

Hull City Council is interested in hearing your opinion about the children's centre service that you have used. We want to know what you think about the centre, services you have accessed and the impact that attending has had on you and your family.

This survey is a requirement of Hull City Council. The information will be used to measure the benefits of the service and what families get out of attending a children's centre. The results of the survey will also be fed back to your children's centre.

The survey should only take a few minutes to complete and all your answers will be kept anonymous.

**Q1 Which children's centre do you attend?** Please tick one box only

NB: If you attend more than one please complete this survey thinking specifically about the children's centre which gave you this survey or you attend the most regularly.

- |                                     |                                   |                                    |                                       |
|-------------------------------------|-----------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Acorns     | <input type="checkbox"/> Marfleet | <input type="checkbox"/> Parks     | <input type="checkbox"/> Little Stars |
| <input type="checkbox"/> Lemon Tree | <input type="checkbox"/> Priory   | <input type="checkbox"/> Fenchurch | <input type="checkbox"/> Wheeler      |

**Q2 How often have you used the children's centre in the past 12 months?** Please tick one box only

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> At least once a week  | <input type="checkbox"/> Less than once a month | <input type="checkbox"/> Not yet (unborn child) |
| <input type="checkbox"/> At least once a month | <input type="checkbox"/> Once in the last year  |   |

**Q2a If you have not used children's centre services in the last three months, please let us know the reasons?**  
Please tick all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Sessions and opening times do not suit my family                                | <input type="checkbox"/> I was not satisfied with the services provided                          |
| <input type="checkbox"/> I no longer need the services offered   | <input type="checkbox"/> I am no longer on maternity / paternity leave and have returned to work |
| <input type="checkbox"/> I am now in employment / education / training                                   | <input type="checkbox"/> My child is attending an early education or childcare setting           |
| <input type="checkbox"/> My children are now over five   | <input type="checkbox"/> I have not had my baby yet  |
| <input type="checkbox"/> I attend other community activities instead                                     | <input type="checkbox"/> Other (please specify)  |
| <input type="checkbox"/> The children's centre did not provide relevant information about other services |  |

**Q3 How did you first hear about children's centres?** Please tick all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> GP Surgery                | <input type="checkbox"/> Family / friend | <input type="checkbox"/> Registry Office          |
| <input type="checkbox"/> Leaflet / poster / advert | <input type="checkbox"/> Midwife         | <input type="checkbox"/> Website (please specify) |
| <input type="checkbox"/> School                    | <input type="checkbox"/> Social media    | <input type="checkbox"/> Was already using centre |
| <input type="checkbox"/> Library                   | <input type="checkbox"/> Health visitor  | <input type="checkbox"/> Other (please specify)   |

**Q4 What are the reasons you use this children's centre?** Please tick all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> The child and family activity sessions          | <input type="checkbox"/> To meet with other professionals                    |
| <input type="checkbox"/> Information and advice for your family          | <input type="checkbox"/> To help with finding early education and childcare  |
| <input type="checkbox"/> For breastfeeding or infant feeding support     | <input type="checkbox"/> Outreach support offered by children's centre staff |
| <input type="checkbox"/> Attending courses that help you and your family | <input type="checkbox"/> Employment or training support                      |
| <input type="checkbox"/> Meeting other people socially                   | <input type="checkbox"/> Volunteering  |
| <input type="checkbox"/> To see the midwife or health visitor            | <input type="checkbox"/> SEND support  |



## About You

The following questions help us to make sure that we have received the views of a representative sample of people and also help us to understand if different groups have different views and experiences. This helps us to make sure that we deliver our services fairly.

People's Panel  
Families Board

This information will remain confidential and will not be shared with anyone else.

**If there are any questions you do not want to answer, please leave them blank.**

**Q11 What is your postcode at home?**

**What year were you born? (YYYY)**

**Q12 Which of the following best describes you?** Please tick one box only

If you feel neither of these describes you, please use the space below, or leave this question blank.

Male / Man

Female / Woman

**Q13 Which of the following best describes your ethnic background?** Please tick one box only

White British

Asian / Asian British

White Other

Mixed / Multiple ethnicities

Black / Black British

Other

**Q14 Are your day-to-day activities limited because of a health problem or an impairment which has lasted, or is expected to last, at least 12 months? (Please include conditions such as mental health issues or those related to ageing)** Please tick one box only

Yes, a little

Yes, a lot

No

## The People's Panel

Did you enjoy completing this survey? Have you joined the People's Panel yet?

Have your say on the way public services are delivered, and on the future of the city.

Every time you complete a survey you will be entered into a prize draw to win a fabulous prize.

People's Panel members influence many local decisions that affect them and their families.

It couldn't be easier. You don't have to come to any meetings; we will send you a survey straight to you by email.

**Q15 Name**

**Email Address**

**Please return your completed survey to a member of staff.**

**Thank you for your time, your views will help inform our development of services for families in Hull.**

**By completing this survey you understand the children's centre will enter these details into an online system.**

**Please speak to a staff member if you would like to discuss or get involved in the centre in anyway.**