Section A: Family Hubs and Early Help Impact Survey - Young People

We are inviting young people to share their views on Family Hubs and Early Help services across Bournemouth, Christchurch and Poole. **Please note this survey is for young people only.** You can find alternative versions of the survey for parents and/or carers and other respondents here: haveyoursay.bcpcouncil.gov.uk/early-help-survey.

This survey aims to understand how services are currently being used, experienced and accessed, and how effective they are in meeting the needs of children, young people and families. Your feedback will help us to understand what is working well, where improvements can be made, and how we can continue to develop services that are accessible, responsive and meet the needs of our communities.

We welcome feedback from those who currently use Family Hub services, as well as those who have not yet accessed support, to ensure we gain a full picture of local need and experience.

We recognise that every young person's experience is unique, and we are committed to listening and learning from you as experts. Your views are important and will directly inform the future development and delivery of Family Hubs and Early Help support across BCP.

For more information please go to the main consultation page: haveyoursay.bcpcouncil.gov.uk/early-help-survey.

If you have any questions or require an alternative language or format, please email familyinformation@bcpcouncil.gov.uk, providing your name, address, and telephone number. Support is available with helping complete the surveys in Family Hubs and paper copies are available on request in any BCP library and Family Hubs.

The survey will close on **31 August 2026**.

Privacy Statement

The survey data is hosted by Go Vocal on behalf of BCP Council. The data is stored securely as specified in the Go Vocal privacy policy and the Research and Consultation privacy notice. All information you provide is treated in confidence and in accordance with Data Protection legislation. The information will be used for statistical and monitoring purposes. It will not be used to identify individuals, apart from those instances where you give us consent to contact you using the personal details you have provided us with. You can find out more about how the Research and Consultation team use and store your data in our privacy policy.

Section B: About You

1. Are you responding as...

**Only choose one option.*

- ◯ A) A young person (18 years and under)
- ◯ B) A young person aged 19-25
- ◯ C) A young person aged 19-25 with Special Educational Needs or Disabilities (SEND)
- ◯ D) None of the above

*If you answered **D** for Question 1, go to **Section M** next.*

Section C

2. Do you live in Bournemouth, Christchurch or Poole? (select one option only)

**Only choose one option.*

- ◯ A) Bournemouth
- ◯ B) Poole
- ◯ C) Christchurch
- ◯ D) None of the above

*If you answered **D** for Question 2, go to **Section M** next.*

Section D: Accessing and using Family Hub and Early Help Services

3. Which of the following best describes your use of Family Hubs and Early Help services? (select one option only) (optional)

**Only choose one option.*

- ◯ A) I have never used these services
- ◯ B) I have tried to access them but was unable to do so
- ◯ C) I have used them before, but not within the last 12 months
- ◯ D) I have used them within the last 12 months, but am not currently using them
- ◯ E) I currently use these services

4. **To what extent do you agree or disagree that the current Family Hub offer is something you would use? (select one option only)** (optional)

Our family hubs are welcoming and friendly places across Bournemouth, Christchurch and Poole where children, young people and their families can go when in need of advice, help and support.

They bring together a network of local services and partnerships so families can tell their story once and get the support they need, at each stage of their parenting journey.

Family hubs are for all families with children and young people from pregnancy up to 19 years and 25 with special education needs and disabilities SEND.

Our online family hub is here to support you whenever you need it, across a wide range of areas. Please follow this link to find out more about our local Hub offers: www.fid.bcpcouncil.gov.uk/online-family-hub.

**Only choose one option.*

- ◯ A) Strongly agree
- ◯ B) Agree
- ◯ C) Neither agree nor disagree
- ◯ D) Disagree
- ◯ E) Strongly disagree
- ◯ F) Don't know

5. **Please explain the reasons for your answer.** (optional)

Section E: Accessing and using Family Hub and Early Help Services

6. Please tell us which of the following Family Hubs services you are using: (select all that apply) (optional)

**Choose as many as you like*

- ☐ A) Being fostered or adopted
- ☐ B) Bullying and peer pressure
- ☐ C) Caring for a parent or brother/sister
- ☐ D) Contraception
- ☐ E) Disagreements at home
- ☐ F) Drugs, alcohol, smoking/vaping
- ☐ G) Exploitation
- ☐ H) Finding things to do
- ☐ I) Help with starting or changing school, college or university
- ☐ J) Information about keeping safe online
- ☐ K) Information on health and wellbeing, such as healthy eating, exercise, smoking
- ☐ L) Information to help my relationships with friends or family
- ☐ M) Information to improve my emotional and mental health (e.g. anxiety, self-esteem, eating disorders, self-harm, anger management)
- ☐ N) Leaving care
- ☐ O) Living independently
- ☐ P) Living with a physical disability
- ☐ Q) Living with neurodiversity (e.g. autism or ADHD)
- ☐ R) My sexuality or gender
- ☐ S) Pregnancy and being a parent
- ☐ T) Puberty
- ☐ U) Sex, relationships and gender identity
- ☐ V) Work, training and volunteering
- ☐ W) None
- ☐ X) Other

If 'Other', please specify

7. **Which 5 areas of help and support in the same list are most important to you? (select up to 5 options only)** (optional)

**Choose at most 5 options*

- ☐ A) Being fostered or adopted
- ☐ B) Bullying and peer pressure
- ☐ C) Caring for a parent or brother/sister
- ☐ D) Contraception
- ☐ E) Disagreements at home
- ☐ F) Drugs, alcohol, smoking/vaping
- ☐ G) Exploitation
- ☐ H) Finding things to do
- ☐ I) Help with starting or changing school, college or university
- ☐ J) Information about keeping safe online
- ☐ K) Information on health and wellbeing, such as healthy eating, exercise, smoking
- ☐ L) Information to help my relationships with friends or family
- ☐ M) Information to improve my emotional and mental health (e.g. anxiety, self-esteem, eating disorders, self-harm, anger management)
- ☐ N) Leaving care
- ☐ O) Living independently
- ☐ P) Living with a physical disability
- ☐ Q) Living with neurodiversity (e.g. autism or ADHD)
- ☐ R) My sexuality or gender
- ☐ S) Pregnancy and being a parent
- ☐ T) Puberty
- ☐ U) Sex, relationships and gender identity
- ☐ V) Work, training and volunteering
- ☐ W) None

8. **Please tell us why these services are important to you. Please state clearly which services you are commenting on before giving us the reasons for your answer.** (optional)

Section F

9. How satisfied or dissatisfied are you with these services? (select one option per row only) (optional)

For each row, mark one circle with a cross to indicate your preference.

	Not applicable	Not sure / don't know	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
A) Being fostered or adopted	○	○	○	○	○	○	○
B) Bullying and peer pressure	○	○	○	○	○	○	○
C) Caring for a parent or brother/sister	○	○	○	○	○	○	○
D) Contraception	○	○	○	○	○	○	○
E) Disagreements at home	○	○	○	○	○	○	○
F) Drugs, alcohol, smoking/vaping	○	○	○	○	○	○	○
G) Exploitation	○	○	○	○	○	○	○
H) Finding things to do	○	○	○	○	○	○	○
I) Help with starting or changing school, college or university	○	○	○	○	○	○	○
J) Information about keeping safe online	○	○	○	○	○	○	○
K) Information on health and wellbeing, such as healthy eating, exercise, smoking	○	○	○	○	○	○	○
L) Information to help my relationships with friends or family	○	○	○	○	○	○	○

M) Information to improve my emotional and mental health (e.g. anxiety, self-esteem, eating disorders, self-harm, anger management)	○	○	○	○	○	○	○
N) Leaving care	○	○	○	○	○	○	○
O) Living independently	○	○	○	○	○	○	○
P) Living with a physical disability	○	○	○	○	○	○	○
Q) Living with neurodiversity (e.g. autism or ADHD)	○	○	○	○	○	○	○
R) My sexuality or gender	○	○	○	○	○	○	○
S) Pregnancy and being a parent	○	○	○	○	○	○	○
T) Puberty	○	○	○	○	○	○	○
U) Sex, relationships and gender identity	○	○	○	○	○	○	○
V) Work, training and volunteering	○	○	○	○	○	○	○

10. **Please tell us why you are satisfied or dissatisfied with the services you selected. Please state clearly which services you are commenting on by writing 'a, b, c' etc before giving us the reasons for your answer.** (optional)

11. **Which of the following Family Hubs services do you think could be improved? (select all that apply)** (optional)

**Choose as many as you like*

- ☐ A) Being fostered or adopted
- ☐ B) Bullying and peer pressure
- ☐ C) Caring for a parent or brother/sister
- ☐ D) Contraception
- ☐ E) Disagreements at home
- ☐ F) Drugs, alcohol, smoking/vaping
- ☐ G) Exploitation
- ☐ H) Finding things to do
- ☐ I) Help with starting or changing school, college or university
- ☐ J) Information about keeping safe online
- ☐ K) Information on health and wellbeing, such as healthy eating, exercise, smoking
- ☐ L) Information to help my relationships with friends or family
- ☐ M) Information to improve my emotional and mental health (e.g. anxiety, self-esteem, eating disorders, self-harm, anger management)
- ☐ N) Leaving care
- ☐ O) Living independently
- ☐ P) Living with a physical disability
- ☐ Q) Living with neurodiversity (e.g. autism or ADHD)
- ☐ R) My sexuality or gender
- ☐ S) Pregnancy and being a parent
- ☐ T) Puberty
- ☐ U) Sex, relationships and gender identity
- ☐ V) Work, training and volunteering
- ☐ W) None

12. **Please tell us why you think the services you selected could be improved? Please state clearly which services you are commenting on before giving us the reasons for your answer.** (optional)

Section G: Ways to Access Family Hub Services

13. **Which of the following do you use to access our services? (select all that apply)** (optional)

**Choose as many as you like*

- ☐ A) Apps
- ☐ B) Group sessions
- ☐ C) Social media
- ☐ D) Talking to a professional
- ☐ E) Talking to friends and family
- ☐ F) Telephone
- ☐ G) Texting services
- ☐ H) Websites
- ☐ I) None
- ☐ J) Other

If 'Other', please specify

14. **Which ways of accessing our services in the same list are most important to you? (select up to 3 options only)** (optional)

**Choose at most 3 options*

- ☐ A) Apps
- ☐ B) Group sessions
- ☐ C) Social media
- ☐ D) Talking to a professional
- ☐ E) Talking to friends and family
- ☐ F) Telephone
- ☐ G) Texting services
- ☐ H) Websites
- ☐ I) None
- ☐ J) Other

If 'Other', please specify

15. **Please tell us why these ways to access our services are important to you. Please state clearly which services you are commenting on before giving us the reasons for your answer.** (optional)

Section H

16. **How satisfied or dissatisfied are you with these ways of accessing Family Hubs services? (select one option per row only)** (optional)

For each row, mark one circle with a cross to indicate your preference.

	Not applicable	Not sure / don't know	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
A) Apps	○	○	○	○	○	○	○
B) Group sessions	○	○	○	○	○	○	○
C) Social media	○	○	○	○	○	○	○
D) Talking to a professional	○	○	○	○	○	○	○
E) Talking to friends and family	○	○	○	○	○	○	○
F) Telephone	○	○	○	○	○	○	○
G) Texting services	○	○	○	○	○	○	○
H) Websites	○	○	○	○	○	○	○

17. **Please tell us why you are satisfied or dissatisfied with the services you selected. Please state clearly which services you are commenting on by writing 'a, b, c' etc before giving us the reasons for your answer.** (optional)

18. **Which of these ways of accessing Family Hubs services do you think could be improved? (select all that apply)** (optional)

**Choose as many as you like*

- ☐ A) Apps
- ☐ B) Group sessions
- ☐ C) Social media
- ☐ D) Talking to a professional
- ☐ E) Talking to friends and family
- ☐ F) Telephone
- ☐ G) Texting services
- ☐ H) Websites
- ☐ I) None

19. **Please tell us why you think these ways of accessing Family Hubs services could be improved. Please state clearly which services you are commenting on before giving us the reasons for your answer.** (optional)

Section I: Location of Family Hub Services

We continue to promote self-help, independence and resilience, and provide assistance for those who may be in need of greater support.

20. Which of these places do you use to access Family Hubs / Early Help services? (select all that apply) (optional)

**Choose as many as you like*

- ☐ A) Church halls
- ☐ B) Coffee shops
- ☐ C) Colleges
- ☐ D) Community centres
- ☐ E) Family hubs
- ☐ F) GP practices
- ☐ G) Hospitals
- ☐ H) Leisure centres
- ☐ I) Libraries
- ☐ J) Schools
- ☐ K) None
- ☐ L) Other

If 'Other', please specify

_____

21. Which of these places you use to access Family Hubs / Early Help services, in the same list, are most important to you? (select up to 3 options only) (optional)

**Choose at most 3 options*

- ☐ A) Church halls
- ☐ B) Coffee shops
- ☐ C) Colleges
- ☐ D) Community centres
- ☐ E) Family hubs
- ☐ F) GP practices
- ☐ G) Hospitals
- ☐ H) Leisure centres
- ☐ I) Libraries
- ☐ J) Schools
- ☐ K) None
- ☐ L) Other

If 'Other', please specify

_____

22. **Please tell us why these locations are important to you. Please state clearly which services you are commenting on before giving us the reasons for your answer.** (optional)

Section J

23. **How satisfied or dissatisfied are you with these ways of accessing Family Hubs services? (select one option per row only)** (optional)

For each row, mark one circle with a cross to indicate your preference.

	Not applicable	Not sure / don't know	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
A) Church halls	○	○	○	○	○	○	○
B) Coffee shops	○	○	○	○	○	○	○
C) Colleges	○	○	○	○	○	○	○
D) Community centres	○	○	○	○	○	○	○
E) Family hubs	○	○	○	○	○	○	○
F) GP practices	○	○	○	○	○	○	○
G) Hospitals	○	○	○	○	○	○	○
H) Leisure centres	○	○	○	○	○	○	○
I) Libraries	○	○	○	○	○	○	○
J) Schools	○	○	○	○	○	○	○

24. **Please tell us why you are satisfied or dissatisfied with the services you selected. Please state clearly which services you are commenting on by writing 'a, b, c' etc before giving us the reasons for your answer.** (optional)

25. **Which of these places for accessing services for children/ young people and families could be improved? (select all that apply)** (optional)

**Choose as many as you like*

- ☐ A) Church halls
- ☐ B) Coffee shops
- ☐ C) Colleges
- ☐ D) Community centres
- ☐ E) Family hubs
- ☐ F) GP practices
- ☐ G) Hospitals
- ☐ H) Leisure centres
- ☐ I) Libraries
- ☐ J) Schools
- ☐ K) None

26. **Please tell us why you think these places for accessing services for children/ young people and families could be improved. Please state clearly which services you are commenting on before giving us the reasons for your answer.** (optional)

Section K

27. Please tell us how much you agree or disagree with the following statements? (select one option per row only) (optional)

For each row, mark one circle with a cross to indicate your preference.

	Not applicable	Not sure / don't know	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A) Delivering services for children and families close to my home is essential to me	○	○	○	○	○	○	○
B) I am happy accessing services for my children, young people and family from my local Family and/or Youth Hub	○	○	○	○	○	○	○
C) I find it more convenient if services are all in one place	○	○	○	○	○	○	○
D) I am aware of the range of services that support children, young people and families which are delivered by voluntary and community organisations within my local area	○	○	○	○	○	○	○

28. If you've said you strongly disagree/disagree with statement 'D', please tell us if any of the following reasons explains why you are not aware: (select all that apply) (optional)

**Choose as many as you like*

- ☐ A) I did not see any information about it
- ☐ B) I am not aware of these services being available at a time that suits my life
- ☐ C) I am not aware of anyone who uses these services in my community
- ☐ D) I'm not aware of any services that are low cost/no cost in my community
- ☐ E) I'm not aware of any services that would be welcoming of my child's needs
- ☐ F) I'm not aware of the right community setting for my family's needs
- ☐ G) I'm not aware of the right community setting for my family's needs as a father

Section L: What do you think about living in Bournemouth, Christchurch and Poole?

In the boxes below, please tell us about THREE good things for families, children and young people living in Bournemouth, Christchurch and Poole.

Please only write one idea per box.

29. **FIRST good thing for families, children and young people living in Bournemouth, Christchurch and Poole.** (optional)

30. **SECOND good thing for families, children and young people living in Bournemouth, Christchurch and Poole.** (optional)

31. **THIRD good thing for families, children and young people living in Bournemouth, Christchurch and Poole.** (optional)

32. **Name ONE thing you think needs to improve to meet families, children and young people's needs in Bournemouth, Christchurch and Poole, other than what we have already asked you to comment on.** (optional)

Section M: About you

33. **What is your home postcode?**

    This will help us know if views vary across our area

34. Are you aged:

**Only choose one option.*

- ○ A) Under 18
- ○ B) 18 - 24 years
- ○ C) 25 - 34 years
- ○ D) 35 - 44 years
- ○ E) 45 - 54 years
- ○ F) 55 - 64 years
- ○ G) 65 - 74 years
- ○ H) 75 - 84 years
- ○ I) 85 or over
- ○ J) Prefer not to say

35. What is your sex?

**Only choose one option.*

- ○ A) Male
- ○ B) Female
- ○ C) Prefer not to say

36. Please select the option that best describes your sexual orientation (optional)

**Only choose one option.*

- ○ A) Straight / Heterosexual
- ○ B) Gay or Lesbian
- ○ C) Bisexual
- ○ D) Other
- ○ E) Prefer not to say

37. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

**Only choose one option.*

- ○ A) Yes
- ○ B) No
- ○ C) Prefer not to say

38. If you have answered "yes" to having a physical or mental health condition or illness, please indicate which of the following applies to you. (optional)

**Choose as many as you like*

- ☐ A) Physical impairment that causes mobility issues
- ☐ B) Visual impairment
- ☐ C) Hearing impairment
- ☐ D) Learning disability
- ☐ E) Neurodiversity
- ☐ F) Mental health issue
- ☐ G) Long standing illness or health condition
- ☐ H) Prefer not to say

39. What is your ethnic group? (optional)

**Only choose one option.*

- ◯ A) White (English/Welsh/Scottish/Northern Irish/British)
- ◯ B) White (Irish)
- ◯ C) White (Gypsy or Irish Traveller)
- ◯ D) White (Roma)
- ◯ E) White (Other)
- ◯ F) Mixed or multiple ethnic group (White and Black Caribbean)
- ◯ G) Mixed or multiple ethnic group (White and Black African)
- ◯ H) Mixed or multiple ethnic group (White and Asian)
- ◯ I) Mixed or multiple ethnic group (Other mix)
- ◯ J) Asian or Asian British (Indian)
- ◯ K) Asian or Asian British (Pakistani)
- ◯ L) Asian or Asian British (Bangladeshi)
- ◯ M) Asian or Asian British (Chinese)
- ◯ N) Asian or Asian British (Other)
- ◯ O) Black or Black British (Caribbean)
- ◯ P) Black or Black British (African)
- ◯ Q) Black or Black British (Other)
- ◯ R) Arab
- ◯ S) Other (not listed elsewhere)
- ◯ T) Prefer not to say

40. What is your religion? (optional)

**Only choose one option.*

- ◯ A) No religion
- ◯ B) Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- ◯ C) Buddhist
- ◯ D) Hindu
- ◯ E) Jewish
- ◯ F) Muslim
- ◯ G) Sikh
- ◯ H) Other
- ◯ I) Prefer not to say

Thank you for taking part in this survey. Please drop your completed survey into the 'Have Your Say' box at your local BCP library, or post to:

Family Hubs and Early Help Impact Survey: Young People, Research and Consultation Team, BCP Council, Civic Centre, Bourne Avenue, Bournemouth, BH2 6DY.