

Faith In Staffs

«Contact Person»

«Church/Community»

SURVEY OF LOCAL FAITH COMMUNITIES

This is a unique opportunity to join together to provide a snapshot of the caring work undertaken by faith communities in the county of Staffordshire.

The purpose is to help understand where and how faith communities make an impact on the county, to inform future decisions and to identify opportunities where faith communities can further work to affect neighbourhoods and address local priorities.

We believe that the findings of this project will give further opportunities for faith groups to access greater support, encouragement and resources in order to continue to positively impact communities across Staffordshire

Every effort has been made to make the language in this document transferable

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This questionnaire is designed for worshipping communities and county wide ministries

Q1 About Your Place of Worship?

- Q1a Name/area of your place of worship (eg St. Paul's, Blurton):
- Q1b Faith tradition (*please tick or circle one of those listed below*):
 Buddhism Christianity Hinduism Islam Judaism Sikhism
 Other (*if other, please specify in the box*):
- Q1c Christian Denomination: (*please tick or circle one of those listed below*):
 Anglican Baptist Charismatic Methodist Pentecostal Roman Catholic
 Salvation Army United Reformed Church Black Majority Quaker
 Other (*if other, please specify in the box*):
- Q1d Meeting place (*please tick or circle one of those listed below*):
 Church Gurdwara Mosque Temple Synagogue
 Other (*if other, please specify in the box*):
- Q1e Postcode of place of worship: _____/_____-_____

(Attendance: In each case, please indicate the numbers of members in total)

- Q1f Total no. of infants who regularly attend your place of worship (0yr – 4 yrs): _____
- Q1g Total no. of children who regularly attend your place of worship (5yrs – 10yrs): _____
- Q1h Total no. of youth who regularly attend your place of worship (11yrs – 16yrs): _____
- Q1i Total no. of young adults who regularly attend your place of worship (17yrs – 25yrs): _____
- Q1j Total no. of adults who regularly attend your place of worship (26+): _____
- Q1k Total no. who regularly attend your place of worship (the sum of Q1f to Q1j): _____

Q2 About Your Building? (*please tick or circle*)

- Q2a Do you have a building of your own: Yes Share No
- Q2b Do you have rooms that can be hired by community groups & agencies: Yes Considering No
- Q2c If you hire your rooms, do you have any spare capacity: Yes No
- Q2d If you have spare capacity, how many people will each room accommodate: 1 _____ 2 _____ 3 _____ 4 _____
- Q2e Do you have kitchen facilities: Yes No
- Q2f Do you have crèche facilities: Yes No
- Q2g Is your building compliant with Disability Discriminations Act: Yes Partly No
- Q2h Does your building have disabled access (eg ramps): Yes Partly No
- Q2i Does your building have a hearing loop system: Yes Partly No
- Q2j Do you have facilities for the visually impaired: Yes Partly No
- Q2k Is there dedicated car parking provision available: Yes No

Q3 Who Else Uses Your Building?

Do you regularly hire your building/rooms/facilities out to non-faith organisations who deliver activities or address some of the following issues (*please tick or circle where appropriate*):

- Q3a Children / Youth Activities (eg youth/play services etc) Yes No If no, would you like to in the future
- Q3b Parent Services (eg SureStart, Start Up, HomeStart etc) Yes No If no, would you like to in the future
- Q3c Elderly Care (eg clubs, luncheon clubs, health, safety etc) Yes No If no, would you like to in the future
- Q3d Education / Training / Employment (eg job clubs, College in Community, language training, etc) Yes No If no, would you like to in the future
- Q3e Personal Finance (eg debt counselling, credit unions, etc) Yes No If no, would you like to in the future
- Q3f Community Involvement (eg resident groups, local forums, public meetings, etc) Yes No If no, would you like to in the future
- Q3g Mental Health (eg counselling, self help groups, etc) Yes No If no, would you like to in the future
- Q3h Learning Disabilities (eg training, mentoring, nurture, etc) Yes No If no, would you like to in the future
- Q3i Health & Fitness (eg health visitors, slimming classes, keep fit, sport, etc) Yes No If no, would you like to in the future
- Q3j Domestic Violence / Personal Safety (eg advice, etc) Yes No If no, would you like to in the future
- Q3k Race / Asylum Issues (eg drop in sessions, advice, etc) Yes No If no, would you like to in the future
- Q3l Drug / Alcohol Abuse (eg advice, support, etc) Yes No If no, would you like to in the future
- Q3m Others (*please specify*):

Q4 About Your Contacts?

Does your faith community regularly work with any of the following agencies (*please tick or circle where appropriate*):

- Q4a Area Housing Offices Q4e Community Alcohol Team
- Q4b Community engagement forums Q4f Street Wardens
- Q4c Local Youth Service Q4g Early Years / Play Development
- Q4d SureStart / Start Up Q4h Social Services
- Q4i Others (*please specify*):
(eg police/local authority)

Q5 Making Contacts?

Would you like to link with other faith communities who are working on similar activities / initiatives?

YES / NO (*If yes please indicate*): within your local area and/or within the county

Q6 About Your Activities?

Please answer the questions below for each care initiative undertaken by your community (eg: lunch clubs, senior citizen groups, carer/toddler groups, youth work, summer clubs, tea dance, brownies, drop-in sessions, support/counselling service, work with disadvantaged groups, support to residents associations etc)

Please do not include religious activities such as prayer groups or any primary acts of worship.

	Activity / Initiative 1	Activity / Initiative 2	Activity / Initiative 3	Activity / Initiative 4
The name and purpose of your activity: (eg Bubbles = before & after school club)				
Who is this activity for: (please tick or circle the dots to select from the following)	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>
No. of employed staff (paid): (full time equivalent)				
No. of volunteers per activity:				
Estimated total hours worked by all volunteers per session: (eg 4 volunteers x 3hrs p/s = 12hrs)				
Frequency of activity: (select from the following) (Daily, Wkly, Fortnightly, Mthly, Annly)				
Average no. of users / clients engaged per session: (excl staff + volunteers)				
Total number of users / clients on the books / register:				
Full post code:				
Name of activity leader:				

Q6 Continued (please photocopy if you have more than 8 activities / initiatives):

Please do not include religious activities such as prayer groups or any primary acts of worship.

	Activity / Initiative 5	Activity / Initiative 6	Activity / Initiative 7	Activity / Initiative 8
The name and purpose of your activity: (eg Bubbles = before & after school club)				
Who is this activity for: (please tick or circle the dots to select from the following)	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employment <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>
No. of employed staff (paid): (full time equivalent)				
No. of volunteers per activity:				
Estimated total hours worked by all volunteers per session: (eg 4 volunteers x 3hrs p/s = 12hrs)				
Frequency of activity: (select from the following) (Daily, Wkly, Fortnightly, Mthly, Annly)				
Average no. of users / clients engaged per session: (excl staff + volunteers)				
Total number of users / clients on the books / register:				
Full post code: (if different from your place of worship)				
Name of activity leader:				

Q7 About Your Future Plans?

Are you actively planning to develop any new initiatives / projects for your community: **YES / NO**
(if yes please give details):

	Initiative 1	Initiative 2	Initiative 3
Activity (eg youth group, breakfast club etc)			
Client Group <i>(please tick or circle)</i>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employ. <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employ. <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>	Men <input type="checkbox"/> 17-25 years <input type="checkbox"/> Women <input type="checkbox"/> Mental Health <input type="checkbox"/> Parents <input type="checkbox"/> Health <input type="checkbox"/> Carers <input type="checkbox"/> Learning <input type="checkbox"/> Single Parent <input type="checkbox"/> Employ. <input type="checkbox"/> Elderly <input type="checkbox"/> Asylum <input type="checkbox"/> All ages <input type="checkbox"/> Homeless <input type="checkbox"/> 0-4 years <input type="checkbox"/> Drugs <input type="checkbox"/> 5-10 years <input type="checkbox"/> Race <input type="checkbox"/> 11-16 years <input type="checkbox"/> Bereaved <input type="checkbox"/> Domestic disputes <input type="checkbox"/>
Location <i>(if different from question Q1e)</i>			

Q8 About Local Schools?

Are you and/or members of your faith community/ministry regularly involved in local schools: **YES / NO**

Q8a Number of members acting as school governors: _ _ _ _ _

Q8b Name of schools where members are governors (please indicate primary or secondary):

.....

Q8c Number of members taking assemblies/ collective worship: _ _ _ _ _

Q8d Name of schools where members take assemblies/ collective worship (please indicate primary or secondary):

.....

Q8e How many of your members are teachers in local schools: _ _ _ _ _

Q8f How many of your members assist / support in local schools: _ _ _ _ _

Q9 Training Needs? *(please tick or circle)*

Have you identified any training needs which we can help you with:

Q9a Health & Safety Q9f Funding Workshops

Q9b Child Protection Q9g Youth Training

Q9c Racial / Cultural Awareness Q9h IT Project Mgt.

Q9d Mentoring Training Q9i Bid Writing

Q9e Health & Hygiene Q9j Event Organising

Q9k Other (please specify)

Q10 Languages? *(please tick or circle)*

Please indicate below the different languages used by members of your faith community:

- | | | | | | |
|------|-----------|--------------------------|------|---------------------------------|--------------------------|
| Q10a | English | <input type="checkbox"/> | Q10k | Kurdish | <input type="checkbox"/> |
| Q10b | Albanian | <input type="checkbox"/> | Q10l | Panjabi | <input type="checkbox"/> |
| Q10c | Amharic | <input type="checkbox"/> | Q10m | Polish | <input type="checkbox"/> |
| Q10d | Arabic | <input type="checkbox"/> | Q10n | Romanian | <input type="checkbox"/> |
| Q10e | Bengali | <input type="checkbox"/> | Q10o | Russian | <input type="checkbox"/> |
| Q10f | Cantonese | <input type="checkbox"/> | Q10p | Somali | <input type="checkbox"/> |
| Q10g | Czech | <input type="checkbox"/> | Q10q | Tamil | <input type="checkbox"/> |
| Q10h | Dari | <input type="checkbox"/> | Q10r | Turkish | <input type="checkbox"/> |
| Q10i | Farsi | <input type="checkbox"/> | Q10s | Urdu | <input type="checkbox"/> |
| Q10j | French | <input type="checkbox"/> | Q10t | Others, <i>(please specify)</i> | <input type="checkbox"/> |

Q11 Your Contact Details?

It would be helpful to have your contact details should we need to clarify any points.

Name: _____

Position: _____

Address: _____

Post Code: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

Thank you very much for your help.

If you have any additional information or comments, please write them on page 8.

Please return this form in the freepost envelope provided or e-mail us the online form downloadable from the Social Responsibility pages at www.itchfield.anglican.org.

Additional information / other comments:

Your details will be held on a database.
Please tick if you do not wish this to be released to a third party

Faith Communities are increasingly acknowledged for the strategic role they play in the regeneration of the county as well as the influence and impact they have within their neighbourhoods.

The results of the mapping exercise will identify where faith communities can work to further impact their neighbourhood and address local and county priorities. Ultimately the project has the potential to help bridge the gap between faith groups and other sectors.

The benefits of recognising and understanding the contribution made by faith communities can be:

- Identifying best practice
- Promoting joined up thinking
- Signposting
- Networking
- Promotion
- Influencing
- Funding opportunities

For Official Use	X	
Unique ID No:		
Response:		I Q T OR
No Response		Ti D ON
Feedback		InV R P OF
Contact with other FC		CL CSL CC CSC
Future Development		N NP TN OD