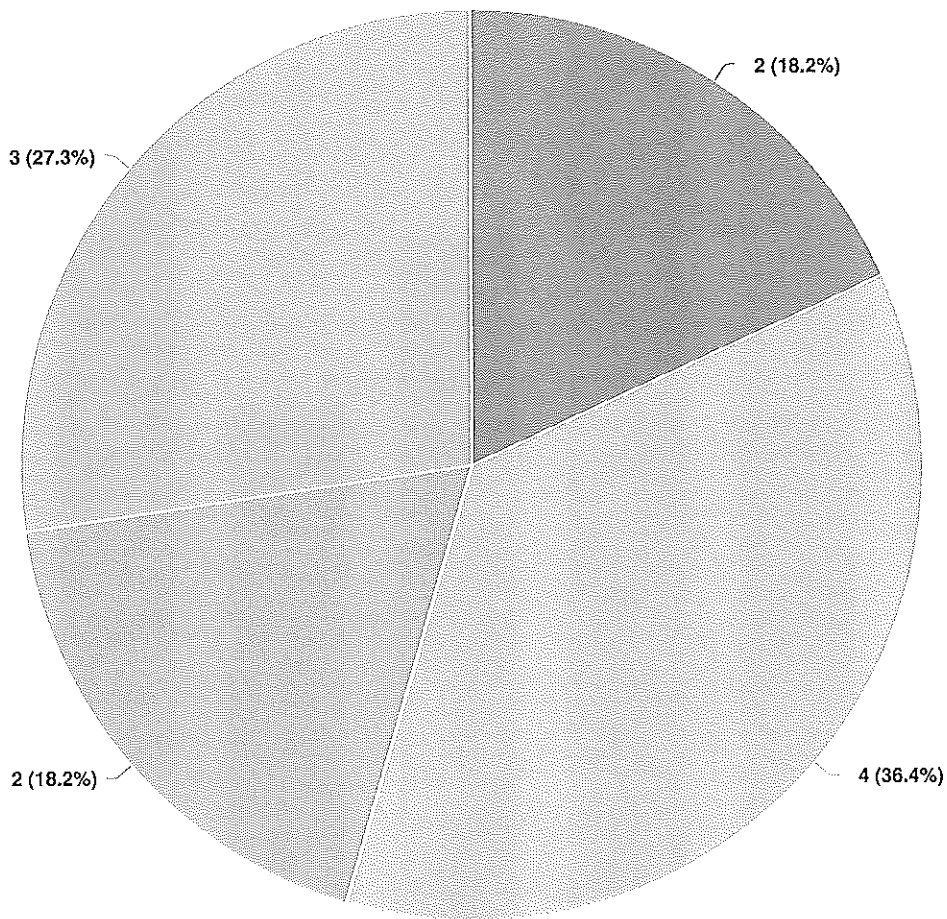
Question options

- A Face-to-Face Forum/Get Together
- A Virtual Forum/Get Together
- Mix of both Face-to-Face and Virtual
- Activity or away days
- Email or text surveys
- Paper surveys sent by post
- Other (please tell us in the box below)

Optional question (11 response(s), 2 skipped)

Question type: Checkbox Question

Q6 How often would you like to be contacted to have your say on topics covered by the Children in Care Council? Please tick one option

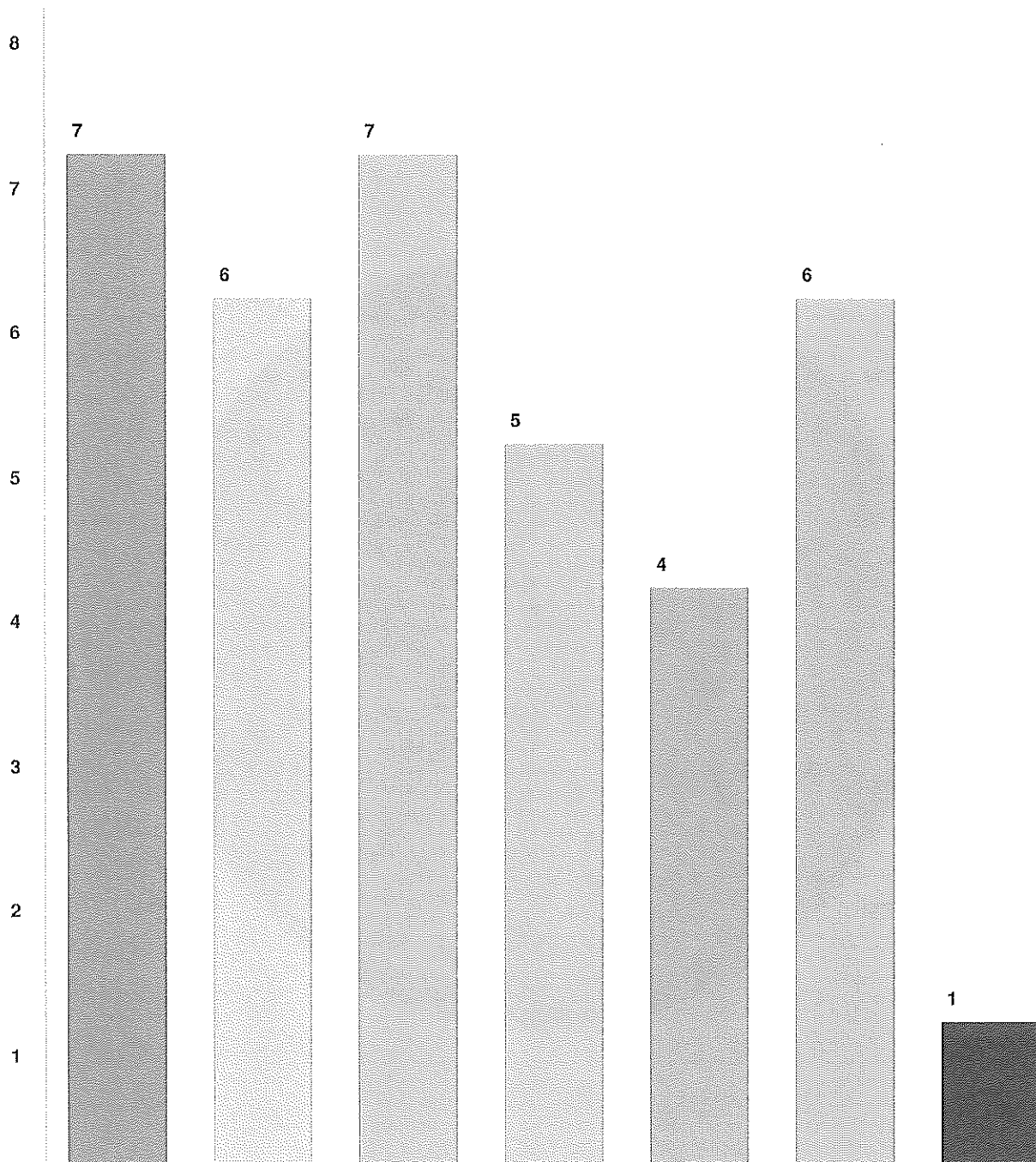


Question options

- Monthly Every other month Every six months Yearly

Optional question (11 response(s), 2 skipped)
Question type: Radio Button Question

Q7 What topics or areas would you like to discuss? Please tick all that apply



Question options

- Health and Wellbeing
- Developing Independence
- Education and Employment
- Foster/Residential Home Life
- Derby City Life
- Environmental issues
- Other (please tell us in the box below)

Optional question (10 response(s), 3 skipped)

Question type: Checkbox Question

**Q8 Do you have any other ideas or suggestions on how you would like to be consulted with?
Please tell us in the box below**

Screen Name Redacted no
01/10/22 02:20 PM

Screen Name Redacted no.
01/10/22 02:10 PM

Screen Name Redacted No
01/10/22 08:52 PM

Screen Name Redacted none
01/10/22 02:45 PM

Screen Name Redacted No
01/10/22 01:14 PM

Optional question (5 response(s), 8 skipped)

Question type: Essay Question

Q9 We are thinking of renaming the Children in Care Council. We want your ideas or suggestions for a new name that explains who we are but in a fun or exciting way. Please tell us your ideas in the box below

Screen Name Redacted my voice matters, the voice,
01/02/22 02:26 PM

Screen Name Redacted do not have any - think it is okay as it is
01/02/22 01:06 PM

Screen Name Redacted ppl that bitch at kidz 24/7
01/02/22 06:12 PM

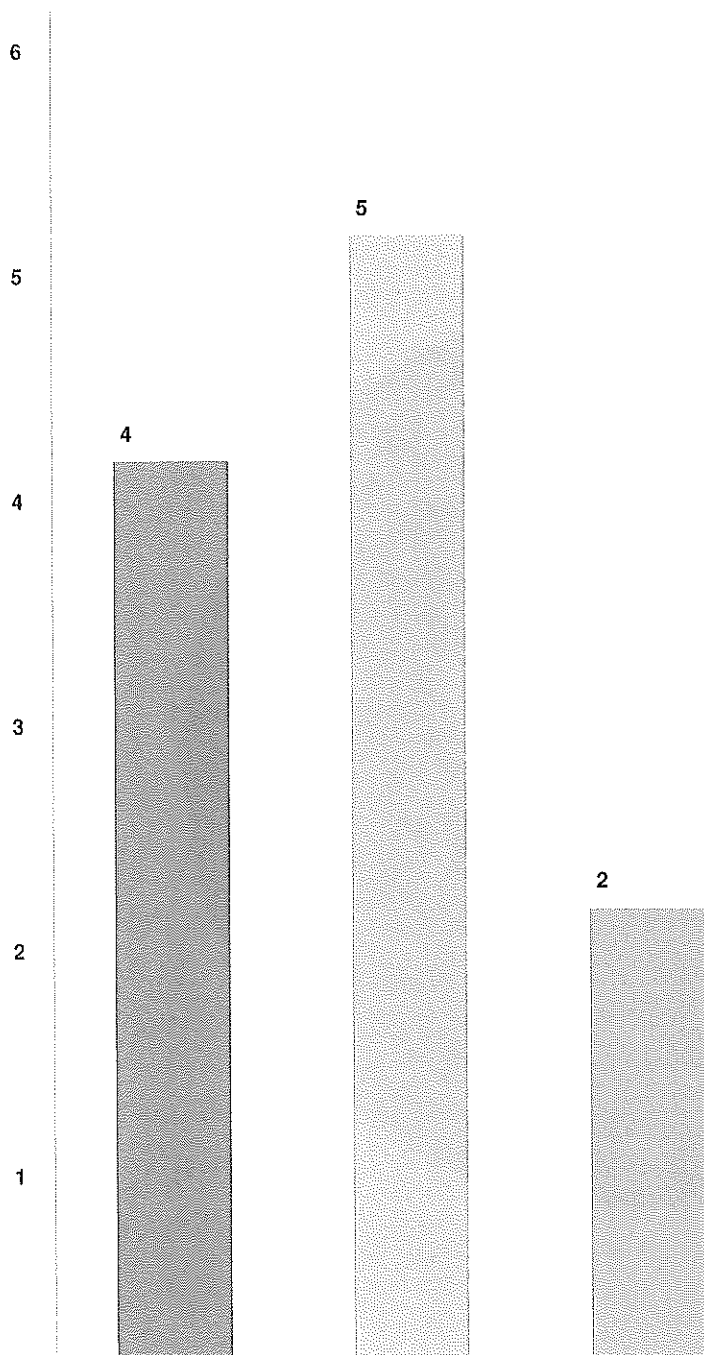
Screen Name Redacted no
01/02/22 07:46 PM

Screen Name Redacted I am not sure
02/02/22 07:13 PM

Optional question (5 response(s), 8 skipped)

Question type: Essay Question

Q10 Please tell us how you describe your gender. Please select all that apply

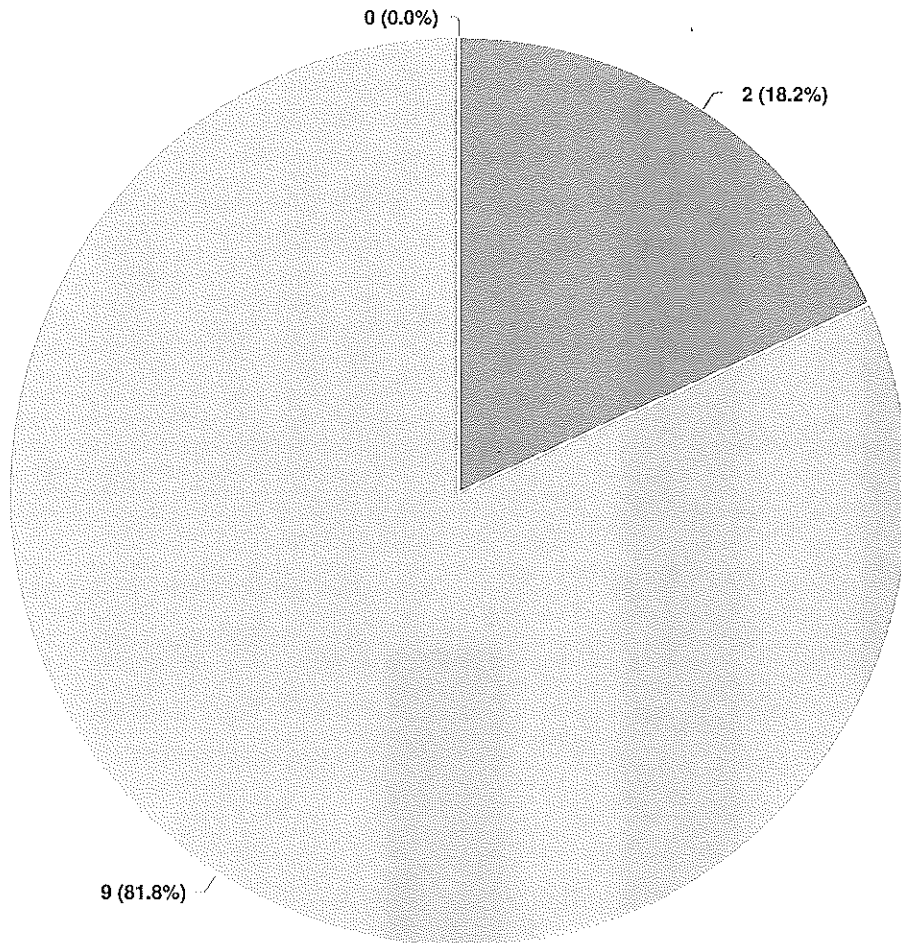


Question options

- Woman/girl
- Man/boy
- In another way – please tell us how you describe yourself in the box below
- Non-binary
- Prefer not to say

Optional question (11 response(s), 2 skipped)
Question type: Checkbox Question

Q11 Do you identify as a gender other than what you were assigned at birth, that is you are a trans person or someone with a trans history? Please select one option



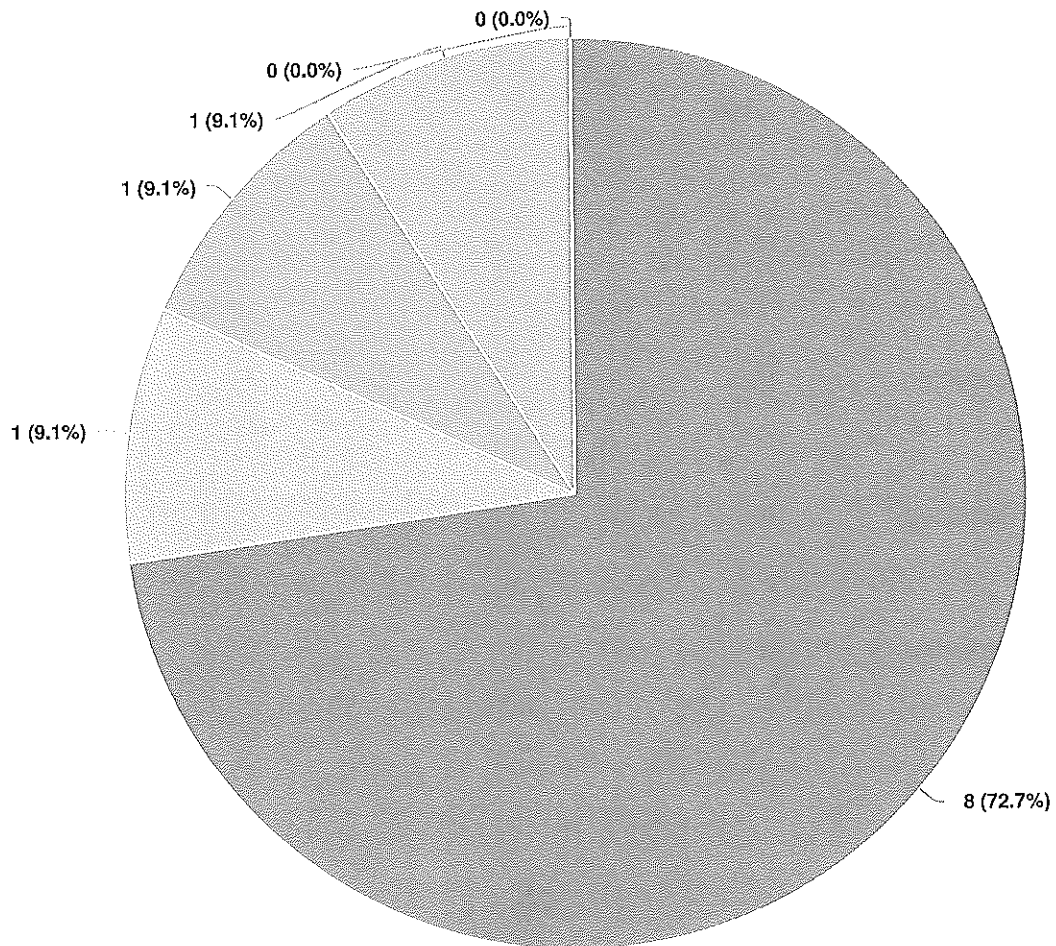
Question options

- Yes No Prefer not to say

Optional question (11 response(s), 2 skipped)

Question type: Radio Button Question

Q12 I consider myself to be... Please select one option only



Question options

- heterosexual/straight
- bisexual
- Other
- Prefer not to say
- a gay man
- a gay woman/lesbian

Optional question (11 response(s), 2 skipped)
Question type: Radio Button Question

Q13 What was your age on your last birthday? Please tell us in the box below

Screen Name Redacted 16

7/11/2022 07:26:15M

Screen Name Redacted 16

7/11/2022 07:46:15M

Screen Name Redacted 27000

31/10/2022 09:52:15M

Screen Name Redacted 68

4/06/2022 07:46:15M

Screen Name Redacted 12

4/12/2022 07:46:15M

Screen Name Redacted 16

9/10/2022 11:31:15M

Screen Name Redacted 12

4/06/2022 07:46:15M

Screen Name Redacted 15

12/06/2022 07:46:15M

Screen Name Redacted 16

6/9/2022 07:31:15M

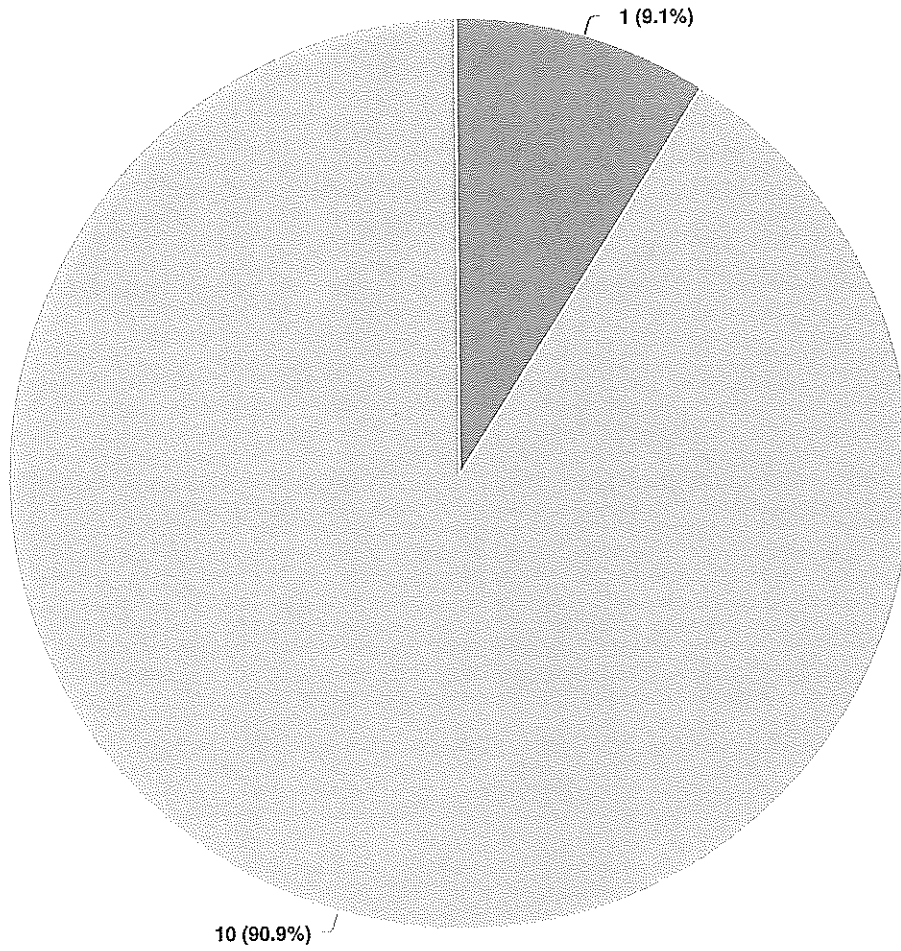
Screen Name Redacted 39

7/06/2022 08:12:15M

Optional question (10 response(s), 3 skipped)

Question type: Single Line Question

Q14 Do you consider yourself to be a disabled person? Please select one

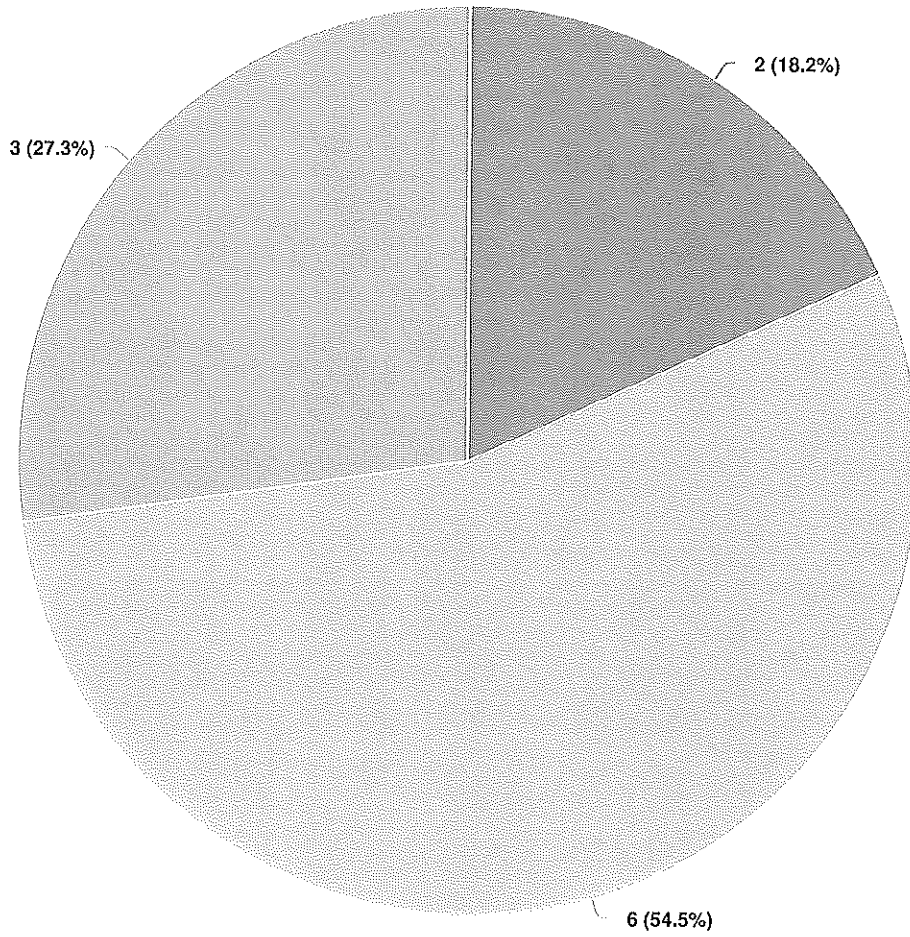


Question options

- Yes
- No

Optional question (11 response(s), 2 skipped)
Question type: Radio Button Question

Q15 Do you have any religious beliefs? Please select one option

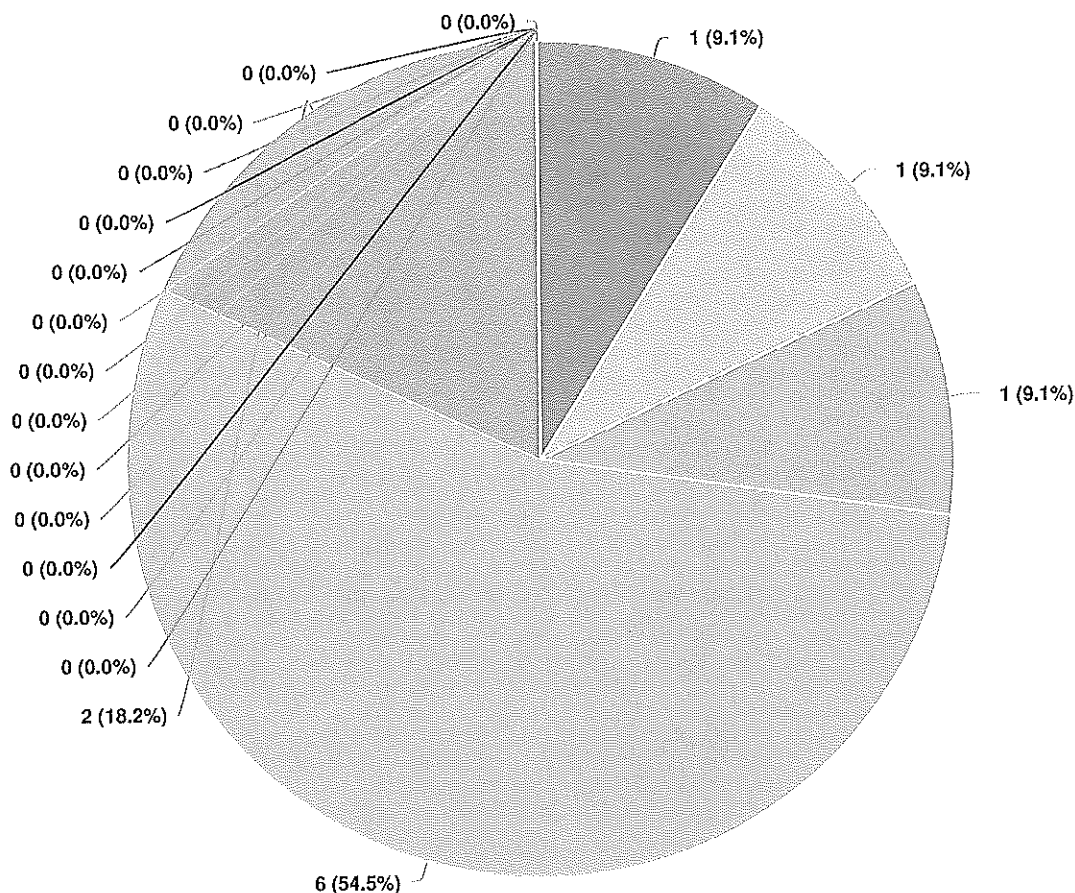


Question options

- Yes No Prefer not to say

*Optional question (11 response(s), 2 skipped)
Question type: Radio Button Question*

Q16 To which group do you consider you belong? Please select one



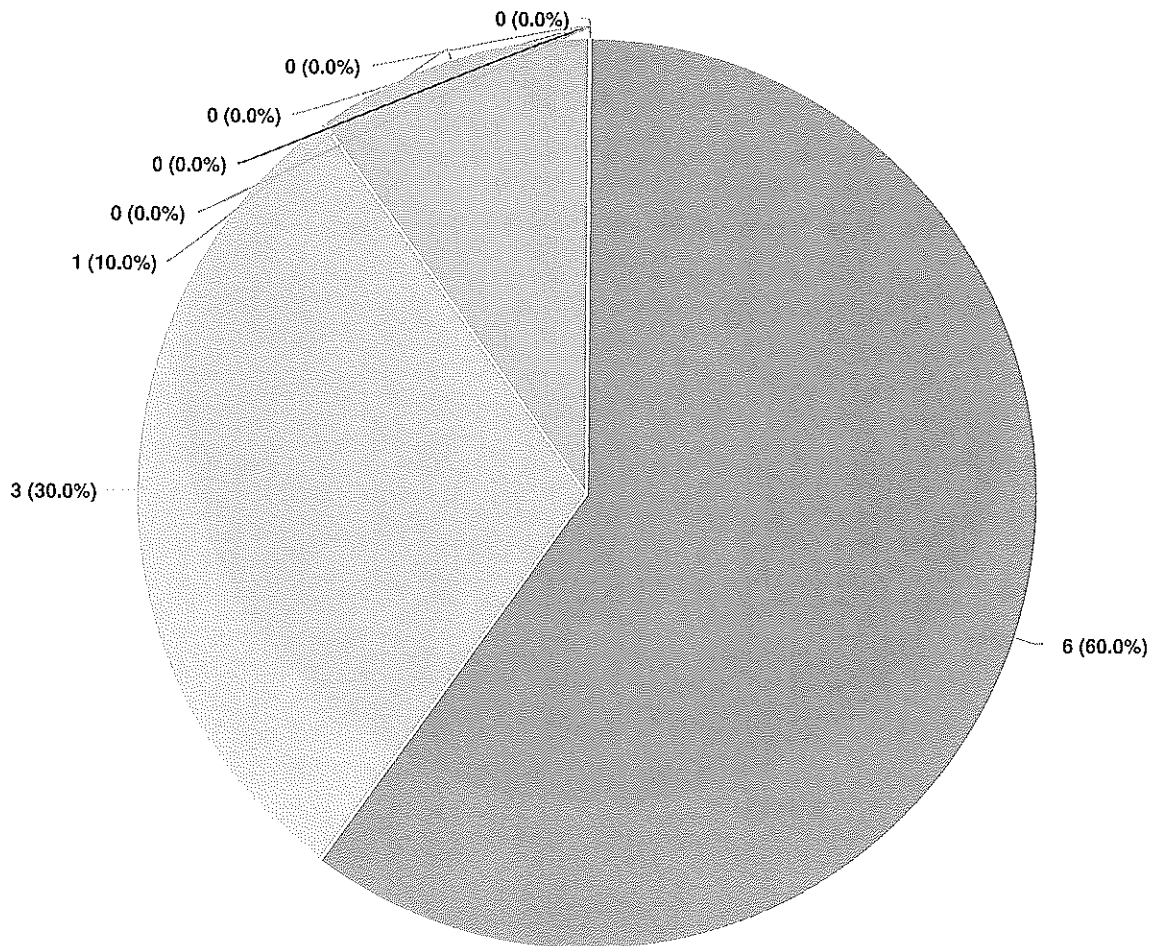
Question options

- Asian or Asian British - Indian
- Black or Black British - African
- Dual Heritage - White and Black Caribbean
- White - English / Welsh / Scottish / Northern Irish / British
- White - Gypsy or Irish Traveller
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Any other Asian background
- Black or Black British - Caribbean
- Any other Black background
- Dual Heritage - White and Black African
- Dual Heritage - White and Asian
- Any other Dual Heritage background
- White - Irish
- Any other White background
- Other ethnic group - Arab
- Any other ethnic group
- If you answered 'other' to any of the answers above, please use the box below to tell us more

Optional question (11 response(s), 2 skipped)

Question type: Radio Button Question

Q17 If yes, to which religion do you belong? Please select one



Question options

- Christian
- Prefer not to say
- Other (please tell us in the box below)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh

Optional question (10 response(s), 3 skipped)
Question type: Radio Button Question