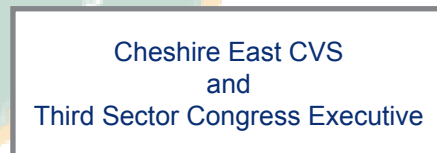
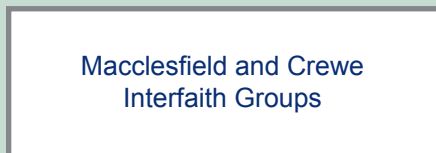
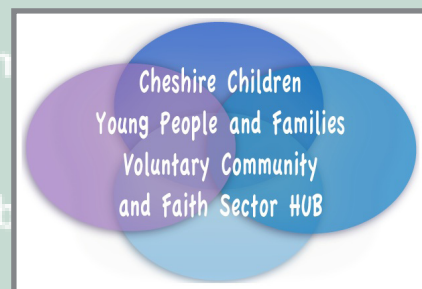




Hidden Treasure in Cheshire East Faith Sector Audit

A survey of how faith-based caring and community initiatives contribute to the wellbeing of our area.

The Faith Sector Audit is led by Go Project and supported and sponsored by the following groups:



Every effort has been made to make the language in this document transferable across all faith groups by contacting a cross section of faith leaders.

Please leave blank any questions you do not wish to answer.

Go Project, Throstles Nest Farm,
Lyme Park, Macclesfield, SK10 5TU

Tel: 01625 858210

E.mail: enquiries@goproject.org.uk



In consultation with



www.saltbox.org.uk

Q1 About Your Meeting Place

Q1a Name/area of your meeting place (e.g. St. Paul's, Shiretown):

Postcode of place of meeting place:

Q1b Faith tradition *(please tick one of those listed below)*:

Baha'I Buddhism Christianity Hinduism Islam Judaism Sikhism
 Other *(if other, please specify in the box)*

Q1c Christian Denomination: *(please tick one of those listed below)*:

Anglican Baptist Charismatic Methodist Pentecostal Roman Catholic
 Salvation Army United Reformed Church
 Other *(if other, please specify in the box)*:

Q1d Meeting place *(please tick one of those listed below)*:

Church Gurdwara Mosque Temple Synagogue
 Other *(if other, please specify in the box)*:

(Attendance at worship: In each case, please indicate the numbers who attend worship on a regular basis—best estimate)

Q1e Total no. of infants who regularly attend your place of worship (0yr – 4 yrs):

Q1f Total no. of children who regularly attend your place of worship (5yrs – 10yrs):

Q1g Total no. of young people who regularly attend your place of worship (11yrs – 16yrs):

Q1h Total no. of young adults who regularly attend your place of worship (17yrs – 25yrs)

Q1i Total no. of adults who regularly attend your place of worship (26—64yrs):

Q1j Total no. of adults who regularly attend your place of worship (65+yrs):

Q1l Total no. all ages who regularly attend your place of worship (the sum of Q1e to Q1j):

Q2 About Your Facilities

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? *(i.e. currently unbooked/allocated)*

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 (e.g. 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

Q2l Do you have a café open to the public?

Yes No

Q3 Who Else Uses Your Facilities?

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 where appropriate)*:

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

- Q4a Area Housing Offices Q4f Community Drug Team or similar
- Q4b CVS/Voluntary Action Networks Q4g Community Safety Wardens
- Q4c Connexions Youth Service Q4h Early Years / Play Development
- Q4d Children's Centres Q4i Social Services
- Q4e Community Alcohol Team or similar Q4j Others *(please specify)*:(e.g. 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 Cheshire East

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, regular activities in local care facilities etc)

Please do not include religious activities such as prayer groups or any primary acts of worship. Please indicate if you have added continuation sheets to further describe these activities.

	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: (select from the following) men, women, parents, carers, single parent, elderly, all ages, 0-4yrs, 5-10yrs, 11-16yrs, 17-25yrs, mental health, health, learning disabilities, unemployed, asylum seekers, homeless, substance addicts, race issues, bereaved, those affected by domestic disputes				
No. of volunteers per activity:				
Estimated total hours worked by all volunteers per session: (eg 4 volunteers x 3hrs p/s = 12hrs) Note please include all team time, inc. planning, preparation, setting up & clearing away				
Frequency of activity: (circle from list) How many sessions per year.	Daily, Weekly, Fortnightly, Monthly, Annually	Daily, Weekly, Fortnightly, Monthly, Annually	Daily, Weekly, Fortnightly, Monthly, Annually	Daily, Weekly, Fortnightly, Monthly, Annually
Average no. of users / clients engaged per session: (excl staff + volunteers)				
Total number of users / clients on the books / register:				
No. of employed staff (paid): (full time equivalent)				
Funding for project and source				
Purpose of funding, e.g. staff time, equipment, rent				
Full post code: (If different from your place of worship):				
Name of activity leader:				

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. Please indicate if you have added continuation sheets to further describe these activities.

	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: (select from the following) men, women, parents, carers, single parent, elderly, all ages, 0-4yrs, 5-10yrs, 11-16yrs, 17-25yrs, mental health, health, learning disabilities, unemployed, asylum seekers, homeless, substance addicts, race issues, bereaved, those affected by domestic disputes				
No. of volunteers per activity:				
Estimated total hours worked by all volunteers per session: (eg 4 volunteers x 3 hrs p/s = 12hrs) Note please include all team time, inc. planning, preparation, setting up & clearing away				
Frequency of activity: (circle from list) How many sessions per year,	Daily, Weekly, Fortnightly, Monthly, Annually	Daily, Weekly, Fortnightly, Monthly, Annually	Daily, Weekly, Fortnightly, Monthly, Annually	Daily, Weekly, Fortnightly, Monthly, Annually
Average no. of users / clients engaged per session: (excl staff + volunteers)				
Total number of users / clients on the books / register:				
No. of employed staff (paid): (full time equivalent)				
Funding for project and source				
Purpose of funding, e.g. staff time, equipment, rent				
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 (e.g. youth group, breakfast club etc)			
Who is this activity for (please select) men, women, parents, carers, single parent, elderly, all ages, 0-4yrs; 5-10yrs; 11-16yrs; 17-25yrs mental health, health, learning disabilities, unemployed asylum seekers, homeless, substance abuse, race issues, bereaved, those affected by domestic disputes			
Location (if different from Q1e)			

Q8 About Local Issues and Priorities

What are the key issues or concerns in your locality that are currently not being addressed and require further action?

	Priority 1	Priority 2	Priority 3
Issue			
Who does this issue affect? (please select from list above in Q7) Or if other, please specify			
Reason for issue not being addressed			

Q9 About Skills and Expertise Needed or Available

Have you people with particular expertise you could offer to others or subjects in which you could benefit from training or assistance?

	Offer	Need		Offer	Need
Q9a Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	Q9g Youth	<input type="checkbox"/>	<input type="checkbox"/>
Q9b Child Protection/Safeguarding	<input type="checkbox"/>	<input type="checkbox"/>	Q9h Early Years Development	<input type="checkbox"/>	<input type="checkbox"/>
Q9c Racial/Cultural Awareness	<input type="checkbox"/>	<input type="checkbox"/>	Q9i Governance	<input type="checkbox"/>	<input type="checkbox"/>
Q9d Mentoring Training	<input type="checkbox"/>	<input type="checkbox"/>	Q4j Common Assessment Framework	<input type="checkbox"/>	<input type="checkbox"/>
Q9e Health & Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	Q4k Others (please specify):		
Q9f Food Hygiene	<input type="checkbox"/>	<input type="checkbox"/>			

Q10 About Local Schools

Are you and/or members of your faith community/ministry regularly involved in local schools: Yes No

Q10a Number of members acting as school governors: _ _ _ _ _

Name of school (<i>Please indicate primary, secondary or higher education</i>):	Post Code (<i>if known</i>)
1.	
2.	
3.	
4.	
5.	
6.	

Q10b Number of members taking part in assemblies/ collective worship: _ _ _ _ _

Name of school (<i>Please indicate primary, secondary or higher education</i>):	Post Code (<i>if known</i>)
1.	
2.	
3.	
4.	
5.	
6.	

Q10c How many of your members are teachers in local schools: _ _ _ _ _

Q10d How many of your members assist/support in local schools (paid basis): _ _ _ _ _

Q10e Do any of your members assist/support regularly in local schools on a voluntary basis: Yes No .

Nature of voluntary activity	Numbers involved	Frequency Weekly, monthly termly	Length of session	Total sessions / year
1.				
2.				
3.				
4.				
5.				
6.				

Q11 About Local Care and other Facilities

Are you and/or members of your faith community/ministry regularly involved in local care facilities:
 (e.g. Retirement Home, Care Home, Children's Home, Hospice, Housing Trusts, Rehabilitation) Yes No

Q11a Number of members acting as trustees/ board members or similar (voluntary basis) : _ _ _ _ _

Type of facility/ Client group	Name of facility	Post Code (if known)
1.		
2.		
3.		
4.		

Q11b Number of members working in local care facilities: _ _ _ _ _

Q11c How many of your members are involved in helping in care facilities on a regular voluntary basis: _ _ _ _ _

Nature of voluntary activity	Numbers involved	Frequency Weekly, monthly termly	Length of session	Total sessions / year
1.				
2.				
3.				
4.				
5.				
6.				

Q12 About Raising Funds to Support Local Care Initiatives

Are members of your faith community/ministry regularly involved in fund raising for local social and care initiatives:

Name of Charity / Initiative	Post Code (if known)	Nature of involvement	Total time per year (hours)	Funds raised in year (if known)
1.				
2.				
3.				
4.				
5.				

Q13 Languages

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

- | | | | | | |
|----------------|--------------------------|---------------|--------------------------|--------------------------------------|--------------------------|
| Q13a English | <input type="checkbox"/> | Q13h Dari | <input type="checkbox"/> | Q13o Russian | <input type="checkbox"/> |
| Q13b Albanian | <input type="checkbox"/> | Q13i Farsi | <input type="checkbox"/> | Q13p Somali | <input type="checkbox"/> |
| Q13c Amharic | <input type="checkbox"/> | Q13j French | <input type="checkbox"/> | Q13q Tamil | <input type="checkbox"/> |
| Q13d Arabic | <input type="checkbox"/> | Q13k Kurdish | <input type="checkbox"/> | Q13r Turkish | <input type="checkbox"/> |
| Q13e Bengali | <input type="checkbox"/> | Q13l Punjabi | <input type="checkbox"/> | Q13s Urdu | <input type="checkbox"/> |
| Q13f Cantonese | <input type="checkbox"/> | Q13m Polish | <input type="checkbox"/> | Q13t Welsh | <input type="checkbox"/> |
| Q13g Czech | <input type="checkbox"/> | Q13n Romanian | <input type="checkbox"/> | Q13u Others, <i>(please specify)</i> | |

Q14 Your Contact Details

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

Name: _____

Position: _____

Address: _____

Address: _____

Post Code: _____

Telephone Number: _____

Mobile Number: _____

E.Mail Address: _____

Thank you very much for your help.

If you have any additional information or comments, please write them on page 9.

Please return this form in the freepost envelope provided to

Hidden Treasure
Go Project
Throstles Nest Farm
Lyme Park
Macclesfield SK10 5TU.

For further guidance on completing the questionnaire or other queries

Tel: 01625 858210 or E.mail: enquiries@goproject.org.uk

Faith Communities and Groups are increasingly acknowledged for the strategic role they play in community cohesion as well as the positive influence and impact they have within their neighbourhoods.

The results of the survey will identify where Faith Communities and Groups can work to impact further their neighbourhoods and address local and regional priorities. Ultimately the project has the potential to help continue increase understanding and communication between Faith Groups and other sectors.

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

- Identifying good practice
- Promoting joined up thinking and action
- Signposting
- Networking
- Promotion
- Influencing
- Funding opportunities
- Enhancing the use of available resources

Go Project will store and maintain the database arising from this Audit.

The report and outcomes will be compiled on a no-names basis by generic Faith Communities and groups, projects and locations. On this basis data may be fed into a wider Third Sector Audit process.

We will additionally aim to make available a directory and web-based resource of Faith Communities, Groups and Projects from which you are able to opt out if you would prefer. Please tick this box to opt out of this directory.

For Official use		
Unique ID No.		
Response:		
Group:		
Post Code:		
LAP / Ward		
Analysis		