




# Children's Centres Satisfaction Survey 2012

Doncaster Council is conducting a survey about Children's Centres in Doncaster. We would like to find out how parents and carers use the Centres and how satisfied they are with the services provided. This questionnaire should only take about ten minutes of your time and will help us to plan services. We do not need any personal information such as your name and address.

**1** Have you accessed any services offered by a Children's Centre in the last 12 months?

- Yes **If yes, go to question 2a**     No **If no, go to question 2b**

**2a** If yes, please tick the childrens centre(s) where you have accessed these services **then go to question 3**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1 Adwick                                  | <input type="checkbox"/> 8 Central                      | <input type="checkbox"/> 15 Mexborough  |
| <input type="checkbox"/> 2 Armthorpe                               | <input type="checkbox"/> 9 Denaby and Conisbrough       | <input type="checkbox"/> 16 Moorends    |
| <input type="checkbox"/> 3 Askern Spa                              | <input type="checkbox"/> 10 Edlington                   | <input type="checkbox"/> 17 Rossington  |
| <input type="checkbox"/> 4 Balby                                   | <input type="checkbox"/> 11 Finningley and Torne Valley | <input type="checkbox"/> 18 Sprotbrough |
| <input type="checkbox"/> 5 Barnby Dun, Edenthorpe and Kirk Sandall | <input type="checkbox"/> 12 Great North Road            | <input type="checkbox"/> 19 Stainforth  |
| <input type="checkbox"/> 6 Bentley                                 | <input type="checkbox"/> 13 Dunscroft                   | <input type="checkbox"/> 20 Thorne      |
| <input type="checkbox"/> 7 Bessacarr and Cantley                   | <input type="checkbox"/> 14 Intake and Belle Vue        | <input type="checkbox"/> 21 Wheatley    |

**2b** If you answered no, please state why **then go to question 11**

- |  |   |
|--|---|
| <input type="checkbox"/> I take my children to my Doctor's Surgery                                 | <input type="checkbox"/> I don't know where my Children's Centre is     |
| <input type="checkbox"/> I have been before but did not like it (please state why, if you wish to) | <input type="checkbox"/> I don't know what the Children's Centre offers |
| _____  | <input type="checkbox"/> Other (please specify)                         |
| _____  | _____   |

**3** How often do you access any service(s) offered by a Children's Centre?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Daily            | <input type="checkbox"/> 2 or 3 times a week | <input type="checkbox"/> 3 or 4 times a week | <input type="checkbox"/> Once a week           |
| <input type="checkbox"/> Once a fortnight | <input type="checkbox"/> Once a month        | <input type="checkbox"/> Only occasionally   | <input type="checkbox"/> I have only been once |

**4** How did you find out about the Children's Centre? **Please tick one box only**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Children Centre Staff      | <input type="checkbox"/> The library                      | <input type="checkbox"/> Sent by another Children's Centre |
| <input type="checkbox"/> Midwife                    | <input type="checkbox"/> A friend / word of mouth         | <input type="checkbox"/> A visitor to my house             |
| <input type="checkbox"/> Health visitor             | <input type="checkbox"/> Leaflet / booklet in the post    | <input type="checkbox"/> A local school                    |
| <input type="checkbox"/> GP surgery                 | <input type="checkbox"/> Article or advert in local paper | <input type="checkbox"/> Job Centre Plus                   |
| <input type="checkbox"/> Social Worker              | <input type="checkbox"/> Families Information Service     | <input type="checkbox"/> I live locally / saw it           |
| <input type="checkbox"/> Internet                   | <input type="checkbox"/> Hospital                         | <input type="checkbox"/> IFSS                              |
| <input type="checkbox"/> Other - please state _____ |   |  |

## What services have your family accessed?

Please tick all that apply

	Used, very satisfied	Used, satisfied	Used, not satisfied	Not available but would find useful	Don't use but would find useful
<b>Overall Satisfaction with the Children's Centre you are accessing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal organised child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informal drop-in (e.g. stay and play)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured sessions to improve your child's development (e.g. Tumble Tots, Musical Minis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured sessions to improve your child's behaviour (eg Incredible Years, Triple P)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childminder network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information / advice on child care (e.g. day care / nurse education)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groups / one-to-one activities for children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents who themselves have additional special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopping smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antenatal support during pregnancy (e.g. parentcraft)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal support (e.g. baby clinic, baby massage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating (e.g. cook and eat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language development for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventing accidents minor injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant teenagers and teenage parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities available specifically for fathers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looking for work (e.g. Job Centre Plus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claiming benefits / tax credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and adult basic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal matters (e.g. relationship counselling, drugs advice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing other agencies (e.g. CAB, Relate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Learning Training Courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities available for specific ethnic or cultural groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for greater involvement with the Centre (e.g. Advisory Boards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to add comments supporting your satisfaction ratings above.

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Which of these has been of benefit to your child? **Please tick all that apply**

- 1 My child is learning new skills
- 2 My child has opportunity to play
- 3 My child is making friends and learning to be sociable
- 4 My child is better behaved
- 5 My child has better routines (e.g. sleep)
- 6 My child has become more active
- 7 It is a safe place for my child
- 8 My child's health has improved
- 9 My child can be seen by a range of people (eg Health Visitor, Family Support Worker, Midwife etc)
- 10 My child has been able to access childcare
- 11 My child has accessed outdoor play areas
- 12 No benefits
- 13 Any other benefits - please state below:

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Which of these has been of benefit to you? **Please tick all that apply**

- 1 I feel more confident as a parent
- 2 I am making friends and socialising more
- 3 I feel more confident to access training or return to work
- 4 I have learned new skills
- 5 I have better access to health services
- 6 My own health has improved
- 7 I have more self-esteem in my own abilities
- 8 It gets me out of the house
- 9 It is just a good place to be with friendly staff
- 10 I can access all services under one roof
- 11 I feel valued as a part of the Children's Centre
- 12 No benefits
- 13 Any other benefits - please state below

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**Please use this space to add any additional comments**

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9 Are you?  Male  Female

10 Are you living in a workless household?  Yes  No

11 Do you consider yourself to be a lone parent?  Yes  No

12 Are you a teenage parent?  Yes  No

13 Are you a childminder?  Yes  No

14 Are you a foster carer?  Yes  No

15 Do you consider anyone in your household to have a disability?

Yes  No  Prefer not to say

16 To which following group(s) does your family belong?  Prefer not to say  
(Please tick more than one box if required)

**A White**

- 1 British
- 2 Irish
- 3 Other White

**B Mixed**

- 1 White / Black Caribbean
- 2 White / Black African
- 3 White / Asian
- 4 Other Mixed

**C Asian / Asian British**

- 1 Indian
- 2 Pakistani
- 3 Bangladeshi
- 4 Other Asian

**D Black / Black British**

- 1 Caribbean
- 2 African
- 3 Other Black

**E Other Ethnic Group**

- 1 Chinese
- 2 Other

**F Traveller**

- 1 Traditional Traveller
- 2 Traveller of Irish heritage
- 3 Unknown

17 How old is your child?  Currently pregnant  0 - 3 months  3 months - 1 year

- 2 years old  3 years old  4 years old  5 years old  6 years old
- 7 years old  8 years old  9 years old  10 years old

18 If there was to be a small charge introduced for sessions, how would this affect your attendance at these sessions?

- No affect  I would attend slightly less  I would attend much less  I would stop attending

19 Would you recommend the Children's Centre to a friend?

- Yes  No  Don't know

20 Please enter your postcode

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**Thank you for completing this questionnaire.**

If you require any further information, please contact Doncaster Council's Early Years Team on 01302 862116.