

## Appendix 4: Resident survey

### Southwark Maternity Commission - Resident Survey Gathering evidence about the experiences of maternity care in Southwark

#### Instructions

- Write as **clearly** as you can— these forms might be scanned
- Write your answers in the same language as this form

#### Privacy statement

Please confirm your consent for us to collect and use your data in the ways described above (without your consent, we are unable to use any information that you provide).

Yes, I consent

#### How did you find out about this survey (optional)

\*Choose as many as you like

- Leaflet or flyer
- Southwark Life magazine
- Poster
- Future Men
- Media coverage (Southwark News, BBC London, South London Press etc)
- Conversation with council officer/councillor
- Conversation with friend/neighbour/family
- Email from council
- Southwark Council website
- Whatsapp message
- Facebook
- Twitter
- Instagram
- Other third sector organisation
- Other social media
- Other

## If you picked 'Other', what are you thinking of?

---

### Are you responding to this survey on behalf of your partner or family member?

- No-I am responding as someone who has used maternity services
- No - I am responding as a father, male carer or partner
- Yes - I'm responding on behalf of my partner
- Yes - I'm responding on behalf of a family member

### Where did you receive maternity care?

- Guy's & St Thomas' Hospital
- King's College Hospital
- Princess Royal University Hospital, Bromley
- University Hospital
- Lewisham Other

### Other (optional)

If other, please specify here

---

### When was your last experience of maternity care? (Required)

- within the last 6 months
- between 6-12 months ago
- between 1-2 years ago
- between 2-5 years ago
- more than 5 years ago

### How was your experience of antenatal care

(Care you received while pregnant until birth)?

- Very negative
- Negative
- Neutral
- Positive
- Very positive

**How was your experience of care during childbirth?**

- Very negative
- Negative
- Neutral
- Positive
- Very positive

**How was your experience of postnatal care?**

(Care you received after childbirth up until the first year)

- Very negative
- Negative
- Neutral
- Positive
- Very positive

**If you are responding as a father, male carer or partner, were there any services, groups or resources that you found useful during and after pregnancy? (optional)**

These might include non-traditional sources such as charities or faith-based sites.

---

**Please feel free to share any comments or feedback about your experience of maternity care here (optional)**

---

---

---

---

---

---

---

---

**Do you wish to continue with the long version of the survey**

- Yes- I wish to continue
- Yes - but I would like to skip to the getting access to services questions
- No -I would like to end the survey here

**Have you experienced pregnancy loss before 24 weeks of pregnancy?**

- Yes
- No
- Prefer not to say

**Is this your first pregnancy loss before 24 weeks of pregnancy? (optional)**

- Yes
- No, I have had another pregnancy loss before 24 weeks
- No, I have had more than two other pregnancy loss before 24 weeks

**Thinking about your experience of pregnancy loss before 24 weeks:**

(optional)

\*Choose as many as you like

- Were you offered bereavement support?
- Were your other antenatal appointments cancelled?
- If you have had three or more pregnancy losses before 24 weeks, have you received further support?

**Further Comments (optional)**

Do you have any other comments about your care after pregnancy loss before 24 weeks?

---

---

---

---

---

---

---

---

**The following questions will be about pregnancy loss after 24 weeks of pregnancy.**

Do you wish to continue?

- Yes-I would like to continue
- No- I would like to skip to the getting access to services questions
- No-I would like to end the survey here

**Did you experience a pregnancy loss after 24 weeks of pregnancy?**

- Yes
- No
- Prefer not to say

**Were you told where you could get support? (optional)**

- Yes
- No
- I don't know
- Prefer not to say

**If yes, did you feel supported by the care you received after your pregnancy loss after 24 weeks of pregnancy? (optional)**

Please share your experience below

---

---

---

---

---

---

---

---

**Were your rights to maternity leave, parental bereavement leave and maternity allowance clearly explained to you? (optional)**

- Yes
- No
- I don't know

**Did the hospital have a service to acknowledge your loss e.g. Garden of Remembrance? (optional)**

- Yes
- No
- I don't know

**When a baby dies before, during or after birth, the hospital should review what happened, and the care the person who gave birth and baby received.**

**Did your hospital provide you with information following this review?**

(optional)

- Yes, and I got the answers I needed
- Yes, but I didn't get the answers I needed
- No, I wasn't informed
- No, there wasn't a review
- I don't know
- Prefer not to say

**Was your baby born earlier than its due date? (optional)**

- Yes
- No
- I don't know
- Prefer not to say

**How premature was your baby? (optional)**

- Extremely preterm (born before 28 weeks of pregnancy)
- Very preterm (born between 28 and 32 weeks of pregnancy)
- Moderately preterm (born between 32 and 34 weeks of pregnancy)
- Late preterm (born between 34 and 36 completed weeks of pregnancy)

**Did you feel supported by the care you received for your premature baby?**

(optional)

- Yes
- No

**If no, please could you explain why you did not feel supported: (optional)**

---

---

---

---

---

---

---

---

**Were there complications with your labour and the birth of your baby?**

(optional)

(For example, did you lose excessive amounts of blood, did your baby have an abnormal heart rate, did their shoulder get stuck or did the baby have difficulty breathing?)

- Yes
- No
- Prefer not to say

**If yes, please share the complication(s) you experienced (optional)**

---

---

---

---

---

---

---

---

**Have you experienced poor mental health during your pregnancy? (optional)**

- Yes
- No
- Prefer not to say

**Have you experienced poor mental health after your baby was born? (optional)**

- Yes
- No
- Prefer not to say

**If you wish, please share how your mental health has been affected.**

(optional)

---

---

---

---

---

---

---

---

**Do you have any comments about what happened to you and your baby after your experience of maternity care? (optional)**

If there is anything else you would like to share, please do so here.

---

---

---

---

---

---

---

---

**Did you know how to contact your local maternity service for help? (optional)**

- Yes
- No

**Did you receive maternity care before 10 weeks of pregnancy? (optional)**

- Yes
- No

**If no, please explain why. (optional)**

---

**Did you understand the information given to you by your doctor or midwife? (optional)**

- Yes, always
- Yes, sometimes
- No

**If no, please explain what difficulties you had understanding the information you were given (optional)**

---

**Would you have preferred the information in another language?**

- Yes
- No



**If yes, please share which language(s) (optional)**

---

**Were you given enough support for your mental health during your pregnancy? (optional)**

- Yes
- No
- I did not want support

**Were you given enough support for your mental health after your baby was born? (optional)**

- Yes
- No
- I did not want support

**Did the same midwives who provided care during your pregnancy also provide care during your labour and birth?**

- Yes, always
- Yes, sometimes
- No

**Did you avoid seeking care during your pregnancy for any reason?**

\*Choose as many as you like

- No
- Yes, I was worried I would have to pay for my care
- Yes, I was worried about having a bad experience
- Yes, Other

**If you selected yes - other, please could you explain why you avoided seeking care. (optional)**

---

**Did you feel you could ask for help from your midwife about other worries including Housing? (optional)**

- Yes
- No
- I did not want support

**Did you feel you could ask for help from your midwife about other worries including money or debt? (optional)**

- Yes
- No
- I did not want support

**Did you feel you could ask for help from your midwife about other worries including employment issues in pregnancy? (optional)**

- Yes
- No
- I did not want support

**Did you feel you could ask for help from your midwife about other worries including domestic abuse? (optional)**

- Yes
- No
- I did not want support

**Do you have any further comments about your experience of getting the maternity care that you needed? (optional)** Please share your comments below

---

---

---

---

---

---

---

---

**Were you able to get help from your midwife or doctor when you needed it during your pregnancy? (optional)**

- Yes, always
- Yes, sometimes
- No

**Were you able to get help from your midwife or doctor when you needed it during your labour and birth? (optional)**

- Yes, always
- Yes, sometimes
- No

**Were you able to get help from your midwife or doctor when you needed it after your baby was born? (optional)**

- Yes, always
- Yes, sometimes
- No

**Were you involved in decisions about your care during your pregnancy? (optional)**

- Yes, always
- Yes, sometimes
- No

**Were you involved in decisions about your care during your labour and birth? (optional)**

- Yes, always
- Yes, sometimes
- No

**Were you involved in decisions about your care after your baby was born? (optional)**

- Yes, always
- Yes, sometimes
- No

**Did you feel listened to by your midwife? (optional)**

- Yes, always
- Yes, sometimes
- No
- I don't know

**Were you treated with respect? (optional)**

- Yes, always
- Yes, sometimes
- No

**If you selected no please share how you did not feel respected, if you feel comfortable doing so. (optional)**

---

---

---

---

---

---

---

**Did you feel able to ask all the questions you wanted to ask about your care? (optional)**

- Yes
- No

**If no, please share why (optional)**

---

**Did you feel supported when recovering from birth? (optional)**

- Yes
- No

**If no, please share what support you would have liked to receive (optional)**

---

**Were you able to speak to a midwife about any concerns easily and quickly?**  
(optional)

- Yes, always
- Yes, sometimes
- No

**If no, please explain which barriers you faced (optional)**

---

**If you raised a concern during your care, did you feel that it was taken seriously?** (optional)

- Yes
- No
- I did not raise any concerns

**At any point during your maternity care journey, did you think about making a complaint about the care you received?** (optional)

- No
- Don't know / can't remember
- Yes, I thought about making a complaint
- Yes, I made a complaint

**If yes, could you please explain why you wanted to complain.** (optional)

---

---

---

---

---

---

---

**Do you have any comments regarding your experience of using local maternity services?** (optional) Please share your experience below

---

---

---

---

---

---

---

---

**If there is anything else you would like to share, please do so below.**  
(optional)

---

---

---

---

---

---

---

---

**Would you like to have further involvement with Southwark Maternity Commission?** (optional)

- Yes
- No

**Prize draw for a £50 Love2shop voucher for completing the survey**  
(optional)

To thank you for sharing your experiences, you can enter a prize draw, with five £50 Love2shop vouchers available. If you wish to enter the draw, provide your email address below.

---

**Please tell us how you would like to be involved - further (optional)**

\*Choose as many as you like

- Attend the public commission meetings to share your own experience
- Attend the public commission meetings to hear others share their experience
- Attend a focus group discussion to share your own experience with a small group
- Share your experience via a face to face meeting
- Share your experience via phone/ video call
- Share your experience via
- email Other

**If you picked 'Other', what are you thinking of?**

---

**Your name (optional)**

---

**Your email address (optional)**

---

**Your contact number (optional)**

---

**If you live in Southwark, which community area do you live in? (optional)**

- Bermondsey
- Borough & Bankside
- Camberwell
- Dulwich
- Elephant and Castle
- Nunhead
- Peckham
- Rotherhithe
- Walworth

**Age (optional)**

- Under 16
- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85-94
- 95+



**What is your ethnic background? (optional)**

- Arab
- (Asian) Bengali
- (Asian) British
- (Asian) Chinese
- (Asian) Filipino
- (Asian) Indian
- (Asian) Pakistani
- (Asian) Vietnamese
- (Asian) Other
- (Black) British
- (Black) Caribbean
- (Black) Ghanaian
- (Black) Nigerian
- (Black) Sierra Leonean
- (Black) Somali
- (Black) Other African
- (Black) Other
- Gypsy, Roma or Irish Traveller
- Latin American
- Mixed White/Asian
- Mixed White Black African
- Mixed White/Black Caribbean
- Mixed Other background
- (White) British
- (White) English
- (White) Irish
- (White) Northern Irish
- (White) Scottish
- (White) Welsh
- (White) Other European
- (White) Other
- Other ethnic background

**If you picked ' Other ethnic background', what are you thinking of?**

---

**Are you disabled?** (optional)

- Yes
- No
- Prefer not to say

**Please select the box or boxes below that best describe your disability:**

(optional)

\*Choose as many as you like

- Hearing / Vision (e.g. deaf, partially deaf or hard of hearing; blind or partial sight)
- Physical / Mobility (e.g. wheelchair user, arthritis, multiple sclerosis etc.)
- Mental health (lasting more than a year. e.g. severe depression, schizophrenia etc.)
- Learning disability (e.g. dyslexia, dyspraxia etc.)
- Long-term illness or health condition (e.g. Cancer, HIV, Diabetes, Chronic Heart disease, Rheumatoid Arthritis, Chronic Asthma)
- Prefer not to say
- Other

**If you picked 'Other', what are you thinking of?**

---

**What is your sex as recorded at birth?** (optional)

- Male
- Female
- Prefer not to say
- Other (Please specify if you wish)

**If you picked 'Other (Please specify if you wish)', what are you thinking of?**

---

**Is the Gender you identify with the same as the sex you were recorded at birth?**

(optional)

- Yes
- No
- Prefer not to say

**If no, how would you define your gender identity? Please specify if you wish**

(optional)

---

**Which of the following best describes your sexual orientation?** (optional)

- Heterosexual/straight
- Lesbian/Gay woman
- Gay man
- Bisexual
- Prefer not to say
- Other
- Please specify further if you wish

**If you picked 'Please specify further if you wish', what are you thinking of?**

---

**What is your religion or belief?** (optional)

- Christian
- Sikh
- Hindu
- Muslim
- Jewish
- Buddhist
- No religion
- Other, please specify further if you wish

**If you picked 'Other, please specify further if you wish', what are you thinking of?**

---

**Approximately, what is your household income (the combined income of all the people in your home)? (optional)**

- Under £15,000 per year
- £15-29,999 per year
- £30-44,999 per year
- £45-59,999 per year
- £60-74,999 per year
- £75-89,999 per year
- £90,000 or above

**What is your current housing situation? (optional)**

- I own my home outright
- I am buying my home with the help of a mortgage
- Shared ownership
- I rent from the council/housing association
- I rent from a private landlord
- I live with family/friends/rent free

**Would you be interested in being notified about future surveys and consultations in any of the following areas? (optional)**

(we would add your email address to a specific mailing list - you could request that your name be removed at any time by writing to [community.engagement@southwark.gov.uk](mailto:community.engagement@southwark.gov.uk))

\*Choose as many as you like

- Housing and regeneration
- Health and social care
- Transport and Highways
- Culture
- Sport and Leisure
- Parks
- Crime and policing
- Communities
- Schools
- Employment
- Youth services
- Funding
- Engagement

**What is your email address? (optional)**

Please make sure you have provided an email address if you wish to be added to our mailing lists.

---

# Appendix 5: Workforce survey

## Southwark Maternity Commission - Workforce Survey

### Workforce Survey

#### Instructions

- Write as **clearly** as you can— these forms might be scanned
- Write your answers in the same language as this form

#### Privacy Statement

Please confirm your consent for us to collect and use your data in the ways described above (without your consent, we are unable to use any information that you provide). I consent for you to collect and use my data as described above.  Yes, I consent

#### Finding out about this project (optional)

How did you find out about this survey?

\*Choose as many as you like

- Leaflet or flyer
- Southwark Life magazine
- Poster
- Media coverage (Southwark News, BBC London, South London Press etc)
- Conversation with council officer/councillor
- Conversation with friend/neighbour/family
- Email from council
- Southwark Council website
- Whatsapp message
- Facebook
- Twitter
- Instagram
- Other

**If you picked 'Other', what are you thinking of?**

---

**Which organisation do you work for? (optional)**

We are asking this question to understand different experiences of staff and volunteers from different organisations, so we can understand how to improve services in future. Please note, your answers are completely confidential.

Even if you choose to share your contact details with us to follow up with you about the Commission, your responses to this survey will be kept confidential, and will not be used to identify you.

- Guy's and St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- Southwark Council
- Other

**If Other, please specify (optional)**

---

**Which department do you work in? (optional)**

---

**Do you feel that you have the capacity to deliver perinatal care to the highest of standards? (optional)**

- Yes
- No
- Uncertain
- N/A (I don't deliver perinatal care)

**If no, please share why not: (optional)**

---

**What, if any, do you think are the barriers to providing higher standards of care? (optional)**

Please share your comments below

---

**Cost of living support (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Benefits (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Housing (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Domestic abuse (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all



**Stop smoking support (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Physical activity and healthy eating (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Free vitamin D scheme (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Careers advice (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Help with childcare costs (optional)**

- Very aware
- Aware
- Not sure
- Somewhat aware
- Not aware at all

**Are you aware of necessary protocol if you have safeguarding concerns?**

(e.g. domestic abuse, financial abuse)

- Yes
- No
- Partly

**How confident do you feel referring to/ reporting safeguarding concerns?**

- Very confident
- Confident
- Not sure
- Somewhat confident
- Not confident at all

**Do you feel equipped to support patients through bereavement?**

- Yes
- No
- Partly
- N/A

**Do you feel you can make the necessary adaptations when working with patients where English is not their first language? (optional)**

- Yes
- No

**If no, please share why (optional)**

---

**Have you had the opportunity to complete Equality, Diversity and Inclusion training?** (optional)

- Yes
- No
- I don't know

**If yes, do you think this has been beneficial to the service you provide?** (optional)

- Very beneficial
- Beneficial
- Somewhat beneficial
- Not beneficial at all
- N/A: I have not completed Equality, Diversity and Inclusion training

**Do you feel you can provide sufficient mental health support within your remit to patients?** (optional)

- Yes
- No
- No, but I'm aware who I can refer to
- No, because I don't know who I can refer to/services available
- No (other)
- N/A

**If no (other), please tell us more** (optional)

---

**Have you experienced poor mental health because of your job?** (optional)

- Yes
- No
- Uncertain
- Prefer not to say

**If yes, please tell us more if you are comfortable doing so (optional)**

---

**Do you feel supported by management to deliver the best care to all patients/ residents? (optional)**

- Yes
- No
- Prefer not to say

**If no, why not? (optional)**

---

**Are you aware of health inequalities in the area of maternity services? (optional)**

- Yes
- No
- N\A

**If yes, please tell us which inequalities you are aware of: (optional)**

---

**Do you feel everyone in your organisation receives the same opportunities to grow professionally? (optional)**

- Yes
- No
- Uncertain

**If no, please share more detail as to why you feel this way: (optional)**

---

**Do you feel confident raising any concerns within your organisation/ Trust via your organisation's internal procedures? (optional)**

- Yes
- No

**If no, please tell us why: (optional)**

---

**Is there is anything else you would like to share? (optional)**

Please do so here

---

---

---

---

---

---

---

---

**What is your email address? (optional)**

---

**If you live in Southwark, which community area do you live in? (optional)**

- Bermondsey
- Borough & Bankside
- Camberwell
- Dulwich
- Elephant and Castle
- Nunhead
- Peckham
- Rotherhithe
- Walworth

**Age (optional)**

- Under 16
- 16-17
- 18-24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- 75 – 84
- 85 – 94
- 95+

**What is your ethnic background? (optional)**

- Arab
- (Asian) Bengali
- (Asian) British
- (Asian) Chinese
- (Asian) Filipino
- (Asian) Indian
- (Asian) Pakistani
- (Asian) Vietnamese
- (Asian) Other (please specify if you wish below)
- (Black) British
- (Black) Caribbean
- (Black) Ghanaian
- (Black) Nigerian
- (Black) Sierra Leonean
- (Black) Somali
- (Black) Other African
- (Black) Other (please specify if you wish below)
- Gypsy, Roma or Irish Traveller
- Latin American
- Mixed White/Asian
- Mixed White Black African
- Mixed White/Black Caribbean
- Mixed Other background (please specify if you wish below)
- (White) British
- (White) English
- (White) Irish
- (White) Northern Irish
- (White) Scottish
- (White) Welsh
- (White) Other European
- (White) Other (please specify if you wish below)
- Other ethnic background (please specify if you wish below)

**If Other, please specify further if you wish (optional)**

---

**Are you disabled?** (optional)

- Yes
- No
- Prefer not to say

**Please tick the box or boxes below that best describe your disability:**  
(optional)

\*Choose as many as you like

- Hearing / Vision (e.g. deaf, partially deaf or hard of hearing; blind or partial sight)
- Physical / Mobility (e.g. wheelchair user, arthritis, multiple sclerosis etc.)
- Mental health (lasting more than a year. e.g. severe depression, schizophrenia etc.)
- Learning disability (e.g. dyslexia, dyspraxia etc.)
- Long-term illness or health condition (e.g. Cancer, HIV, Diabetes, Chronic Heart disease, Rheumatoid Arthritis, Chronic Asthma) Prefer not to say

**Other, please specify if you wish** (optional)

---

**What is your sex as recorded at birth?** (optional)

(A question about Gender Identity will follow)

- Male
- Female
- Other (please specify if you wish)
- Prefer not to say

**If Other, please specify further if you wish** (optional)

---

**Is the Gender you identify with the same as the sex you were recorded at birth?** (optional)



- Yes
- No
- Prefer not to say

**If no, how would you define your gender identity? Please specify if you wish (optional)**

---

**Which of the following best describes your sexual orientation? (optional)**

- Heterosexual/straight
- Lesbian/Gay woman
- Gay man
- Bisexual
- Other
- Prefer not to say

**If Other, please specify further if you wish (optional)**

---

**What is your religion or belief? (optional)**

- Christian
- Sikh
- Hindu
- Muslim
- Jewish
- Buddhist
- No religion
- Other

**If Other, please specify further if you wish (optional)**

---

**Approximately, what is your household income** (optional)

(The combined income of all the people in your home)?

- Under £15,000 per year
- £15-29,999 per year
- £30-44,999 per year
- £45-59,999 per year
- £60-74,999 per year
- £75-89,999 per year
- £90,000 or above

**What is your current housing situation?** (optional)

- I own my home outright
- I am buying my home with the help of a mortgage
- Shared ownership
- I rent from the council/housing association
- I rent from a private landlord
- I live with family/friends/rent free

**Mailing List** (optional)

Would you be interested in being notified about future surveys and consultations in any of the following areas? (we would add your email address to a specific mailing list - you could request that your name be removed at any time by writing to [community.engagement@southwark.gov.uk](mailto:community.engagement@southwark.gov.uk))

\*Choose as many as you like

- Housing and regeneration
- Health and social care
- Transport and Highways
- Culture
- Sport and Leisure
- Parks
- Crime and policing
- Communities
- Schools
- Employment
- Youth services
- Funding
- Engagement

**Email address (optional)**

Please make sure you have provided an email address if you wish to be added to our mailing lists.

---