

Sure Start Smethwick  
Uplands and Londonderry

# Sure Start Smethwick Uplands and Londonderry

Final Report



*M·E·L Research & Service  
Development*

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## Acknowledgements

We would like to thank Peter Forth and the Strategy Group for their support throughout the course of the project.

We would also like to thank local organisations and representatives of organisations for their help and cooperation with regard to the distribution of flyers and posters to local people, and for their invaluable help in arranging the chattabout sessions. The help of local schools in distributing questionnaires to local parents and guardians was also invaluable.

Most of all, we would like to thank local people who kindly gave their time and participated in both the chattabout sessions and the survey.

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Report: PR 02112  
January 2003

First Published (2003)  
Printed in Great Britain by M·E·L Research Limited 8 Holt Court  
Aston Science Park Birmingham B7 4AX

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## Executive Summary

### 1 Purpose and Objectives

E1 M·E·L Research was commissioned by Sandwell MBC in October 2002 to undertake an awareness raising exercise and process of community consultation in Smethwick Uplands and Londonderry, a proposed sixth wave Sure Start area.

E2 Sixth wave Sure Start programmes have four specific objectives:

- Improving social and emotional development
- Improving health
- Improving children's ability to learn
- Strengthening families and communities

E3 The specific objectives of the community consultation and awareness raising were:

- To provide information to both communities and local agencies about Sure Start and the range of activities that can be developed to meet the needs of the area
- To consult with parents, children and wider family members about their needs, in relation to Sure Start objectives and the kind of services they need and want in their area
- To establish a variety of child and parent centred activities to engage the interest and participation of the area
- Involve parents, grandparents and other carers in ways that build upon their existing strengths
- Promote the participation of local families in the design and working of the programme
- To inform the Sure Start Strategy and Task Groups of the views of local people and expressions of interest in becoming involved in the management of the Sure Start programme.

### 2 Methodology

#### 2.1 Awareness raising exercises

E4 At every stage of the consultation, local people were informed of ways of getting involved in Sure Start, and given the chance to get involved and return their details to us. We were keen for local residents to get involved in:

- Distributing leaflets
- Interviewing parents
- Getting involved in one of the groups working to set up Sure Start
- Finding out more information about Sure Start

E5 The aim of the awareness raising activities was to let as many local people as possible know about Sure Start, what it is and what it does. The major component of the awareness raising exercise was a process of leaflet and poster distribution in the Smethwick Uplands and Londonderry area. In addition, the chattabout sessions and survey itself were indispensable in letting parents know more about Sure Start.

## 2.2 Chattabout sessions

E6 Six chattabout sessions were held, five with groups of local parents and one with children. These sessions were informal and interactive, and aimed to establish how life could be made better for families with young children in the Smethwick Uplands and Londonderry area. A total of 26 parents and 10 children participated in the sessions.

## 2.3 Survey of local parents

E7 A total of 113 questionnaires were completed in November and December 2002 with residents who lived in Smethwick Uplands and Londonderry and who were the parents or guardians of at least one child aged 7 or under.

## 2.4 Contact details received

E8 As a result of various stages of the awareness raising exercises and community consultation, the following contact details of parents have been received:

- Chattabout sessions with parents – contact details of 21 people
- Flyers – contact details of 11 people
- Questionnaires – contact details of approximately 85 people

## 3. Findings of the chattabout sessions

### 3.1 Improving Social and Emotional Development

E9 **Playgroups and Parent and Toddler sessions** were greatly valued by parents, as these provided opportunities for parents to meet other parents and to share information about what is going on in the area. Having places to meet other parents was seen as crucial. As well as having more provision of Parent and Toddler sessions, parents suggested that the opening hours should be extended.

E10 These sessions were seen as ideal vehicles for **health professionals** to visit and disseminate information to parents in a more informal environment

E11 Parents want **more information** about what is going on locally. Sessions such as Parent and Toddler groups are key in sharing this information, and parents placed emphasis on having places for parents to meet each other. A **'drop in'** centre was suggested as a possible means of enabling parents to get information and advice when they need it. The issue of information being provided in various **community languages** was also

raised as being a key issue, given the diversity of the community that live in the patch.

E12 Parents also requested more **support groups** for parents who need additional support and advice.

E13 The **lack of childcare** in the patch was a key theme. This was seen as being essential both in terms of respite care to give parents a break for a couple of hours and to enable parents to attend courses. There was also a general need identified for more childcare and crèche provision in general.

E14 The issue of '**out of hours**' provision to enable use by **fathers** also arose during the sessions. Rather than provide services in the daytime, provision may need to be extended to evenings and weekends to enable fathers to participate.

### 3.2 Improving Health

E15 There were differing perceptions of health professionals. Some parents rated the service received from **Health Visitors and Midwives** very highly indeed. Others thought that more support could have been provided around the time of the birth of their child. What was clear is that parents prefer to receive a level of **continuity of care** from their health professionals, from somebody that knows them and their family.

E16 Support from health professionals was seen as being needed particularly for first time mothers and parents with children with special needs. Parents wanted a more '**joined up**' approach to health care, with health professionals communicating with each other about the particular support needs of families.

E17 The value placed on the services provided by Health Visitors is reflected in the calls of parents for health professionals to visit the playgroups and Parent and Toddler sessions and provide information and support in a more **informal** way.

E18 Parents identified that they would like more support in their **ante natal provision**.

### 3.3 Improving Children's Ability to Learn

E19 **Parks** were seen as needing improvement. While some parents were more pleased with provision of parks, there were requests for more equipment and security in parks. Vandalism and graffiti were identified as problems that put people off using some local parks. Parks were seen as an important aspect of provision.

E20 A key factor in any provision is that it is **local and easily accessible**. Parents do not want to travel to access provision for their children.

E21 As well as '**out of hours**' provision in terms of fathers accessing services, parents identified that services and activities are needed in the **school holidays**, not just in term time. Parents also placed great value on **trips** being available.

E22 The **toy borrowing facilities** in local libraries were recognised as a positive aspect of service. While swimming baths were used, they were calls for more local fun pools.

E23 Parents also highlighted that there is a need for increased provision for slightly **older children** (aged 5 to 10 years), as at present, there is very little to occupy them.

E24 The lack of general and respite **childcare** was identified as a key issue. Parents wanted more provision where they could leave their children for a couple of hours to have a break, and wanted greater provision of places they could stay and play with their child.

#### 3.4 Strengthening Families and Communities

E25 There was a general **lack of local provision** for families with young children identified in the sessions.

E26 **Environmental concerns** voiced by parents and children included graffiti and vandalism in parks, and concerns about crime and safety.

E27 **Informal support networks** were valued by parents in the sessions – they placed great value on having places to meet other parents and have a chat. These settings were also important for disseminating information and finding out what is going on in the local area.

E28 There were concerns about **public transport** not being 'family friendly' enough. Parents wanted more low floor buses, and for pram and pushchair provision in general to be improved.

E29 **Childcare** was seen as important in enabling parents to take up adult education classes or training in the local area.

E30 **More information** and more information in **community languages** was requested, to enable parents to find out what is provision is available locally.

## 4. Survey Findings

### 4.1 Profile of respondents

E31 The majority of respondents were female (80%). The majority of respondents were White (70%), 13% were Indian, 9% were Pakistani, 4% were Black Caribbean. Less than 2% were Bangladeshi (n=2), other groups (n=2) and Black other (n=1). Just under half of the respondents were in the 25-34 age group (43%) and just over a quarter were in the 35-44 age group

(32%). Fifty nine percent of respondents have children aged between 0-4 years.

#### 4.2 Improving Social and Emotional Development

E32 As in the chattabout sessions, **Parent and Toddler groups** emerged as a valued aspect of provision that parents want to see extended. They would like to see a greater number of sessions being offered, and with longer sessions each time.

E33 The **Toy Library** was another valued aspect of provision, and parents thought there was scope to extend this provision from every six weeks to more frequently.

E34 Parents requested a greater selection of books for toddlers from the **book library**.

E35 Parents identified that more activities were needed for children, given the lack of local provision. This is especially the case in the school holidays. **Playschemes** were identified as being suitable to occupy children during these holiday periods.

E36 **After school clubs** were also identified as being necessary, both in terms of general provision and as a factor that may help parents to take up paid work.

#### 4.3 Improving Health

E37 **Doctors and clinics** were the most highly used service in the last six months. An issue that has been identified is that parents find it difficult to get a Doctor's appointment when they need one.

E38 Comments relating to **maternity services** and **home visits** from health staff indicate satisfaction.

E39 A considerable proportion of parents **smoke** both during pregnancy and during the first two years of their child's life, while a proportion of these also would like help or support to give up smoking.

#### 4.4 Improving Children's Ability to Learn

E40 **Parks and playgrounds** were areas of concern in both the survey and the chattabout sessions. Parents expressed concern at the lack of equipment in parks, concerns about safety and concerns about cleanliness levels. Parents also requested separate areas for younger and older children.

E41 Parents placed value on **outings and trips** for themselves and their children, and wanted to see this provision extended wherever possible.

E42 The issue of **childcare** was a key concern in both the chattabout sessions and the survey. Parents wanted to see greater provision of playgroups and nurseries, and increased provision of cheaper childcare. The need for respite childcare, having somewhere to leave a child for a couple of hours break, was also highlighted. Increased and improved childcare provision parents could trust was seen as the key factor in enabling parents to take up paid work.

E43 **Parent and Toddler groups** were another key aspect of provision that parents wanted to see increased and extended in terms of hours.

#### 4.5 Strengthening Families and Communities

E44 Related to a need for information about what is available and happening locally, parents saw **advertising** as a key aspect of provision for families with young children. Improved advertising would enable more parents to find out what is happening in the local area and which services are available.

E45 More **training and education** was identified as a means of enabling parents to take up paid work, given that just under one third of respondents are in households in which nobody is working.

E46 More **flexible hours** and **better wages** were also identified as factors which would enable parents to take up paid work, but the key factor was more and cheaper **childcare** provision.

E47 A total of 87 **contact details** of local parents have been received, and these people will be contacted with further information about Sure Start.

## 5 Recommendations

### 5.1 Improving Social and Emotional Development

E48 Places where parents can meet other parents and where their children can play with other children were very highly rated in both the chattabout sessions and the survey. We recommend that provision of **Parent and Toddler groups** be extended, with the provision of more of these groups, and that the hours these groups run also be extended. It will also be necessary to look at the times of these groups, to ensure that a wide range of parents have access, for example working parents and fathers.

E49 Services will need to be **local and easily accessible** for parents.

E50 There is a need for parents to be able to access consistent **information** about what services are available and what is going on in the local area. We would recommend a more coherent and integrated method of letting families know what services are available for families with young children in the area. Increasing provision of sessions such as Parent and Toddlers will help in this dissemination, as parents thought that these informal mechanisms were the best ways of sharing and finding out what is going on in the patch.

Information will need to be accessible to parents, and must be translated into local community languages wherever this is needed. Thus **advertising** of services and **signposting** parents to services need to be key aspects of the programme.

E51 Possible methods of disseminating information may include:

- Health professionals and members of the Community Support Team (see below) talking to parents about services
- Information being disseminated through local community groups and organisations
- Schools to inform parents what services, facilities and support exist in the area
- Advertising material could be posted in local shops, supermarkets, post offices, surgeries, community centres, places of worship as well as through doors

E52 There is also considerable scope for **health professionals** such as Health Visitors to visit Parent and Toddler groups to provide information, advice and support to parents in a more informal environment. It is likely that parents will welcome this support.

E53 Parents prefer information and advice to be provided in a more informal way, and to be able to access this support when they need it. Parents requested a '**drop in**' style provision of support and advice, along with increased provision of **support groups**. This additional support could be particularly useful for first time parents and parents with children with special support needs.

E54 General provision for families with young children needs to be more flexible in terms of opening times. This is particularly important both for working parents and for fathers. Thus '**out of hours**' provision needs to be established, with services available in the evenings and at weekends.

E55 Parents overall were satisfied with the level of services provided by **Health Visitors and Midwives**. However, there were calls for more support around the time of birth and for greater levels of continuity of care wherever possible. We recommend that a '**Community Support Team**' of workers be established to work with local parents and their children. Members of the Community Support Team could make earlier and more long term contact in informal settings, such as parents' homes, thus providing more long term and continuous health care support. We have called this the 'Community Support Team' as the emphasis is very much on professionals working *in partnership* with the community.

E56 The need for improved and cheaper **childcare** provision is evident from the consultation, both in terms of general provision, as well as respite care to enable parents to have a break for a couple of hours. Childcare was also seen as a key factor in enabling parents to take up paid work.

## 5.2 Improving Health

E57 While the input of health professionals was greatly valued, there is scope for greater support to be provided around the time of birth, along with providing greater levels of consistency of care. There is scope for more informal support and advice to be provided, and the **Community Support Team** will be ideally placed to fill this role. This support and advice could be provided through community groups, and Parent and Toddler groups and playgroups. The importance here is on advice and support delivery and building a relationship with the parent. This additional support will be of particular use to first time parents and parents of children with special support needs.

E58 The Community Support Team should also be key in increasing levels of **communication** between health professionals, as requested by some parents in the consultation. Parents want to receive health care services from professionals who are fully informed and providing consistent advice. The Community Support Team should be better placed to deliver more **joined up** health care services, based on increased knowledge of the family.

E59 Parents requested greater levels of **ante natal support**, to be delivered locally. There is also scope to introduce a **priority appointment scheme** at local surgeries for parents with young children.

E60 There are practical steps which could be undertaken in terms of what we have called 'positive health support', related to health services for families with young children. The Community Support Team could provide information about problems and what could be done to help, along with practical action support and solutions. The emphasis is on a preventive approach, rather than reactive. Examples may include:

- A 'take the worry out of illness' approach, drawing on telephone helplines such as NHS Direct, for help and advice for parents with concerns out of hours
- Providing practical advice, for example on breast feeding, post natal depression and speech problems and other special needs issues
- Promoting awareness of the risks to young children in the home, along with child safety and information about home safety loan equipment
- Providing information about healthy behaviour, activity and play
- Providing information about healthy environments, such as damp and dust in the home.

E61 There were considerable proportions of respondents to the survey who currently smoke, smoked in the first two years of their children's life and mothers who smoked during pregnancy. There is scope therefore to introduce a **smoking cessation programme** and support for the local

community to give up smoking, along with increasing awareness of the impacts of smoking.

### 5.3 Improving Children's Ability to Learn

E62 The need for improved **parks and playgrounds** has been a consistent issue throughout the consultation. Safe and secure play areas were seen as being essential for young children. Current provision is perceived as being unclean and vandalized, with limited security and equipment. Suggestions to improve parks and playgrounds included having a park warden and having separate play areas for younger and older children.

E63 Improving local **childcare** provision was an issue throughout the consultation. This was seen as a key factor in enabling more parents to take up paid work. Provision will need to include more and cheaper childcare, along with more **afterschool** provision. We recommend increasing childcare provision in the area to meet these needs. Parents wanted to see increased general provision, along with more respite provision.

E64 The school holidays were a time of year in which demands on parents increase. Parents requested **school holiday activities and holiday playschemes** to occupy their children and give them something to do all year round. **Outings and trips** were also valued by parents, and we recommend that this provision increases wherever possible.

E65 The **toy borrowing** facilities available in local libraries was well liked by parents, and this provision needs to increase or be better disseminated, so that more parents are aware and use it. There were requests for more **books for toddlers** to be available in the local libraries.

E66 The **toy library** was another valued aspect of provision, but parents thought there was scope for this to be more frequent than ever six weeks as it is now. There is scope for a mobile toy and book library to move around the area to various community organisations and Parent and Toddler groups and playgroups, so that more parents can access this service.

E67 **Parent and Toddler groups** and **playgroups** are a key factor in improving children's ability to learn, and are valued by parents. We recommend developing and publicizing current and additional groups.

E68 Parents identified a lack of provision for slightly **older children** (aged 5 to 10 years).

### 5.4 Strengthening Families and Communities

E69 Improving **childcare** provision was a factor throughout the consultation, both generally and with regard to helping parents with young families take up paid work. This was also highlighted as being needed to enable parents to attend **training or courses**. **After school provision** and the need for **holiday activities** also needs to be increased.

E70 Given the proportions of parents and children who are living in workless households, there is scope for more information to be provided about **back to work benefits** and related issues. This benefit advice could also be taken into the community and made less formal in an outreach or 'drop in' setting, through use of community centres and venues, and possibly linked to Parent and Toddler groups or to childcare provision.

E71 Parents rely heavily on **informal support networks** of other parents. This enables parents to talk to other parents, share information and find out what is going on in the local area. Future services need to build on the importance of these informal networks, and develop these further wherever possible. This is particularly important given requests of parents for more **information** about local services.

E72 There were **environmental concerns** expressed, relating to levels of crime and safety generally in the area, with specific concerns about graffiti, vandalism and uncleanliness in local parks and playgrounds.

E73 There is scope to increase the provision of **'family friendly' transport and access**. Parents requested more low floor buses, and generally improved access for prams and pushchairs in the local area.

5.5 Ways of involving parents, families and communities in the development of Sure Start

E74 Given the difficulties experienced in terms of consulting parents, both by face to face interview or by self completion questionnaire, it is likely that Sure Start Smethwick Uplands and Londonderry will need to give careful consideration to methods used to consult and involve parents in the Sure Start programme in future. The difficulties of carrying out the consultation have highlighted that there may be a deep seated apathy among local people, based on the notion that 'nothing ever changes'. Sure Start will need to show parents and the local community that Sure Start will make a **real difference in tangible ways** if parents are likely to want to get involved.

E75 Ensuring the **sustainability** of Sure Start is a key factor in the development of the programme. The highest level of interest is in parents receiving more information about Sure Start. It is very likely that parents want to find out more about Sure Start and what is involved before committing to join a group working to set up Sure Start.

E76 **Information** will need to be provided to parents in 'user friendly' ways, free of jargon but focusing on the benefits of Sure Start to local children and the local community. These were highlighted by parents as key – if they know Sure Start will benefit their children and will make a 'real' difference, they will be more likely to get involved. Information will also need to be provided in **community languages**.

E77 It is important to contact parents who provided their contact details and let them know what difference the consultation has made, and how this will impact on the delivery of Sure Start in the area. They will also need to be kept

informed about Sure Start and how their contribution has made a difference, so they can see that change has resulted from the opinions that they expressed. Intensive efforts will need to be made to overcome the **apathy** experienced during the consultation, to ensure that the programme is parent – led rather than professional – led. Crucial to involving local people in Sure Start will be differentiating between general interest and involvement in a more informal way, and more formal involvement (such as involvement in groups working to set up Sure Start).

E78 **Advertising and providing information** appear to be key factors in encouraging involvement in Sure Start, as well as ‘word of mouth’ dissemination between parents. There are three key factors in determining the level of involvement of parents:

- Amount of time parents have available
- Parents wanting to see Sure Start make a real difference to the lives of their children
- Using advertisements to let parents know about Sure Start

E79 Involving parents will need to be carried out in a ‘**parent friendly**’ way, and fit in with work and other commitments. Meetings may need to take place out of hours, such as in the evenings or at weekends, particularly if fathers and working parents are to be involved. Incentives are likely to increase the involvement of parents, with skills of parents being valued and rewarded. Meetings will need to have crèche facilities provided. Light refreshments are also likely to encourage attendance.

E80 Careful consideration will need to be given to the **format** of meetings and events with parents. Events should be informal and on a small scale, with seating set up to foster this, for example in an all inclusive way (such as seating laid out in a circle to be less divisive of parents and ‘professionals’). Meetings will need to be kept concise and to time, and not too procedural, given the demands on parents time. Parents should be consulted as to what approach they would like to be adopted, rather than have the structure imposed on them. This advice should be followed through and acted upon.

E81 It is essential that parents feel an identification with, and **investment** in, Sure Start. Local people may be more likely to get involved in action rather than meetings and talk about what will be or is being done. The emphasis will be on gaining community approval before money is spent, thus carrying the proviso that ideas need to be ‘sold’ to the community, and the community having a ‘real’ say in outcomes. This will act as a ‘check and balance’ on spending and priorities. We have two suggestions to ensure this happens:

- Giving parents a notional budget to spend (to be spent on their behalf by Sure Start Officers)
- Setting up an Action Advice Team made up of parents, whom Sure Start Officers have to consult before money can be spent, or providing parents with the casting vote on such decisions

E82 In the long term, this is likely to provide a structure for community management of the Sure Start programme, for example by involving local parents on the Steering Group in a natural progression emerging implicitly from this structure, rather than one imposed from the outside.

## Contents

Executive Summary.....	i
Chapter 1.Purpose, method and format .....	1
Chapter 2. Awareness raising activities .....	13
Chapter 3. Findings of the chattabout sessions .....	15
Chapter 4. Findings of the survey with local parents .....	37
Chapter 5. Recommendations .....	57
Appendix A. Flyer, poster, chattabout session theme guide and documentation	
Appendix B. Area map, questionnaires and survey documentation	
Appendix C. Frequencies and percentages, responses to open ended questions, analysis by 0 to 4 sub group	
Appendix D. Crosstabulations	

## 1. Purpose, method and format

### 1.1 Purpose and Objectives

M-E-L Research was commissioned by Sandwell MBC in October 2002 to undertake a an awareness raising exercise and process of community consultation in Smethwick Uplands and Londonderry, a proposed sixth wave Sure Start area. Central to the Sure Start programme will be letting people know more about Sure Start and finding out more of the needs of the local area in terms of provision for families and their children.

Sure Start is a government programme aimed at improving the health and well being of children and families under four years old.

All Sure Start programmes are expected to include a number of core services delivered in an integrated way. These will include:

- Outreach and home visiting
- Support for families and parents
- Support for good quality play, learning and childcare experiences for children
- Primary and community health care, including advice about family health and child health and development
- Support for children and parents with special needs, including help getting access to specialised services

Sixth wave Sure Start programmes have four specific objectives:

- Improving social and emotional development
- Improving health
- Improving children's ability to learn
- Strengthening families and communities

In addition, sixth wave programmes are focused on the provision and delivery of 'early services' thus preventing a time lag, which has caused problems in previous Sure Start programmes. The objectives of the consultation as outlined in the brief were to plan and undertake a comprehensive process of community consultation and awareness raising in the Sure Start area. More specifically, the objectives were:

- To provide information to both communities and local agencies about Sure Start and the range of activities that can be developed to meet the needs of the area
- To consult with parents, children and wider family members about their needs, in relation to Sure Start objectives and the kind of services they need and want in their area
- To establish a variety of child and parent centred activities to engage the interest and participation of the area
- Involve parents, grandparents and other carers in ways that build upon their existing strengths

- Promote the participation of local families in the design and working of the programme
- To inform the Sure Start Strategy and Task Groups of the views of local people and expressions of interest in becoming involved in the management of the Sure Start programme

## 1.2 Methods used

A variety of methods were used in the awareness raising and community consultation exercise, in order to let local residents know about Sure Start and to find out what would make life better for families with young children in the Smethwick Uplands and Londonderry area.

At every stage of the consultation, local people were informed of ways of getting involved in Sure Start, and given the chance to get involved and return their details to us. We were keen for local residents to get involved in:

- Distributing leaflets
- Interviewing parents
- Getting involved in one of the groups working to set up Sure Start
- Finding out more information about Sure Start

The stages involved in the consultation are summarised below.

### 1.2.1 Awareness raising exercise

A range of awareness raising activities were undertaken, designed to let local people know about Sure Start and what it will achieve, as well as asking local people to get involved in Sure Start. Methods adopted included a process of leaflet and poster distribution to households and venues and contacts with local organisations. This was an ongoing activity throughout the course of the research. The chattabout sessions and the survey will also have contributed to letting people know about Sure Start. Further details about the awareness raising is presented in Chapter Two of the report.

### 1.2.2 Chattabout sessions

Six chattabout sessions were held with groups of local parents (five were originally intended but one session was rearranged because of low attendance). These sessions were designed to be informal and interactive, and aimed to establish how life could be made better for families with young children in the Smethwick Uplands and Londonderry area. Further information about the arranging of the sessions and the approach taken is presented later in this chapter.

### 1.2.3 Survey of local people

A total of 113 questionnaires were completed in November and December 2002 with residents who lived in Smethwick Uplands and Londonderry and who were the parents or guardians of at least one child aged 7 or under. This consisted of a combination of face to face interview and self completion questionnaire. Further information about the survey component of the research is presented later in this chapter.

## 1.3 Chatabout Sessions

### 1.3.1 Arranging the sessions

To ensure that the local community was as involved as possible in the chattaobut sessions, sessions were arranged through existing groups in the area. This approach gave us as high attendance as possible. Existing groups were approached and invited to participate in this stage of the consultation by helping to organise chatabout groups at their own venues or making their users aware of the meetings being held for them. An M-E-L Research researcher visited the Sure Start patch on 8 October 2002 and provisionally booked three sessions.

The six chatabout sessions involved local parents and children and took place at::

- St Mark's Community project on 14 October 2002 (parents)
- 'Trendy Boppers', Dorothy Parkes centre on 18 October 2002 (parents)
- Smethwick Library on 1 November 2002 (parents)
- 'Early Steps', Dorothy Parkes centre on 5 November 2002 (parents)
- SAFSS (Sandwell Asian Family Support Service), Dorothy Parkes centre on 10 December 2002 (parents)
- Uplands School on 5 November 2002 (children)

For the sessions with parents, refreshments were provided and a £5 gratuity was given as a small thank you for those that attended. For the children's session, a £50 donation was made to the school fund for their help in arranging the session.

Copies of the documentation relating to the arranging of the sessions are included in the Appendix.

### 1.3.2 Who participated

There were a total of 26 participants for the chatabout sessions with parents and 10 participants in the session with children. All of the sessions were facilitated by an M-E-L Research researcher. The provision of an interpreter was offered for all sessions, but this was not needed. Organisations assisting

in the arrangement of the chattabout sessions were sent a copy of the Sure Start patch map, to ensure as much as possible that participants lived within this area.

In addition, we were keen to involve fathers in these sessions wherever possible. To this end, we liaised with Smethwick Library (a session was held here) and their staff tried to recruit males to come to the session. In addition, participants from the initial sessions at St Mark's and Trendy Boppers were contacted by telephone to ask if they knew any fathers who may be interested in attending.

### 1.3.3 Parents chattabout sessions

A total of 8 mothers took part in the session at St Mark's Community Project. Seven out of the eight lived in the Smethwick Uplands and Londonderry area. The other mother lived in Tividale, but a relative who often looked after the child resided in the area. They all had between one and three children in the Sure Start target age group.

The 'Trendy Boppers' session held at the Dorothy Parkes centre had 11 participants. They were all mothers with at least one child under four. They were all interested in finding out more about Sure Start. Nine wanted to find out more about Sure Start or get involved.

At the Smethwick Library session, 1 mother attended. She had one child under 7 and she was interested in finding more about Sure Start.

The 'Early Steps' session held at the Dorothy Parkes centre had 4 participants. They were mothers and grandparents of at least one child under four. They were interested in finding out more about Sure Start or becoming involved in Sure Start.

Two parents attended the session held at SAFSS, one mother and one father. Both had a child with a disability or health problem. Both were interested in finding out more about Sure Start. Transport costs were reimbursed for participants attending this session.

Table 1 details the demographic profile of those who attended the five chattabout sessions for parents. While 26 participants were consulted in total, not all were able to stay for the whole session, thus the table below includes the details of those participants who stayed to the end of the session and who filled in the demographic sheet.

**Table 1: Profile of those who attended chattabout sessions for parents**

Total attendees	Gender	Ethnicity	Area of residency	Children under 4	Children over 4
22	1 male 21 female	14 White British 1 Black African 1 Indian (Sikh) 2 Indian 1 Pakistani 1 White and Black African 1 Other mixed 1 not stated	16 Smethwick 1 Cape Hill Smethwick 1 Londonderry 1 Tividale 2 Not stated	29	12

#### 1.3.4 Children's chattabout session

A total of 10 children took part in the session. There were five boys and five girls aged between nine and ten years old. The majority lived in Smethwick.

**Table 2: Profile of those who attended chattabout sessions for children**

Total attendees	Gender	Ethnicity	Area of residency	Age
10	5 male 5 female	8 White British 2 Indian	6 Smethwick 2 Bearwood 2 Oldbury	4 - 9 year olds 6 - 10 year olds

#### 1.3.5 Approach adopted

In order to get participants thinking about the issues, each of the groups with parents were asked to think about the good and bad things about services, facilities and support for young children and their families in the Smethwick Uplands and Londonderry area. These were written on post it notes and displayed on two separate flip charts. Parents were then asked to think about the 'top three' improvements they would like to see for the area and to share them at the end of the session.

After this initial warm up exercise was completed, parents were asked to work in pairs and to consider the period between pregnancy and the first four years of their child's life on a prepared tiM-E-Line. On one side of the tiM-E-Line, groups were asked to write what support, services or facilities they used and on the other side they were asked to identify any gaps in support, services or facilities that would have helped them to bring up their children at the various stages on the tiM-E-Line. These were noted on a central tiM-E-Line or on individual tiM-E-Lines, depending on the session.

The next stage of the chattabout was concerned with looking at some of the facilities, support and services highlighted on the tiM-E-Line in more detail and talking about what was good and bad about them. Parents were then asked to highlight what barriers currently existed that prevented local parents from accessing services and to share ways in which parents Sure Start could involve more local people in its programmes. They were then asked to share the top three improvements they would like to see in the area for the future. A copy of the theme guide used is in the Appendix of the report.

At the end of the sessions, the parents were asked if they wanted to add anything else to the discussion and were reminded that they could speak to the facilitator individually at the end if they wished. Parents that were able to stay to the end of the session were given a sheet to complete, asking for some demographic information. A copy of the sheet is included in the Appendix. Participants could provide a contact name and address if they wanted to receive more information about Sure Start. A total of fifteen names and addresses were received from parents attending the sessions.

A similar approach was adopted with children, with a tiM·E-Line showing the ages three to ten years of age. A central tiM·E-Line was used in this session, with ideas recorded by both children and the facilitator. Children were encouraged to think about what there had been, or was, for them to do and use locally, both now and when they were younger, and what they would have liked to have been available. The final part of the session looked at facilities, support and services highlighted on the tiM·E-Lines in more detail, discussing what was good and bad about them what could improve levels of access. Demographic information was recorded by the facilitator at the children's group.

#### 1.3.6 Reporting

Each group in the session with parents recorded their thoughts on a time line, and their comments have been reproduced as accurately as possible in the report in Chapter Three. The views of children were recorded by the facilitator, and are reproduced in the report. For the purposes of the report detailing the sessions with parents, the tiM·E-Line has been divided into two stages, the first looking at antenatal provision until the child is 1 year old, and the second focusing on children over 1 year to 4 years. No such distinction has been made in presenting the findings of the session held with children, although they were asked to comment on services used between ages 3 and 10.

#### 1.4 Survey of local parents

A total of 113 questionnaires were completed with parents or guardians of children under 7 who live in the Smethwick Uplands and Londonderry area in November and December 2002. There were two conditions for eligibility to take part in the survey. Respondents had to:

- Live in the Sure Start Smethwick Uplands and Londonderry area
- Be a parent or guardian of a child aged 7 or under

While recognising that other people (for example grandparents or other people involved in the care of young children) may well have useful insights to offer, for ease of definition, we limited the eligibility of respondents to the above filter questions.

We were interested in the views of parents and guardians of children aged 7 or under, given that parents or guardians of children in this age group would have current or recent experiences of local services and provision.

### 1.4.1 Questionnaire Design

A copy of the questionnaire used in the consultation is included in the Appendix. Given the objectives of the consultation, the questionnaire was designed to focus on identifying perceptions on how to make life better for families with young children and how provision should be improved. The questionnaire included a complementary mixture of closed (tick box) questions and open-ended responses. Thus the questionnaire included questions asking about:

- Levels of use and perceptions of local services for families with young children
- Barriers to the use of services in the local area
- What would make life better for families with young children in the area, thus improvements to existing provision
- Satisfaction with services for families with young children

Linked to Sure Start targets around smoking in pregnancy and workless households, the questionnaire included questions on:

- The number of respondents who smoke, whether they want help to give up and whether they smoked during the first two years of their child's life
- The number of respondents in households where nobody is in paid work, as well as asking what factors would help more parents with young children in the neighbourhood to take up paid work.

In addition to the above, we were also interested in the likely future involvement of local people in Sure Start and the best ways of engaging with local people in the future. Thus the questionnaire also included questions about:

- Methods of involvement in Sure Start and likely uptake by local people
- Factors encouraging involvement in Sure Start
- Contact details of respondents, so those interested could be sent further information about Sure Start

At the end of the questionnaire, we asked for standard demographic information, along with the number of children in age groupings.

Showcards were used for key questions in the face to face interviews, in order to make the interview as easy and convenient as possible for both the interviewer and respondent. A copy of the showcards is included in the Appendix.

The questionnaire was designed in consultation with the client, and this was piloted internally to ensure the clarity and length of the survey tool.

### 1.4.2 Recruiting local interviewers

We were keen, wherever possible, to involve local people in the interviewing process. This is seen as a positive way of empowering and 'skilling up' the local community, as well as re-directing additional income into the local

economy. In addition, the involvement of local residents in research is thought to increase the level of rapport between the interviewer and respondent.

To this end, local residents were invited to take part in the interviewing process in a number of ways:

- Parents who had shown an interest in talking to other parents about Sure Start at the chattabout sessions were contacted and invited to participate
- Recruitment advertisements were placed in the Evening Mail newspaper
- Flyers and posters distributed in the area as part of the awareness raising exercise contained an invitation to take part in interviewing
- Recruitment advertisements were displayed in local venues in the area (for example Dorothy Parkes Centre, St Mark's and Smethwick Library)

M-E-L Research received only three enquiries from local parents who had received a flyer or seen a poster about interviewing in the Smethwick Uplands and Londonderry area. Despite best efforts, no local residents were forthcoming to get involved in interviewing from these sources. Subsequently, M-E-L Research interviewers were engaged in the interviewing.

#### 1.4.3 Briefing of interviewers

Briefing sessions were held for interviewers prior to the start of the fieldwork. At these sessions, interviewers were taken through the M-E-L Research interviewer training packs, with particular reference to the MRS (Market Research Society) Code of Conduct, as well as having trial runs through the questionnaires.

#### 1.4.4 Interviewing process

A total of 113 interviews were completed with parents or guardians of children aged seven or under living in the Smethwick Uplands and Londonderry area. A map of the area boundary is included in the Appendix.

Interviews were carried out on street or in venues at which families with young children were likely to be.

Interviews were completed in a range of locations which included:

- Uplands School (outside the school)
- Annie Lennards School (outside the school)
- Devonshire School (outside the school)
- Smethwick High Street

In addition, due to difficulties in finding respondents willing to take part in the interviewing, interviewers tried door knocking houses in the patch. A full list of locations is provided in the Appendix to the report.

The local police were informed of the presence of interviewers in the area and were provided with a list of the names of all of the interviewers. Interviewers were provided with letters of authorisation containing a contact name at M-E-L Research should any respondents have any queries or want to know more

about the survey. Interviewers were provided with identification badges, including their photograph. A copy of the survey documentation is included in the Appendix.

Interviewers were also provided with copies of the Sure Start flyers distributed in the area to hand to respondents. This provided local people with more information about Sure Start in connection with the survey, as well as further contributing to the awareness raising exercise. To ensure that respondents were resident in the Sure Start area, interviewers had a map of the area and a list of postcodes. All respondents to the survey said that they lived in the Sure Start Smethwick Uplands and Londonderry area.

#### 1.4.5 Difficulties achieving the target number of completed questionnaires

The original target interviews to be completed was 400, while 113 were completed. A number of issues have had an impact on the low number of questionnaires that were completed:

- A large number of interviewers were engaged in the interviewing (up to 14) but parents remained reluctant to participate. They told interviewers that they had recently taken part in other similar surveys and often commented, “*nothing ever changes*”. Thus ‘survey fatigue’ was a factor
- The time of year and the cold and rainy weather made stopping people in the street difficult. Possible respondents were less likely to stop than they may have been in the summer months
- Many respondents were too busy to stop or were simply not interested in taking part

#### 1.4.6 Self completion questionnaires

In order to try and overcome the shortfall in questionnaires completed via face to face interview, the questionnaires were modified to be suitable for self completion. Three local schools were contacted and they kindly agreed to distribute the questionnaires to parents via their children.

A total of 370 questionnaires were distributed as follows:

- Uplands School – 190 questionnaires
- Annie Lennards School – 150 questionnaires
- Devonshire School – 30 questionnaires

A smaller number of questionnaires were sent to Devonshire School because it lies just outside the Sure Start patch. Questionnaires were dropped off at the schools by the Fieldwork Manager, and a member of staff briefed on the process. A briefing note for the schools was also produced (appended). The questionnaires included a sheet of postcodes, so that parents or guardians could check whether they lived inside the Sure Start patch.

In addition, 20 questionnaires were distributed to Little Angels nursery.

A donation was to be made to each school for each questionnaire that was completed. In addition, parents who completed a questionnaire had the opportunity to be entered into a prize draw.

A postbox was provided for the school reception area for the easy return of completed questionnaires and these were collected by M-E-L Research.

This methodology was adopted with the awareness that some respondents may need support in completing their questionnaire, for example because of literacy or community language issues. The survey therefore included contact names at M-E-L Research for those parents who needed additional help in filling in the questionnaire. No such enquiries were received at M-E-L Research.

A total of 20 out of 113 questionnaires were completed through the self completion method, and a further 2 were removed as they were very incomplete.

Given the poor response from schools, M-E-L Research staff visited the area to talk to parents. Locations included around the Dorothy Parkes Centre and outside Thimblemill Library. Staff also visited Uplands School at going home time, to try to talk to parents. However, the same issues as highlighted above arose – it was too cold for parents to stop and they didn't have the time.

Annie Lennards School was also visited, but it was shut due to heating failure.

#### 1.4.7 Data analysis

During the interview, respondents were asked for a contact telephone number. This enabled the Fieldwork Manager to carry out a random 10% quality check, to ensure the interview had been completed properly and that the interviewer was polite and courteous at all times.

Questionnaire data was entered onto the statistical package SNAP. The open-ended questions were entered as text, to allow a theme and content analysis to be made of responses, in addition to the verbatim comments of respondents.

After the data had been entered, a random 10% check on the entered data was carried out, to ensure the data had been entered accurately.

Baseline frequency counts are presented in the Appendix, along with open-ended comments from respondents. The Appendix contains cross tabulations by workless households, gender, age, long term illness, sole or shared responsibility for the child, ethnicity and age of children.

The findings of the chattabout sessions and the survey have been linked to the Sure Start Objectives to which they most closely fit.

## 1.5 Format of the report

Following on from the methods section of the report, there are five main chapters. Chapter Two presents more detail about, and the outcomes of, the awareness raising exercises. Chapter Three presents the findings from the chattabout sessions and Chapter Four the findings of the survey with local people. The report concludes with recommendations for changes in services arising from the needs of families within the area as well as ways Sure Start can continue to involve parents, families and communities in the continued development of the Sure Start programme.



## 2. Awareness raising activities

### 2.1 Introduction

In conjunction to the community consultation, we were commissioned to carry out a process of awareness raising among the local community. The aim of the awareness raising activities was to let as many local people as possible know about Sure Start, what it is and what it does. To this end, the central activity was a leaflet distribution exercise, along with more informal methods of letting local people know about Sure Start through the survey and the chattabout sessions.

### 2.2 Flyer distribution

In order to reach as many local people as possible, a flyer and poster were designed, printed by M-E-L Research and then distributed in the Smethwick Uplands and Londonderry area.

#### 2.2.1 Flyer and poster design

Samples of Sure Start flyers and literature were obtained from other Sure Start programmes and conversations held with those involved in publicising local Sure Start programmes. This provided insights for the design stage and also provided useful ideas into 'what works' and what is less effective, in letting people know about Sure Start. The consensus from others who had been involved in Sure Start was that 'word of mouth' is one of the most effective ways of letting people know about Sure Start. Given this insight, interviewees were also provided with flyers to hand out to people they were interviewing.

The flyer and poster had the same layout, in terms of the colours used (purple and orange to reflect the 'corporate branding' of the Sure Start logo). A copy is appended. Both included information about Sure Start and invited local people to get involved in Sure Start.

#### 2.2.2. Flyer design

The flyer explained what Sure Start is and let people know how they could get involved. The flyer was double sided on A5 size paper. These materials also provided additional feedback to the consultation, as local people were asked what top three things would make life better for families with young families. The flyer also asked local people if they would like to get involved either joining a group of parents involved in setting up Sure Start, joining one of the groups working to set up Sure Start, or finding out more information about Sure Start. There was a space on the flyer for contact details, so that people could be contacted and provided with more information. The flyer could be returned Freepost to M-E-L Research.

### 2.2.3 Poster design

The poster was produced on A3 size paper, with the same content and 'corporate branding' colours as the front of the flyer. At the bottom of the poster, a contact name and number at M-E-L Research was provided, should people want to call and receive further information.

### 2.2.4 Flyer distribution

Flyers were distributed in the Smethwick Uplands and Londonderry area to households and local venues. Interviewers were also given copies of the flyers to hand out to respondents to the survey.

### 2.2.5 Flyer distribution – households

A total of 6,000 flyers were distributed to households in the Smethwick Uplands and Londonderry area, by a team of locally based M-E-L Research distributors.

### 2.2.6 Flyer and poster distribution – venues

Flyers and posters were also distributed to a range of venues in the week commencing 21 October 2002. These included:

- St Marks Community Project
- Smethwick Library
- Thimblemill Library
- Dorothy Parkes Centre
- Ron Davis Centre
- Smethwick swimming baths
- Sandwell Asian Family Support Service

### 2.2.7 Response to flyers and posters

A total of 13 flyers were returned to M-E-L Research. Comments from these flyers are presented in Chapter Three of the report.

## 2.3 Contact details received

As has been stated, throughout the project, we have been keen to involve local people in Sure Start in as many ways as possible, including distributing leaflets, carrying out interviews, getting involved in a group working to set up Sure Start or just finding out more information about Sure Start. The list below details the source of the contact details and the number of contacts that have been received:

- Chatabout sessions with parents – contact details of 21 people
- Flyers – contact details of 11 people
- Questionnaires – contact details of approximately 85 people

### 3. Findings of the Chattabout Sessions

This chapter presents the findings of the chattabout sessions with parents and children in the Smethwick Uplands and Londonderry area. Findings have been presented thematically with findings specific to each group presented where relevant. The tiM-E-Line information is presented separately for parents and for children.

#### 3.1 Good and bad aspects of provision

Tables 3 and 4 present the good and bad things suggested by participants in the sessions for parents and children respectively.

**Table 3: Key themes to emerge from the chattabout sessions about good and bad things in support, services and facilities - parents**

Good Things	Bad things
<ul style="list-style-type: none"> <li>• Buses for pushchairs – there are more available now (120, 221, and 447 routes)</li> <li>• Library - story telling and toy library</li> <li>• Local swimming baths – Thimble Mill and Langley</li> <li>• Tots swimming session at baths</li> <li>• St. Mark's Project</li> <li>• Playgroups</li> <li>• Mother and Toddler clubs</li> <li>• Trendy Boppers (at Dorothy Parkes)</li> <li>• Early Steps (at Dorothy Parkes)</li> <li>• Two or three good parks</li> <li>• Childminders</li> <li>• Wacky Warehouse – but out of the area</li> <li>• Park Farm, West Bromwich</li> <li>• Brasshouse Lane Centre – Health Visitor</li> <li>• Trips to safari park and to see father Christmas via Bengali Forum</li> <li>• Victoria Health Centre</li> <li>• Cape Hill Medical Centre</li> <li>• St Jermain's Church playgroup</li> <li>• SAFS</li> <li>• Orchard schools on Holly Lane and Firs Lane</li> <li>• Hospitals</li> </ul>	<ul style="list-style-type: none"> <li>• All of the parks are of poor quality</li> <li>• Swimming pools in the area could be improved</li> <li>• Gangs hanging around</li> <li>• There is nothing for the older children (over 5s) to do in the area.</li> <li>• Parents often travel out of the area to use services for their children</li> <li>• Speeding on Brookfields Road</li> <li>• Free baby milk is only available one day a week</li> <li>• No clean foot paths</li> <li>• No public changing facilities</li> <li>• No clean public toilets</li> <li>• No play and stay groups for under 2s</li> <li>• No good parks</li> <li>• Bus drivers</li> <li>• No <i>fun</i> swimming pools – have to travel out</li> <li>• Litter</li> <li>• No facilities for prams and pushchairs</li> <li>• No security in parks</li> <li>• Harry Mitchell leisure centre doesn't have many activities for children</li> <li>• Not enough services for under 5s</li> <li>• No places where parents can get a break</li> <li>• Automatic doors in centres</li> <li>• Poor access for wheelchairs</li> <li>• Information not readily available</li> </ul>

**Table 4: Key themes to emerge from the chatabout sessions about good and bad things in support, services and facilities - children**

Good Things	Bad things
<ul style="list-style-type: none"> <li>• Holidays</li> <li>• Parks - on South Road</li> <li>• Blood Donor Centre</li> <li>• 'Go Kids Go'</li> <li>• Victoria Park</li> <li>• West Smethwick Park</li> <li>• Bus station</li> <li>• Swimming pool - Thimblemill</li> <li>• Wacky Warehouse</li> <li>• Dorothy Parke Centre</li> <li>• Dance club at Broomfields</li> <li>• Chip shops</li> <li>• McDonald's</li> <li>• Labour clubs</li> <li>• Hairdressers</li> <li>• Langley Park</li> <li>• Barmouth Park</li> <li>• Disco in pub</li> <li>• Local shops and supermarkets</li> <li>• Newsagent</li> <li>• School</li> </ul>	<ul style="list-style-type: none"> <li>• Pigeons</li> <li>• Smoking</li> <li>• Greasy fast food – Mc Donald's</li> <li>• Unlicensed shops</li> <li>• Dirty canal on Church Road</li> <li>• People spitting</li> <li>• Chip shops – greasy, unhealthy</li> <li>• Really strict teachers</li> <li>• Crime – murderers, killers and burglars</li> <li>• Litter in parks and streets</li> <li>• Grease</li> <li>• Rats</li> <li>• Not enough cinemas</li> <li>• Hooligans</li> <li>• Sewers</li> <li>• Weapons</li> <li>• Grave yard</li> <li>• Drug dealers and addicts</li> <li>• Treating animals badly</li> <li>• Not enough post boxes</li> <li>• School</li> <li>• Air pollution</li> <li>• Not enough phone boxes</li> <li>• Not enough parks</li> </ul>

### 3.2 Good aspects

#### 3.2.1 Child care provision

The provision that parents most liked about the area was the playgroup and Mother and Toddler sessions at the respective organisations. They considered this to be their main resource for support and thought it was a good way to meet other parents. One mother at St Mark's commented, *"basically everything comes back to here. This is where we find out what's going on for kids and that"*. Another shares, *"it's also good for mums to meet different people"*. An Early Steps carer who had recently moved into the area commented *"I like the way the children mix and learn general social skills"*.

A parent at the Early Steps chatabout mentioned using St Jermain's Playgroup on City Road (this is outside the Sure Start patch). She enthused, *"they have it all set up with lots of activity tables... play dough, painting, sticking things, a jigsaw table a Lego table. All these different areas. Then at the back it's all sectioned off with the slide and cars and that sort of thing so its safe, you know"*. This particular parent thought the service was helpful as the playgroup provided a large variety of activities for the children.

The parent at the session at Smethwick Library thought Brasshouse Lane Centre was a very useful resource (again this is outside the Sure Start patch), *“it’s on a Wednesday and she used to get fruit. The Health Visitor used to come in and ask if the child had any problems, or if the parents needed any support”*. Other benefits of the Brasshouse Lane Centre were that it, *“was a place you could leave your kids for a couple of hours which was good. It gave me a break”*.

Another aspect of provision that the parent at the Smethwick Library session found beneficial was day trips out of the area. Through the Bengali Forum (outside the Sure Start patch) a trip was arranged to the West Midlands Safari Park. This was considered to be beneficial because, *“some of the kids hadn’t seen animals before. It was really, really nice for them and they were so excited. They went to the Safari Park [first] and then got to go on the rides afterwards”*. Taking the children to see Father Christmas was also seen as another positive thing although trips out were dependent on securing funding.

### 3.2.2 Leisure facilities

Mothers at the Trendy Bopper session liked using Thimblemill and Smethwick Libraries and thought the story telling and toy borrowing facilities were a good idea.

Swimming baths were considered to be another resource by parents and children, although it was commented that the local pools in the area would benefit from a renovation. Outside of the area parents and children consulted liked the Wacky Warehouse. Park Farm in West Bromwich was also viewed as a good resource and one mother remarked, *“it’s free as well”*.

It was mentioned that there had been an improvement in the parks. One parent remarked, *“the one down there (Victoria Park) has got a good playground now”*. The children at Uplands School also highlighted Victoria Park as a good resource. West Smethwick Park, Langley Park, Barnford Park and a park on South Road were also identified as useful play areas. Parents at the Early Steps session commented that West Smethwick Park was *“a nice park to walk around”*.

Local children liked going to centres in the area where they can take part in various clubs, dance classes and discos. The Dorothy Parke Centre was named as beneficial. The children enthused, *“there’s loads of dance stuff and loads of clubs”*. Another shared, *“you do karate lessons”*.

### 3.2.3 Transport

Parents thought that there was an improvement on certain bus routes, which now catered for pushchairs.

### 3.2.4 Healthcare

Parents at the Early Steps session thought the Victoria Centre where child assessments are carried out was a good resource. Comments were also made about the improvements to Cape Hill Medical Centre on Radland Road (outside the Sure Start patch). They talked of how, *“the other one was terrible”*

as *“there was nowhere to feed the baby or change the nappy”*. One mother recalled having to go to the toilets to feed her baby as baby clinic was situated in the main waiting area, *“It wasn’t just you and the mothers, it was everyone else as well”*.

A parent at the SAFSS session thought that the service received from the hospitals was useful and commented, *“if you feel there’s a problem, they’ll look into it. They won’t ignore health wise what you’re saying about your child”*.

### 3.2.5 Special Schools

A parent at the SAFFS session thought that the Orchard schools on Holly Lane and Firs Lane were beneficial. This parent liked the idea of having a home school diary system as well as newsletters to keep the parents informed. The parent also added, *“if there’s any problems they always phone”*.

## 3.3 Bad aspects

### 3.3.1 Not enough provision for older children

The session at St Mark’s thought that the main drawbacks about the area were that the older children had nothing to do after school. Consequently gangs of youths on the streets are seen as a negative influence. Parents would like to see more after school clubs in the area, reasoning, *“I’d say 5 -10 was the problem age. The older kids are just playing chicken in the roads. There needs to be after school clubs more than anything. They’re the ones making it dangerous for the little ones. They should have different activities on every evening to get them off the streets”*.

The children’s comments echoed this notion and identified *“hooligans”* as a negative aspect of the area. They also wanted more things available for them in the area and remarked there were, *“not enough cinemas”*.

### 3.3.2 Parks

Although parents thought Victoria Park was satisfactory, they didn’t like the fact that there was no security. The local parks were also considered to be of poor quality often with equipment taken out, graffiti and generally unsafe, *“there’s broken bottles so now we don’t even bother going”*.

Children at the Uplands School session thought that although they were able to identify a number of parks they considered to be useful, they agreed that there were not enough good quality parks in the area and believed there should be an improvement in current provision.

### 3.3.3 Leisure facilities

Although having a swimming pool in the area was seen as a good thing for families with young children, it was not considered to be appealing as there were, *“no slides or play things”* available. Consequently, parents often travelled out of the area to use Forest Glades or Crystals Leisure Centre.

However, one parent commented, *"I can't afford to travel out, especially with three to take"*. Another problem highlighted was that the depth of the local pool was not graduated like in other swimming baths. A mother remarked it's, *"just one big plunge"*. The group also didn't like the fact that the local pools don't cater for families with young children as pool rules state, *"one adult per child if the child is under 5"*. Mothers find this a problem because if they have for example two children under 5 they can't take them both swimming on their own. This usually results in the family not using the facility as, *"you can't leave one behind because one [would be] missing out"*.

Comments from the Trendy Bopper group were also made that there was often not enough provision for young children (under 5) at the Harry Mitchell Centre.

#### 3.3.4 Litter and environmental problems

Parents at the Trendy Bopper session thought the main problems were to do with litter in the area and a lack of clean footpaths. Uplands School children echoed this and highlighted *"air pollution"*, *"rats"* and a dirty canal, *"the canal stinks on Church Road"* as negative environmental aspects.

#### 3.3.5 Lack of adequate toilet facilities in the area

Parents also didn't like the fact that there were no clean public toilets and not enough facilities to accommodate prams and pushchairs in the area.

#### 3.3.6 Lack of facilities for under 5s

The parents at Smethwick Library expressed concern that there was not enough things available for the under 5s as, *"they can't go to school. Some of them are too small to go to nursery, they won't be accepted. They need something else in the day. They need to be with other children their own age"*. She added, *"playgroups are only a couple of hours. You need something more than that"*. Another problem identified was not having enough facilities where parents can leave their children and have a break.

Parents at the Early Steps session also thought that there should be more provision for young children. One mother remarked, *"before this place there was nothing really was there? It was quite bad, there was no, it was hard to find places for playgroup. I mean I still find that anyway"*. Other mothers in the group agreed.

#### 3.3.7 Crime

Local children were aware of the crime and general level of anti social behaviour in the area. They named, *"people spitting"*, *"hooligans"* and *"weapons"* as negative aspects. There was also an awareness that drugs and illegal dealings were happening in the area. Comments were made about, *"unlicensed shops"* and one child remarked, *"people round our end sell drugs and that"*. Other crimes such as burglaries were mentioned.

Children were also concerned that there was an increase in cruelty to animals. One child shared, *“there’s more and more people dumping animals on the street. My dad read in the newspaper that these people had tied a block of concrete around a dog’s neck and chucked it in the river”*.

#### 3.3.8 Unhealthy food

Children were aware of their diets and identified that food produced from fast food chains such as Mc Donald’s and chip shops were not healthy. *“Too much grease”* was a common concern.

#### 3.3.9 Poor access for wheelchairs

It was mentioned by a parent in the SAFSS session that there is a lack of parking in the area. They noted, *“if you’ve got a wheelchair, it’s a bit difficult”*.

#### 3.3.10 Information not readily available

Parents in the SAFSS session thought there was a need for more information to be made available to parents in the community. They thought that most of the services they used were by word of mouth. One commented, *“you only find out about things if you have that problem”*. Another SAFSS parent shared, *“there must have been services, but I wasn’t aware of any”*. It was suggested to send leaflets to the door as some parents may have difficulties going out to find out about services if they are looking after a child in the home with a special condition.

### 3.4 Parents from the Antenatal stage to 1 year – what is used and what would be helpful?

**Table 5: Ante natal to 1 year – What is used and what would be helpful? – Parents**

What we use	What would be helpful
<ul style="list-style-type: none"> <li>• Hospital checks</li> <li>• Doctors</li> <li>• Antenatal classes</li> <li>• Aquanatal classes</li> <li>• Scans</li> <li>• Swimming pools</li> <li>• Health Visitors</li> <li>• Baby clinic</li> <li>• Midwives</li> <li>• 'Bounty Pack'</li> <li>• Good neonatal care from midwife in the home</li> <li>• SAFS</li> </ul>	<ul style="list-style-type: none"> <li>• More advice on different ways of giving birth</li> <li>• A place where parents can meet one another</li> <li>• More parent craft sessions</li> <li>• More general information</li> <li>• More time to speak to health professionals</li> <li>• More walk on buses</li> <li>• More family planning information</li> <li>• Support groups for single parents</li> <li>• More encouragement to stay in hospital for bed rest</li> <li>• Health Visitor to keep in contact</li> <li>• Same midwife throughout pregnancy</li> <li>• To be able to breastfeed in public</li> <li>• More information on childcare when child is born</li> <li>• More health checks</li> <li>• More care for the parent from the hospital</li> </ul>

#### 3.4.1 Health care

Parents at the St Mark's group used a range of facilities from pregnancy to birth. They thought their Health Visitors and Midwives were "brilliant". One mother commented, "it you're having worries about them feeding and things like that, they give you advice. Especially being a first time parent, you do panic a lot". Mothers thought having the same Health Visitor throughout the pregnancy was useful. Parents favoured this because they believed they had a 'personalised service' and felt comfortable with a familiar face. One mother remarked, "I've had the same Health Visitor since I was pregnant with my eldest one. She knows my family inside out. When I'm having problems, I'm confident enough to say can you come and have a chat or can I come in? I've always had the same one, so she knows what my little family is all about".

Conversely, the parent at the Smethwick Library session thought she didn't get adequate support when it was thought she would have complications during pregnancy. She explained, "Half way thorough my pregnancy I was told that my child might have a severe disability because of my age. I was devastated. I needed some support. The midwife came round to say there was something in my blood, there's something wrong, It looks like the child might be born with a severe disability. I said "what do you mean?" She said, "she might have a hole in the spine, you need to go back to hospital". It was then I needed the support. She just told me there and then I was devastated. I

*needed some support and there was nothing.” Support was also lacking after the birth of her child. The mother complained “The hospital should keep in good contact with the Health Visitors. They should tell them that, “this lady is going through this traumatic time she needs this support”. My GP didn’t know what was going on until I told him”.*

A parent from the SAFSS group has a child with a disability and would have liked more support after the birth of her child as, *“it was initially a shock”.* This parent believed she would have benefited from having access to some community support groups for example. This mother claimed to not receive any support from health professionals. She commented, *“even the vaccination, it was up to me to get them done. Nobody sort of wrote to me or said anything, telling me its time for the next vaccination”.*

Mothers at the Trendy Boppers session also thought they didn’t get enough support when they were having their children. Infrequent visits from the Health Visitors were viewed as a major concern. When asked if she had a Health Visitor one mother commented, *“I have, but you have to go and see her. I work so I haven’t got the time to go and see her. She came to be once when my child had her MMR (Measles Mumps and Rubella) to discuss it... but she hasn’t contacted me since”.* With regard to Midwives, one mother remarked, *“Used Midwives, not very good though. My Midwife comes from Sandwell so there were no records and no body knew you”.* Poor communication between the health services was another issue for mothers. Various other mothers at the Trendy Bopper session recounted incidents where occurrences like change of address and missing test results occurred at the hospital.

Parents at the Early Steps session welcomed the idea of more support during antenatal classes. It was reasoned, *“you just go through the breathing exercises but to actually have pregnant women together to talk about the pains and difficulties would be good I think”.*

For the mothers who gave birth in hospital, time spent on the wards was an unpleasant experience. Many considered staff to be unsympathetic and didn’t explain what was happening during labour, *“just push and you’ll be alright. They expect you to know what’s going on”.* Another recalled, *“they didn’t tell me where things were for the baby. I was told “you don’t need to ask, the cupboard’s there”.*

After the birth of their child, some mothers at the Trendy Bopper session thought that health services didn’t prepare them adequately for their aftercare. One remarked, *“I had no support cause my husband works away. I didn’t know how to make a bottle, I didn’t know how to change a nappy”.* Mothers at St Marks liked the baby clinic, but they considered it to be more help if it was open more frequently. One mother reasoned, *“If I had one query, I used to feel like I was a nuisance and you didn’t want to ring up, but by the first time I got to the appointment, I’d forgotten what I wanted in the first place”.*

#### 3.4.2 Leisure

Parents at the Early Steps session wanted to be able to access exercise classes with a crèche facility to help them get back in shape after the birth of

their child. Crèche provision was considered to be an essential provision as, *“unless your children are at school, you’re not free are you?”*

**Table 6: 1 year to 4 years – What is used and what would be helpful? – Parents**

What we use	What would be helpful
<ul style="list-style-type: none"> <li>• Mother and Toddler</li> <li>• Libraries</li> <li>• Toy library</li> <li>• Swimming pools</li> <li>• Immunisations</li> <li>• Health Visitor</li> <li>• Doctors/ health checks</li> <li>• Home visit from Midwife</li> <li>• Baby clinic</li> <li>• Playgroup at 2 ½ years</li> <li>• Nursery from 3 ½ years</li> <li>• Reception at 4 years</li> <li>• NHS Direct</li> </ul>	<ul style="list-style-type: none"> <li>• More sympathetic and patient bus drivers</li> <li>• Coffee mornings</li> <li>• Support for first time mums</li> <li>• More Mother and Toddler groups – extended hours and more frequent days</li> <li>• Better park facilities in the area</li> <li>• Improvement to Stoney Lane park – dangerous at the moment</li> <li>• After school club for nursery children</li> <li>• Support groups</li> <li>• More information and awareness</li> <li>• Help with adapting the home</li> <li>• Sports and football for the under 5s</li> <li>• Clubs for children in the holidays</li> <li>• More childcare places</li> <li>• More full time school places for nursery aged children 3 ½ years</li> <li>• Half day schools for young children</li> </ul>

### 3.4.3 Transport

Parents thought services from buses were poor. One mother at the Trendy Bopper session recalls an incident where, *“the driver kicked me out of the bus because he wouldn’t let me get on with my buggy. I’ve complained to the company. Instead of saying, “fold your buggy and come up on the step”. He said, “Out!” I waited 1 hour to get that bus. I was really furious”*. Mothers agreed that service was poor and one remarked, *“the bus drivers need to be trained for these sort of services. Definitely more hands on.”*

A parent at the SAFSS session also highlighted a potential problem parents with disabled children may have, *“we didn’t have it because we’ve got a car, but I can imagine trying to get on a bus with a wheelchair would be difficult. Transport’s a major one”*.

### 3.4.4 Increase in childcare provision

All of the parents wanted to see more childcare in various forms. One mother reasoned for her daughter, *“There was nothing until she was about 2½.”* Parents at the Trendy Bopper group suggested introducing more half day schools. They liked the idea of this so their children *“can get used to being left on their own before going to big school”*. Parents at the Early Steps session also wanted to have more services available to them, *“especially in the summer time – more outdoor activities”*.

#### 3.4.5 Services for other carers

The parent at the Smethwick Library session suggested that there should be support services for other carers who look after children, for example going on trips and receiving updated information and knowledge. She commented, *“A lot of grandparents who look after the children need help, they need a break and the child needs somewhere to come”*.

#### 3.4.6 Provision for older children

The parent at the Smethwick Library session suggested having a Cyber Café in the area as a resource for older children to use after school and in the holidays, *“It was for all age groups he’s got 3 or 4 children and I believe he’s a lone parent. He was looking to have a cyber café and have someone to help voluntary with the sandwiches for the children. Somewhere they can go after school. Somewhere they can go in the holidays. I thought it was a great idea. They’re just standing about on street corners. A possible limit with this was funding constraints.*

#### 3.4.7 NHS Direct

One Early Steps parent had used the NHS Direct service and thought it was useful as queries she had could be answered immediately. Other parents had the number to call, but didn’t. One SAFS parent was not aware of the NHS Direct service.

## 3.5 Children's session – What is used and what would be helpful

**Table 7: 3 year to 10 years – What is used and what would be helpful? – Children**

What we use	What would be helpful
<p>3 – 5 years</p> <ul style="list-style-type: none"> <li>• Annie Lennards Nursery</li> <li>• Toys</li> <li>• Park</li> <li>• Nursery</li> <li>• Playgroup</li> <li>• Playschool</li> <li>• Toys at home – Barbie, building blocks</li> <li>• Babies R Us</li> </ul> <p>6 years +</p> <ul style="list-style-type: none"> <li>• Books</li> <li>• Park</li> </ul>	<p>3 – 5 years</p> <ul style="list-style-type: none"> <li>• Better toys</li> <li>• Baby toys in parks from 3 years</li> <li>• Better toys in nurseries</li> <li>• Mothercare/ shops</li> <li>• More swimming baths</li> <li>• More health clinics</li> <li>• Cleaner hospitals</li> <li>• More toy shops</li> </ul> <p>6 years +</p> <ul style="list-style-type: none"> <li>• More books</li> <li>• More benches in school (playground)</li> <li>• More time to use computers</li> <li>• Freedom</li> <li>• A better world</li> <li>• More education</li> <li>• More equipment in parks</li> <li>• More help from teachers</li> <li>• Harder books</li> <li>• More help with homework</li> <li>• Have parties more often</li> <li>• Safer ground on the tennis court</li> <li>• RSPCA – less cruelty to animals</li> <li>• Specialist baby hospitals</li> <li>• More activities in school</li> <li>• More attendance from nurses</li> <li>• More sport facilities</li> <li>• Better parks</li> </ul>

## 3.5.1 Health care

Children didn't mention any health services they used, but they thought there should be more health clinics and cleaner hospitals. One child suggested having a specialist baby hospital. She reasoned, *“all the adults that have infections, they give it to the babies”*.

## 3.5.2 Childcare

The children recalled using nurseries, playgroup and playschools when they were younger. To a certain extent, the group thought such provisions were useful. One child explained, *“if your mum and dad had to go to work or something... you could get to play with others”*. However, another shared, *“I didn't like it because there weren't enough toys to play with”*. Other children agreed that there was not much to do at nursery and not enough toys. It was suggested there should be *“better bikes”* and play equipment in nursery.

### 3.5.3 Parks

With regard to the local parks, the children wanted to see the existing space used more sensibly as it was commented that at Victoria Park, *“most of it is just grass and pavement”*. It was suggested that the excess was not needed and *“a new library or something at the back”* should be built. The children also wanted to have more equipment available for children in the parks (including toddlers). When asked about what equipment in particular, they suggested monkey bars, swings, benches, roundabouts and a climbing frame. One child also suggested having, *“a separate football pitch so that people who are just playing and not playing football don’t get hurt”*.

### 3.5.4 Leisure

Children wanted more sport facilities and a leisure centre. They also believed the introduction of a skate park would be a good idea. Some children liked attending parties and wanted more of them organised in the future.

### 3.5.5 Safety

Some of the children talked of how they wanted to be able to have more ‘freedom’. It was highlighted that for safety reasons parents did not allow them to go out on their own with friends as, *“they think I might get snatched”*. One child shared how she *“would like to go swimming on my own with all my friends”*. They also wanted more provision to go on trips outside of the area with their friends.

### 3.5.6 Education

Although some of the children wanted more education and *“harder books”*, they also wanted more assistance *“when you need help with your work”*. They thought more time to use computers would be beneficial. It was also commented that they should have *“interactive whiteboards”* in class.

### 3.6 Factors stopping people using services

#### 3.6.1 Poor access and lack of transport

All of the participants thought the main factor which prevents parents using services was poor access and the service, *“not being local”*. The parent at Smethwick Library identified this problem and considered how poor access could be a problem when taking her child to play sessions, *“I mean I was lucky because I had a car, but even then the time went so quick. By the time I’d taken her it was time to bring her back”*. Another access related problem highlighted in the St. Mark’s group was if the service was, *“on at the wrong time of day, or only certain times in the week”*. A mother at the Trendy Bopper session found lack of transport to be an issue when she was pregnant as her antenatal classes were, *“at the hospital. This wasn’t helpful because I couldn’t get there because I didn’t have a car. There wasn’t anything local”*.

#### 3.6.2 Limited child spaces and not enough childcare provision

The parent at the Smethwick Library session highlighted that some places have limited child spaces so on some occasions parents cannot always access the services they required.

A problem expressed by parents at the Trendy Bopper group was the lack of childcare and crèche facilities. This was considered to be an issue, as parents had nowhere to leave their children for a short space of time to attend college or classes. One mother shared, *“I find it hard. I’d love to come to the salsa classes here, but I’ve got no one to have my kids while I come out.”*

#### 3.6.3 Lack of information

Lack of information was another key factor that parents considered to be an issue.

Another problem identified by the SAFSS group was the lack of information in the relevant community languages. Providing translations in Punjabi, Urdu and Hindi was considered to be beneficial for the community.

Parents from St. Mark’s also commented that, *“parents may be too busy”* to take part in certain services.

#### 3.6.4 Services provided are often inaccessible for working fathers

Parents at the SAFSS session mentioned that for working fathers, attending sessions during the day was not convenient, *“when I’m working I don’t have the time basically. The services are mainly 9-5... most of the services, they’re not out of hours are they?”* It was therefore suggested to offer services out of hours in the evenings for fathers. One father shared, *“if there was something I would probably go with my son”*.

### 3.7 Improvements

The tables 8 and 9 highlight the suggestions of local parents and children for improvements for the future.

**Table 8: Key themes to emerge from the chattabout sessions about improvements for the area – Parents**

<b>Improvements</b>
<ul style="list-style-type: none"> <li>• Extend the time of the playgroup and Mother and Toddlers groups</li> <li>• A more permanent place at St. Mark's to run the playgroup from</li> <li>• More community involvement</li> <li>• More information about what is available in the area</li> <li>• Greater access to health professionals</li> <li>• Security in parks</li> <li>• Nurseries for under 4s</li> <li>• After school clubs in schools</li> <li>• Park wardens</li> <li>• Better toilets in parks</li> <li>• More low floor buses for pushchairs</li> <li>• Cyber Café for after school</li> <li>• Activities for the school holidays and playschemes for the older children</li> <li>• Crèche provision and childcare for parents on courses</li> <li>• Child care classes for grandparents</li> </ul>

**Table 9: Key themes to emerge from the chattabout sessions about improvements for the area – Children**

<b>Improvements</b>
<ul style="list-style-type: none"> <li>• More buses</li> <li>• More traffic lights</li> <li>• More CCTV cameras</li> <li>• More policemen</li> <li>• More bins on the street</li> <li>• More zebra crossings</li> <li>• Burglar alarms provided for every house</li> <li>• Safer roads</li> <li>• Less drugs</li> <li>• More police ladies</li> <li>• Less pubs</li> <li>• Less robberies</li> <li>• Cleaner parks</li> <li>• More social workers</li> <li>• More bins for dog waste in the park</li> <li>• More jobs</li> <li>• No smoking</li> <li>• Less cars being sold to stop more air pollution</li> <li>• More school trips</li> </ul>

### 3.7.1 Resources in established organisations

Parents in the session at St Mark's considered the playgroup and Mothers and Toddler groups at the centre to be a valuable resource for local parents. They would therefore like to have a more permanent position in the centre and would like, *"a designated early years room set up so that everyone could bring their children"*. They would also like to have the times of the sessions extended to accommodate parents with varying work schedules reasoning, *"this runs one morning a week. It would be nice if it could be extended to an afternoon in the week as well so that mothers who work mornings could use the service"*. Comments were also made about extending the length of time the sessions ran. However to do this, the group acknowledged that more volunteers to help run the sessions was important.

### 3.7.2 More volunteers and community involvement

Community involvement was seen as something the parents at the St Mark's session believed to be lacking in the area and wanted, *"mums who can spare the time to work in the community"*.

Children at Uplands School wanted, *"more people to help out in schools"*.

### 3.7.3 More information about local provision

All parents wanted to receive more information on services available in the area in public places. In addition, some parents wanted information to be available in the various community languages.

### 3.7.4 Access to health professionals

Parents also wanted greater access to health professionals and suggested it would be beneficial for, *"a Health Visitor to come into the playgroups and talk to parents if they had any worries"*.

### 3.7.5 More childcare provision

Parents at the Trendy Bopper session wanted to see a greater provision of childcare in the area in the form of nurseries for the under 4s and after school clubs. It was also highlighted by the parent in the Smethwick Library session that there was a need for more crèche facilities, especially for parents who wanted to attend courses. It was reasoned that, *"parents could go to college while the child is young, rather than waiting till they've gone to school"*.

A parent in the SAFSS session agreed and suggested having, *"a playgroup or something where you can occasionally leave your child to give you a break to do your ironing... from quite an early age. For me personally probably about a year and a half. [Something] where you can leave them, but if you want to stay that's fine"*.

### 3.7.6 Cleaner and more secure environment

With regard to improving security and facilities in parks, parents wanted to see the introduction of park wardens and *“better”*, cleaner toilets in the parks. The children agreed that parks needed cleaning up and also recommended there should be *“more bins on the street”* to help with this as well as *“more bins for dog waste in the park”*.

In terms of general ways to clean up the environment, one child mentioned there should be fewer cars on the roads to reduce air pollution. Others thought that smoking should be banned, *“ban smoking cause when I’m walking down the street and people are smoking, it gets on my nerves”*.

The level of crime was considered to be an issue as some children wanted less drugs in the area. Their solution was to have more policemen and CCTV cameras in the area. In addition, one child suggested having *“burglar alarms provided for every house”*.

### 3.7.7 Accessibility for pushchairs

Parents thought that increasing provision for more low floor buses in the area would be beneficial.

### 3.7.8 More things in the area for older children

The school holiday periods were seen as a key times where parents wanted activities and playschemes for children. One parent reasoned that, *“children are bored”*. The idea of a Cyber Cafe on the high street was also mentioned as a place where young people could go to give young people a place to go to get them off the streets after school. Uplands School children said they wanted more school trips out of the area.

### 3.7.9 Safer roads

The children consulted welcomed the idea of more traffic lights and zebra crossing to make roads safer for children. Others thought having *“more lollipop men and women”* would help.

### 3.7.10 More resources for the area

Children wanted more jobs for the community and also more money for schools.

### 3.8 Factors affecting future involvement in Sure Start

In addition to the barriers parents faced with regard to services, support and facilities in the area, they were also asked what would help increase access to services.

#### 3.8.1 More awareness of services in the area

The most important thing parents considered to be key in increasing the likelihood of future involvement in Sure Start was, *“more information about things going on in the area”*. Early Step parents suggested using the Health Visitors to promote services. They reasoned *“they’re the ones who see the children”*.

A parent in the SAFSS session suggested visiting people at home.

#### 3.8.2 More quality childcare provision

The provision of crèche facilities was also considered to be an important factor when aiming to involve parents. Another aspect identified by parents at the Trendy Bopper group was the need for childcare to be of a higher standard with qualified staff. The Smethwick Library parent also thought extending the session hours would help parents, even, *“an extra half an hour would help”*.

#### 3.8.3 A ‘drop in’ centre for additional support when needed

All of the parents wanted, *“a ‘drop in’ so that you can get advice when you need it”*. Others at the Trendy Bopper session though the area would benefit from more support and help groups for lone parents, *“something for people who are on their own, who haven’t got a partner”*.

### 3.9 Getting involved in Sure Start

At the end of the sessions, parents were handed out a sheet to complete asking for some demographic information and detailing possible ways in which they could get involved. Table 10 shows the number of participants who were interested in getting involved in the ways listed (participants could get involved in more than one way if they wanted to).

**Table 10: Level of interest in getting involved in Sure Start**

Way of getting involved	Number of participants
Talking to other parents about their views	6
Joining in with one of the groups working to set up Sure Start	6
Would like to find out more about the Expo Event	13
Would like to find out more about Sure Start	17

### 3.10 Comments from flyers returned to M·E·L Research

A total of 13 flyers were returned to M·E·L Research with comments on the top three improvements for the area.

Comments from the flyers have been summarised below.

#### 3.10.1 Increase in security and safety

Comments included:

*'Traffic lights all round Queens Head area on Londonderry Road'*  
*'Neighbourhood cameras and police on the beat'*  
*'Gates on Londonderry playing fields'*  
*'Pedestrian areas around shops'*

#### 3.10.2 Increased provisions for families

Comments included:

*'More playgroups where you can leave children with qualified staff'*  
*'More affordable childcare'*  
*'Outings and trips for families and children'*  
*'Transport for taking children to libraries, playgroups etc'*  
*'A decent park for children to play in (with swings, slide, roundabout, climbing frame, rubber ground)'*  
*'Keep fit sessions with a crèche'*  
*'More after school facilities for children'*  
*'Better park facilities'*  
*'Community child minding service'*  
*'A drop in centre for children so the parent can go and do their thing'*  
*'More playgroups or parents and toddler groups'*  
*'Training for parents with crèche facilities'*  
*'Parent groups'*

#### 3.10.3 More social and leisure events and places where the community can meet

Comments included:

*'More entertainment - clubs, dancing, singing and concerts'*  
*'A community centre in Londonderry area for the young, the old, teenagers, mothers and babies'*  
*'A large modern leisure centre (pool, bowling etc)'*  
*'Swimming baths around these two areas somewhere'*  
*'Access to local services'*  
*'More places to take our children during term holidays'*

### 3.10.4 Other comments

Other comments included:

*'Teach them better discipline, help them plan for the future'*  
*'A cash machine around Londonderry neighbourhood somewhere'*

Eleven out of the thirteen flyers included names and addresses of people who were interested in getting involved in Sure Start. Once again, respondents could get involved in more than one way. The level of interest is displayed in table 11.

**Table 11: Level of interest in getting involved in Sure Start – Flyers**

Way of getting involved	Number of respondents
Talking to other parents about their views	4
Joining in with one of the groups working to set up Sure Start	4
Would like to find out more about Sure Start	9

### 3.11 Summary of main points linked to Sure Start Objectives

The main findings of the chattabout sessions have been summarized below and linked to the Sure Start objective to which they most apply. Several of the themes could apply to more than one objective concurrently, thus have been to the objective which most applies.

#### 3.11.1 Improving Social and Emotional Development

Objective One is aimed at improving social and emotional development, by supporting early bonding between parents and their children, helping families to function and by enabling the early identification and support of children with emotional and behavioural difficulties.

- **Playgroups and Parent and Toddler sessions** were greatly valued by parents, as these provided opportunities for parents to meet other parents and to share information about what is going on in the area. Having places to meet other parents was seen as crucial. As well as having more provision of Parent and Toddler sessions, parents suggested that the opening hours should be extended.
- These sessions were seen as ideal vehicles for **health professionals** to visit and disseminate information to parents in a more informal environment
- Parents want **more information** about what is going on locally. Sessions such as Parent and Toddler groups are key in sharing this information, and parents placed emphasis on having places for parents to meet each other. A **'drop in'** centre was suggested as a possible means of enabling parents to get information and advice when they need it. The issue of information being provided in various

**community languages** was also raised as being a key issue, given the diversity of the community that live in the patch.

- Parents also requested more **support groups** for parents who need additional support and advice.
- The **lack of childcare** in the patch was a key theme. This was seen as being essential both in terms of respite care to give parents a break for a couple of hours and to enable parents to attend courses. There was also a general need identified for more childcare and crèche provision in general.
- The issue of '**out of hours**' **provision** to enable use by **fathers** also arose during the sessions. Rather than provide services in the daytime, provision may need to be extended to evenings and weekends to enable fathers to participate.

### 3.11.2 Improving Health

Objective Two relates to supporting parents in caring for their children, to promote healthy development before and after birth.

- There were differing perceptions of health professionals. Some parents rated the service received from **Health Visitors and Midwives** very highly indeed. Others thought that more support could have been provided around the time of the birth of their child. What was clear is that parents prefer to receive a level of **continuity of care** from their health professionals, from somebody that knows them and their family.
- Support from health professionals was seen as being needed particularly for first time mothers and parents with children with special needs. Parents wanted a more '**joined up**' approach to health care, with health professionals communicating with each other about the particular support needs of families.
- The value placed on the services provided by Health Visitors is reflected in the calls of parents for health professionals to visit the playgroups and Parent and Toddler sessions and provide information and support in a more **informal** way.
- Parents identified that they would like more support in their **ante natal provision**.

### 3.11.3 Improving Children's Ability to Learn

Objective Three relates to improving children's ability to learn, by encouraging high quality environments and childcare that promote early learning, provide stimulating and enjoyable play, improve language skills and ensure the early identification and support of children with special needs.

- **Parks** were seen as needing improvement. While some parents were more pleased with provision of parks, there were requests for more equipment and security in parks. Vandalism and graffiti were identified as problems that put people off using some local parks. Parks were seen as an important aspect of provision.
- A key factor in any provision is that it is **local and easily accessible**. Parents do not want to travel to access provision for their children.
- As well as '**out of hours**' provision in terms of fathers accessing services, parents identified that services and activities are needed in the **school holidays**, not just in term time. Parents also placed great value on **trips** being available.
- The **toy borrowing facilities** in local libraries were recognised as a positive aspect of service. While swimming baths were used, they were calls for more local fun pools.
- Parents also highlighted that there is a need for increased provision for slightly **older children** (aged 5 to 10 years), as at present, there is very little to occupy them.
- The lack of general and respite **childcare** was identified as a key issue. Parents wanted more provision where they could leave their children for a couple of hours to have a break, and wanted greater provision of places they could stay and play with their child.

### 3.11.4 Strengthening Families and Communities

Objective Four relates to strengthening families and communities, in particular by involving families in building the community's capacity to sustain the programme and thereby create pathways out of poverty.

- There was a general **lack of local provision** for families with young children identified in the sessions.
- **Environmental concerns** voiced by parents and children included graffiti and vandalism in parks, and concerns about crime and safety.
- **Informal support networks** were valued by parents in the sessions – they placed great value on having places to meet other parents and have a chat. These settings were also important for disseminating information and finding out what is going on in the local area.

- There were concerns about **public transport** not being 'family friendly' enough. Parents wanted more low floor buses, and for pram and pushchair provision in general to be improved.
- **Childcare** was seen as important in enabling parents to take up adult education classes or training in the local area.
- **More information** and more information in **community languages** was requested, to enable parents to find out what is provision is available locally.

## 4. Survey findings

### 4.1 Findings of the survey with local parents

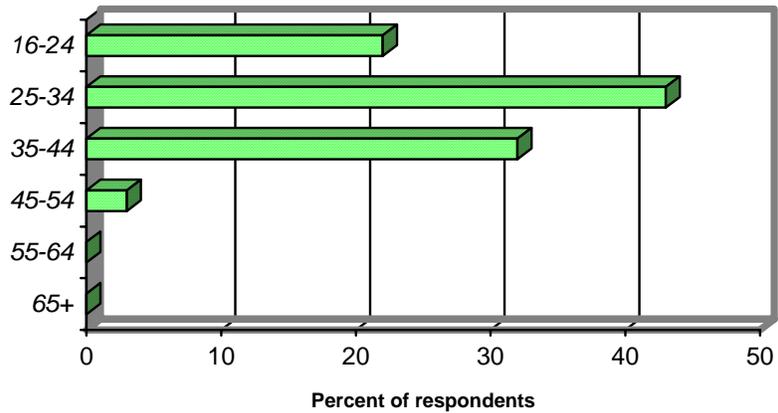
This chapter presents the findings of 113 interviews carried out with parents or guardians of children aged 7 or under in November and December 2002, both by face to face interview on street and in venues, and by self completion questionnaire, in the Smethwick Uplands and Londonderry area. All percentages are expressed relating to the number of respondents who answered each particular question. A full list of responses to open ended questions, along with the survey frequencies and percentages, is provided in the Appendix.

Questionnaire responses have also been analysed by sub groups – workless households, gender of respondent, age of respondent, sole or shared responsibility for the child, long term illness, ethnicity and comparisons between respondents with children aged four or under and those with children over the age of four. These tables are presented in the Appendix to the report. Key points of interest have been commented on in the text below. Caution about drawing inferences must be exercised when the numbers involved are small.

### 4.2 Profile of respondents

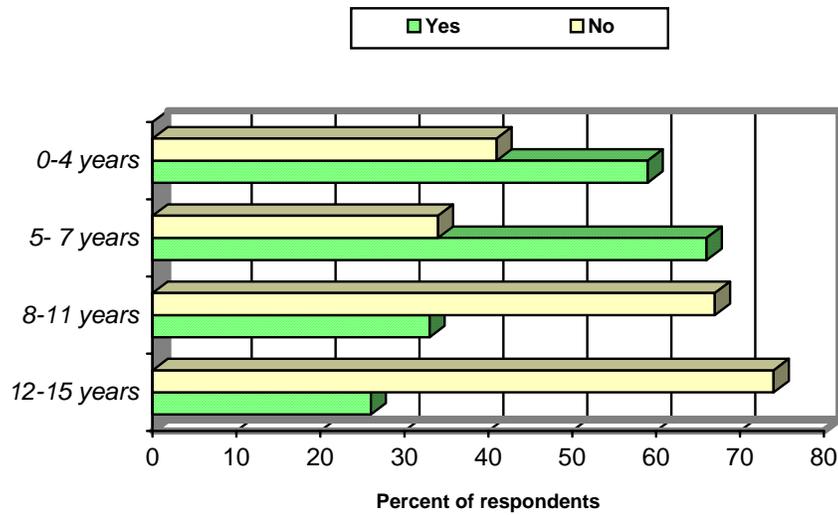
- The majority of respondents interviewed were female (80%)
- 14% of respondents have a long term illness, health problem or disability that limits their daily activities or work.
- The majority of respondents were White British, Irish or Other White (70%), 13% were Indian, 9% were Pakistani, 4% were Black Caribbean. Less than 2% were Bangladeshi (n=2), other groups (n=2) and Black other (n=1).

**Figure 12: Age of respondents**  
n=113



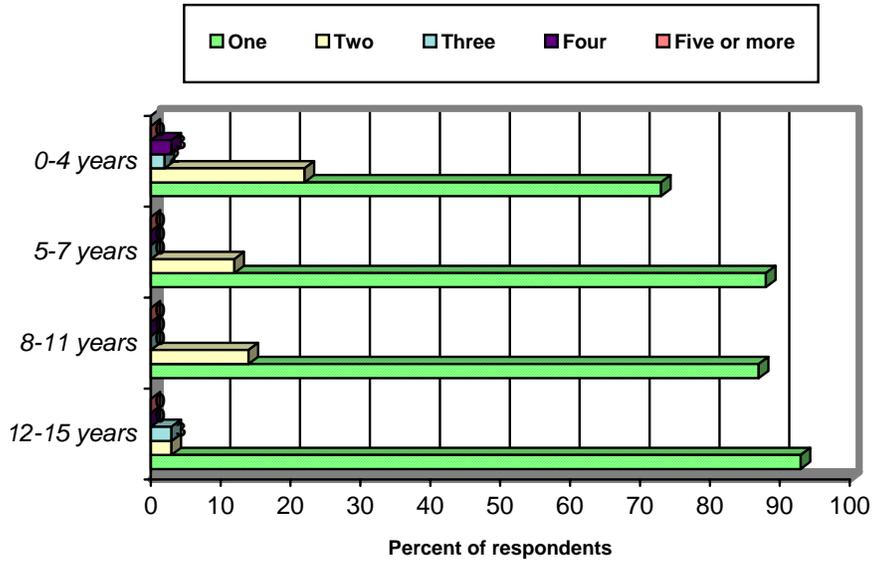
- Just under half of the respondents were in the 25-34 age group (43%) and just over a quarter were in the 35-44 age group (32%). The next highest group was 16-24 year olds (22%).

**Figure 13: Do you have children in each of the following age groups?**



- Most respondent have children aged up to 7 years.
- Fifty nine percent of respondents have children aged between 0-4 years.

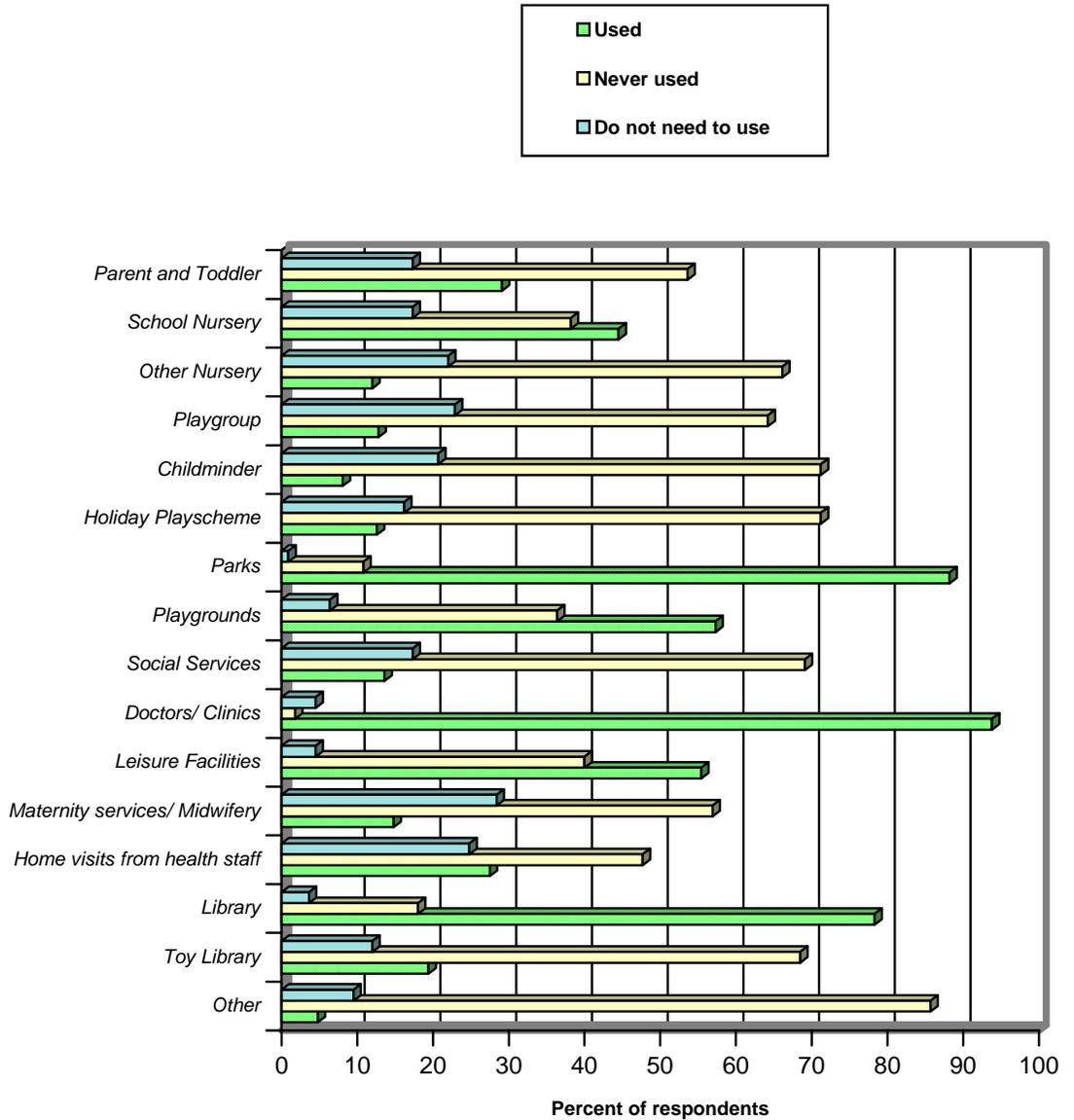
**Figure 14: Age and number of children in the household (only those who have children in each age group were asked this question)**



- The majority of respondents have one or two children.

4.3 Levels of use of local services for families with young children

**Figure 15: Use of services in last 6 months**



We asked respondents if they had used certain services for families with young children in the past 6 months and for any comments about the services they had used.

The most commonly used services were:

- Doctors or clinics (94% used in the last 6 months)
- Parks (88%)
- Library (78%)
- Playground (57%)
- Leisure facilities (55%)

Comments from respondents to interviewers regarding the use of local parks and playgrounds suggest that they may be more regularly used during the summer months.

Services not used were:

- Childminder (71% not used in last 6 months)
- Holiday playscheme (71%)
- Social Services (69%)
- Toy Library (67%)
- Other Nursery (66%)
- Playgroup for over 2s where children are left by parents (64%)
- Maternity services/ midwifery (57%)
- Parents and Toddlers (54%)

4.3.1 Use of services amongst parents/guardians with at least 1 child aged 0 to 4

A total of 67 out of the 113 parents consulted had at least one child age 0 to 4 years of age. The figures and comments presented here relate to this sub sample only.

Play and learning services used in the last 6 months by parents of at least one child aged 0 to 4 are listed below:

- Parks (89%, n=59)
- Library (77%, n=51)
- Playgrounds (54%, n=35)
- School nursery (54%, n=35)
- Leisure facilities (52%, n=34)
- Parents and toddlers (44%, n=29)
- Toy library (27%, n=17)
- Playgroup for children over 2 years of age, where are left by parents (19%, n=12)
- Other nursery (17%, n=11)
- Holiday playscheme (12%, n=8)
- Childminder (8%, n=5)

#### 4.3.2 Use of services analysed by sub group

A higher proportion of women than men have used Parent and Toddler sessions and playgroups where over 2s are left. However, a greater proportion of men (50%) used the school nursery facility than women (42%). Men consulted were also more likely to use parks (95%) and playgrounds (61%) with their children than women (86% and 56% respectively). There was no difference between the male and female respondents who used the health services such as doctors and clinics and home visits. A higher percentage of men used the library (91%) than women (77%).

Parks were used slightly more by parents of the under 4s (89%) than parents of the over 4s (87%). Conversely playgrounds were used more by parents of the over 4s (62%) than the under 4s (56%).

#### 4.4 Perceptions of local services

We were interested in people's perceptions of local services, regardless of whether or not respondents had used each service. Respondents gave their answer in their own words and these have been recorded verbatim and coded thematically. A full list of responses is available in the Appendix to the report.

##### 4.4.1 Parent and Toddlers

Out of 21 comments regarding Parent and Toddler groups, the majority (n=16) were positive. Parents thought that Parent and Toddler sessions in the area were useful.

Negative comments received (n=5) were with reference to the length and the availability of the current Parent and Toddler provision. It was highlighted that there should be more Parent and Toddler group sessions running (including afternoons) available as *"sessions [are] too short and [the sessions] should be available every day rather than two times a week"*.

##### 4.4.2 School nursery

Out of 25 comments about school nurseries, 23 were positive. Many thought school nurseries were good and especially useful for working parents. One commented, *"it's very good for me and my child"*.

Some thought the provision at the school nurseries should be extended as *"not all schools offer it"* and another respondent thought schools *"should make it more frequent"*.

##### 4.4.3 Other nursery

Of the 7 comments made, 4 parents thought they were good or very good. One thought they were good, but expensive and another thought there should be *"more in the afternoon"*. Another thought other nurseries were average.

#### 4.4.4 Playgroup for over 2s where children are left by parents

There were 7 comments relating to playgroups. Four thought they were good or very good. Two thought they were okay or average. One *“would use [the service] more if it was in the afternoon”*.

#### 4.4.5 Childminders

Four comments were received about childminders. One respondent thought they were okay, and two thought they were expensive but useful.

#### 4.4.6 Holiday playscheme

Of the 9 comments received, 8 were positive. Many thought they were good and very useful especially, *“for vacations”*.

#### 4.4.7 Parks

Out of the 70 comments relating to parks, only 25 thought they were good or satisfactory. Ten respondents thought the quality of the parks were *“terrible”* or *“not very good”*. Others thought there should be more play equipment. One respondent commented, *“its usually for old kids, they should put something in for the little ones”*. Safety was an issue for ten respondents who mentioned gangs and drug addicts using the area. A further twelve thought the parks were poorly maintained, *“parks are usually full of rubbish”*.

#### 4.4.8 Playgrounds

Eighteen comments were received about playground. Again the majority (n=11) of the comments were negative. Some wanted more play equipment while others thought they were *“unsafe and unclean”*.

#### 4.4.9 Social Services

Four out of five comments about Social Services were positive. One respondent thought the service was *“really good”* and commented it *“helped me a lot”*. Conversely one thought the service was poor and claimed they didn't receive any help leaving them, *“very disappointed”*.

#### 4.4.10 Doctors or clinics

Of 33 comments about doctors or clinics, the majority were positive. Many thought the service they received was good or very good. One remarked, *“my child has to go a lot. It's a good doctors”*. Negative comments related to difficulty in getting appointments.

#### 4.4.11 Leisure facilities

Thirteen out of the 23 comments received were positive about the leisure facilities in the area. Others thought services were not very good and another remarked they *“would like to use [them], but are substandard”*. Another four

thought that more were needed in the area. One respondent commented, *"I use but not in Smethwick because there are not many leisure facilities here"*.

#### 4.4.12 Maternity services / Midwifery

All four respondents who commented thought the maternity services were "good" and one remarked "excellent".

#### 4.4.13 Home visits from health staff

Eight respondents commented on home visits received. They all thought they were "good" and one commented that home visits were *"useful"*.

#### 4.4.14 Library

All but one of the comments received (n=24) about the libraries were positive. Respondents thought the libraries were helpful and pleasant. Some used the service regularly, *"we go and sit to read books"*. However it was commented that the children's section could be improved as the books for toddlers are *"in poor condition and not much variety [is] available"*.

#### 4.4.15 Toy library

Respondents were pleased with the toy library service. One thought it was an *"excellent idea"* and another was *"happy with the service"*. However, respondents thought there was a need for more of this service, *"it's great, but it needs to be more often like every two weeks not six"*.

#### 4.4.16 Perceptions of services – parents/guardians with at least one child aged 0 to 4

Table 16 shows the shows the level of positive and negative comments made when discussing the play and learning services used by parents with at least one child aged 0 to 4.

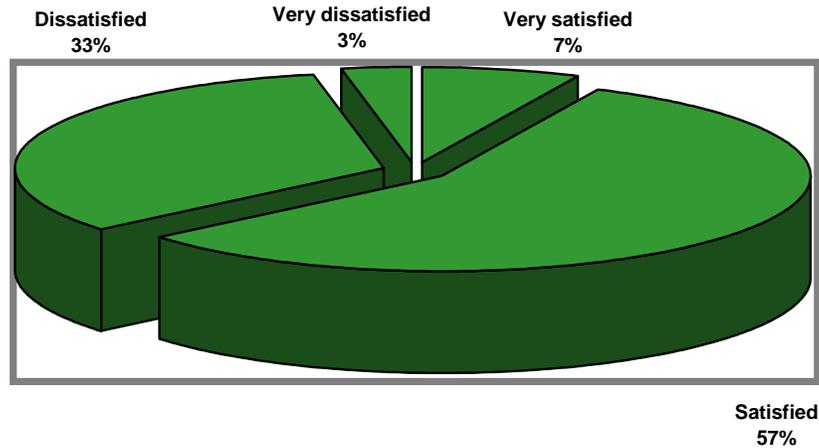
**Table 16: Positive and negative comments (parents with at least one child aged 0 to 4)**

<b>Play and learning service</b>	<b>Positive comments</b>	<b>Negative comments</b>
Parks	13 / 36	23 / 36 – inadequate quality and standard
Library	15/16	1/16 – poor condition books for toddlers, lack of variety
Playgrounds	4 / 10	6 / 10 – more provision needed and poor quality
School Nursery	16 / 17	1 / 17 – more provision needed
Leisure facilities	9 / 14	5 / 14 – more provision needed and poor quality
Parents and toddlers	16 / 18	2 / 18 – related to lack of enough
Toy library	7/9	2/9 – more provision needed
Playgroup for under 2s	3 / 5	2 / 5 - more provision needed
Other Nursery	3 / 6	1 / 6 – more provision needed
Holiday playscheme	3 / 4	1 / 4 – more provision needed
Childminder	1 / 1	0 / 1

#### 4.5 Satisfaction with local services

We asked respondents how satisfied they are with local services for young children in Smethwick Uplands and Londonderry. Figure 17 shows the results.

**Figure 17: Satisfaction with local services for young children  
n=109**



Approximately two thirds of respondents (64%) are satisfied with local services for young children and one third are dissatisfied (36%).

#### 4.6 Barriers to the use of services in the local area

We were interested in what factors stop parents or guardians using local services. Just under one fifth of respondents who expressed a view (18%, n=19) thought there were services for families with young children that they would like to use but can't in Smethwick Uplands and Londonderry.

##### 4.6.1 Services and what stops parents using them

We were interested in both the services people would like to use but can't, as well as what factors stop their usage. Respondents could give answers to both the services they would like to use and what stops use in their own words. These have been coded thematically for ease of analysis. A full list of responses is included in the Appendix to the report.

The most common service people mentioned that they would like to use but can't were the **parks and playgrounds**. This mirrors some of the findings

from the chattabout sessions with both the parents and the children. Factors identified as preventing use included:

- Not clean (n=5)
- Not safe (n=4)
- Poorly equipped or not good enough (n=4)

Other facilities mentioned included **Mother and Baby groups** (n= 4), **after school clubs** (n=2), **crèches** and **childminders** (n=1). People also wanted **more affordable childcare** (n=4).

4.6.2 What would make life better for families with young children in the area?

We were interested in what would make life better for families with young children. Respondents could give up to three of their own answers to this question, and responses have been coded thematically for ease of analysis. A full list of comments is available in the Appendix.

From the comments received, the biggest concerns relate to the need for **better parks and playgrounds** (n=79). Comments included:

*“Better playgrounds for both younger and older kids”*  
*“Safer and cleaner parks*  
*“Parks are filthy”*  
*“Park wardens – safe parks”*  
*Drug addicts in the parks are a big problem. We need better parks”*  
*“Better facilities in the parks for young children”*

An improvement to current **leisure facilities** was another local people in the area wanted (n=26). Respondents commented:

*“More social services (clubs) for the kids”*  
*“Maybe more activities for kids”*  
*“More places to take them”*  
*“Better leisure facilities”*  
*“More activities for children for example, dance clubs”*

Fourteen comments related to **childcare** in terms of more full time places and crèches where children can be left for short periods of time, therefore respite childcare:

*“More childminders”*  
*“Better and safer childcare”*  
*“More nurseries which provide full time places”*  
*“Care for children for working parents”*  
*“Playgroups that run in the afternoons”*  
*“Childminding for shopping – where they can leave kids for a short time”*  
*“Local playgroups where children are left”*

Ten comments highlighted a need for more **playschemes** and **family outings**:

*“More playschemes”*  
*“Playscheme during school holidays”*  
*“More done in school holidays for families”*  
*“Weekend activities and holiday playschemes which are affordable”*  
*“Weekend social activities for mothers and children”*  
*“Outings and trips arranged for families”*

Other concerns included:

- Better transport (n=8)
- After school clubs (n=8)
- Advertisement of existing services (n=8)
- Less expensive services (n=5)

4.6.3 Perceptions of parents/guardians with at least one child aged 0 to 4

From the comments received from parents of at least one child aged 0 to 4, the biggest concern related to the need for **better parks and playgrounds** (n=37).

Comments included:

*“Certainly cleaner parks are needed”*  
*“Safer and cleaner parks”*  
*“Suitable play areas for young children”*  
*“Park wardens – safe parks”*  
*“Drug addicts in the parks are a big problem. We need better parks”*  
*“Better facilities in the parks for young children”*

An improvement to current **leisure facilities** was also requested by this sub sample of parents (n=12). Respondents commented:

*“Improve swimming pool”*  
*“More children’s activities”*  
*“No leisure clubs for son”*  
*“Community centre for young children”*  
*“More leisure facilities”*

Sixteen comments related to **childcare** in terms of more full time places and crèches where children can be left for short periods of time:

*“More facilities for young children, childminder facilities”*  
*“After school and preschool clubs at Uplands and Manor School”*  
*“More nurseries which provide full time places”*  
*“Playgroups that run in the afternoons”*  
*“Childminding for shopping – where they can leave kids for a short time”*  
*“Local playgroups where children are left”*

Seven comments highlighted a need for more **playschemes** and **family outings**:

*“More playschemes”*

*“Playscheme during school holidays”*

*“Weekend activities and holiday playschemes which are affordable”*

*“Weekend social activities for mothers and children”*

*“Outings and trips arranged for families”*

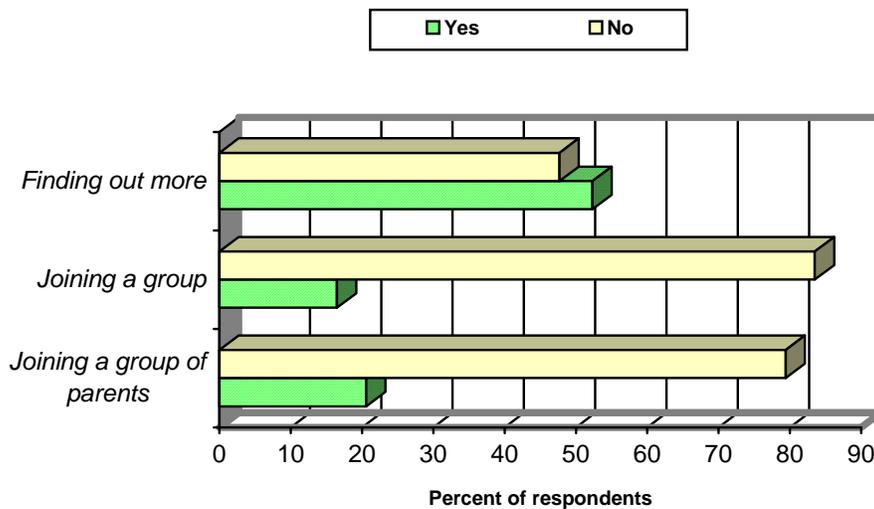
Other concerns included:

- Crime and safety (n=7)
- Advertisement of existing services (n=4)
- Better access to services for disabled people (n=2)

#### 4.7 Methods of involvement in Sure Start and their likely uptake by local people

In order that the Sure Start programme is sustainable and meets the needs of families with young children, it is essential that parental involvement is assured. We were interested in finding out in what way parents would like to get involved in Sure Start.

**Figure 18: Would you like to get involved in each of the following ways?**



- The highest level of interest is in parents and guardians receiving more information about Sure Start (52%, n=58)
- Joining a group working to set up Sure Start or joining a group of parents were less popular options, however this may be subject to change once parents have found out more about Sure Start.

#### 4.7.1 Comparison between sub groups

- More females than males were interested in finding out more about Sure Start
- A higher proportion of women (19%, n=16) than men (9%, n=2) would like to join one of the group working to set up Sure Start.
- A higher proportion of women (25%, n=21) than men (5%, n=1) were interested in joining a group of parents involved in setting up Sure Start.

#### 4.8 Factors encouraging involvement in Sure Start

We were interested in the likely future involvement of people in Sure Start and the best ways of involving them. Respondents were asked what would encourage them to get involved in Sure Start. Responses were again coded thematically.

There were a total of 26 comments relating to if Sure Start was **already set up** and would make a **real difference**:

*"If its known to be successful"*

*"If there was adequate schemes set up for children"*

*"If I know they will make a change, but I doubt it"*

*"If other people are going – positive response"*

*"Not to be fobbed off with promises"*

*"If nurseries took children for longer than a couple of hours"*

*"If Sure Start was involved in looking into full time nursery at state schools"*

*"Knowing our children are getting the best"*

*"Benefits to families with young children"*

There were 19 comments relating to respondents not having enough **spare time**:

*"I work so don't have the time"*

*"No time"*

*"Too busy"*

*"I'm working full time"*

Twelve comments related to more **advertising**:

*"More advertising about Sure Start"*

*"More in formation"*

*"More advertisement on what its all about"*

*"Publicise more"*

*"By telling the aims and objectives"*

*"If advisor came to the house"*

Eleven respondents were **not interested** in becoming involved in Sure Start:

*"Not interested"*

#### 4.9 What would encourage parents with young children to take up paid work?

Given that one of the targets of Sure Start is to reduce the number of 0-3 year olds living in workless households, we wanted to establish a 'snapshot' of those respondents in households where nobody is in paid work. We were also interested in finding out what would help parents with young children to take up paid work.

Just under one third (30%) of respondents live in households in which nobody is in paid work.

##### 4.9.1 What would help more parents with young children in the neighbourhood to take up paid work?

All respondents were asked what they thought would help parents with young children in the neighbourhood to take up paid work. They could give up to three answers.

The most common theme of response related to childcare, an overwhelming 100 responses. These included the need for more **childcare** provision in the area (n=64) as well as cheaper or free childcare (n=36). Comments included:

*"More childcare services might help"*  
*"Better childcare services"*  
*"Provision of childcare which is more affordable"*  
*"Free or funded childcare service"*  
*"More affordable childminding services"*  
*"Places where you can leave your children"*  
*"Local nurseries to look after pre school children"*  
*"More facilities e.g. crèche or childminder without high costs"*  
*"Knowing that they are safe and doesn't cost too much"*

A further 12 comments related to **more jobs available in the area and better wages**. Comments included:

*"More jobs"*  
*"More money"*  
*"If job opportunities were better"*  
*"More local jobs"*  
*"Good pay"*

Another issue was the need for **more flexible hours**:

*"Flexible working hours"*  
*"More jobs suitable for parents, especially job hours"*  
*"Jobs with flexible hours"*  
*"Hours to fit around kids at school"*

Other comments related to the need for more **after school clubs** (n=7) as well as **training and education** in the community (n=3).

#### 4.10 Smoking

Given that a number of Sure Start objectives relate to smoking, we also wanted to establish smoking levels in the Smethwick Uplands and Londonderry area.

- 37% of respondents smoked, of these 20% would like help or support to give up smoking (n=8)
- 31% smoked during the first two years of their children's life, and 3% did for at least one child but not all
- 29% of respondents said they as the female or the mother of their children smoked during pregnancy.

##### 4.10.1 Comparison between sub groups

- A slightly higher percentage of males (n=9, 41%) than females (n=32, 36%) smoked.
- The age of the child (under or over the age of 4) had little effect over whether the parent smoked.
- Of those who smoked, a higher proportion of males (2 out of 8) than females (6 out of 32) wanted help or support to give up.

#### 4.11 Other comments

We gave respondents the opportunity to make additional comments about services for families with young children in Smethwick Uplands and Londonderry. Respondents could reply in their own words, which have been coded for ease of analysis. Thirty-two respondent gave another comment and of these, 14 said "no" they did not wish to comment.

Thirteen comments highlighted the notion that current local service **provision was inadequate** in the area. Comments included:

*"There aren't many services for families in the area and any services there are, are not appealing"*

*"More facilities, better parks and play areas. More advertisement of facilities e.g. papers. More leisure activities for all age groups"*

*"Some services are quite good but the rest need to be improved"*

*"No services round here anyway"*

*"New mothers sometimes feel isolated and scared to attend groups. It would be useful to have contacts within the home environment"*

*"Just that there doesn't seem to be much to offer young children or to encourage them"*

Services are *"inadequate because you have to travel out the area"*

Two comments related to more childcare and *"more things around where parents can take young children"*. Poor public transport was mentioned by one respondent who commented, *"bus services only go into town, none into*

*Sandwell*". Lack of safety was another issue for one respondent, who felt threatened due to "intimidating gangs of youths" in the area.

#### 4.12 Contact details received

We asked those who participated in the survey if we could take their contact details so they could be sent further information about Sure Start. A total of 87 contact details have been received from these questionnaires.

#### 4.13 Summary of main points linked to Sure Start Objectives

The main findings of the survey have been summarized below and linked to the Sure Start objective to which they most apply. Several of the themes could apply to more than one objective concurrently, thus have been to the objective which most applies.

##### 4.13.1 Improving Social and Emotional Development

- As in the chattabout sessions, **Parent and Toddler groups** emerged as a valued aspect of provision that parents want to see extended. They would like to see a greater number of sessions being offered, and with longer sessions each time.
- The **Toy Library** was another valued aspect of provision, and parents thought there was scope to extend this provision from every six weeks to more frequently.
- Parents requested a greater selection of books for toddlers from the **book library**.
- Parents identified that more activities were needed for children, given the lack of local provision. This is especially the case in the school holidays. **Playschemes** were identified as being suitable to occupy children during these holiday periods.
- **After school clubs** were also identified as being necessary, both in terms of general provision and as a factor that may help parents to take up paid work.

##### 4.13.2 Improving Health

- **Doctors and clinics** were the most highly used service in the last six months. An issue that has been identified is that parents find it difficult to get a Doctor's appointment when they need one.
- Comments relating to **maternity services** and **home visits** from health staff indicate satisfaction.
- A considerable proportion of parents **smoke** both during pregnancy and during the first two years of their child's life, while a proportion of these also would like help or support to give up smoking.

#### 4.13.3 Improving Children's Ability to Learn

- **Parks and playgrounds** were areas of concern in both the survey and the chattabout sessions. Parents expressed concern at the lack of equipment in parks, concerns about safety and concerns about cleanliness levels. Parents also requested separate areas for younger and older children.
- Parents placed value on **outings and trips** for themselves and their children, and wanted to see this provision extended wherever possible.
- The issue of **childcare** was a key concern in both the chattabout sessions and the survey. Parents wanted to see greater provision of playgroups and nurseries, and increased provision of cheaper childcare. The need for respite childcare, having somewhere to leave a child for a couple of hours break, was also highlighted. Increased and improved childcare provision parents could trust was seen as the key factor in enabling parents to take up paid work.
- **Parent and Toddler groups** were another key aspect of provision that parents wanted to see increased and extended in terms of hours.

#### 4.13.4 Strengthening Families and Communities

- Related to a need for information about what is available and happening locally, parents saw **advertising** as a key aspect of provision for families with young children. Improved advertising would enable more parents to find out what is happening in the local area and which services are available.
- More **training and education** was identified as a means of enabling parents to take up paid work, given that just under one third of respondents are in households in which nobody is working.
- More **flexible hours** and **better wages** were also identified as factors which would enable parents to take up paid work, but the key factor was more and cheaper **childcare** provision.
- A total of 87 **contact details** of local parents have been received, and these people will be contacted with further information about Sure Start.



## 5. Recommendations

The recommendations arising from the community consultation and the awareness raising exercises have been presented in two parts:

- a) What changes in services are needed to meet the needs which have been identified, related to Sure Start Objectives
- b) Ways of involving parents, families and communities in the development of Sure Start

### 5.1 What changes in services are needed to meet identified needs

#### 5.1.1 Improving Social and Emotional Development

- Places where parents can meet other parents and where their children can play with other children were very highly rated in both the chattabout sessions and the survey. We recommend that provision of **Parent and Toddler groups** be extended, with the provision of more of these groups, and that the hours these groups run also be extended. It will also be necessary to look at the times of these groups, to ensure that a wide range of parents have access, for example working parents and fathers.
- Services will need to be **local and easily accessible** for parents.
- There is a need for parents to be able to access consistent **information** about what services are available and what is going on in the local area. We would recommend a more coherent and integrated method of letting families know what services are available for families with young children in the area. Increasing provision of sessions such as Parent and Toddlers will help in this dissemination, as parents thought that these informal mechanisms were the best ways of sharing and finding out what is going on in the patch. Information will need to be accessible to parents, and must be translated into local community languages wherever this is needed. Thus **advertising** of services and **signposting** parents to services need to be key aspects of the programme.
- Possible methods of disseminating information may include:
  - Health professionals and members of the Community Support Team (see below) talking to parents about services
  - Information being disseminated through local community groups and organisations
  - Schools to inform parents what services, facilities and support exist in the area

- Advertising material could be posted in local shops, supermarkets, post offices, surgeries, community centres, places of worship as well as through doors
- There is also considerable scope for **health professionals** such as Health Visitors to visit Parent and Toddler groups to provide information, advice and support to parents in a more informal environment. It is likely that parents will welcome this support.
- Parents prefer information and advice to be provided in a more informal way, and to be able to access this support when they need it. Parents requested a '**drop in**' style provision of support and advice, along with increased provision of **support groups**. This additional support could be particularly useful for first time parents and parents with children with special support needs.
- General provision for families with young children needs to be more flexible in terms of opening times. This is particularly important both for working parents and for fathers. Thus '**out of hours**' provision needs to be established, with services available in the evenings and at weekends.
- Parents overall were satisfied with the level of services provided by **Health Visitors and Midwives**. However, there were calls for more support around the time of birth and for greater levels of continuity of care wherever possible. We recommend that a '**Community Support Team**' of workers be established to work with local parents and their children. Members of the Community Support Team could make earlier and more long term contact in informal settings, such as parents' homes, thus providing more long term and continuous health care support. We have called this the 'Community Support Team' as the emphasis is very much on professionals working *in partnership* with the community.
- The need for improved and cheaper **childcare** provision is evident from the consultation, both in terms of general provision, as well as respite care to enable parents to have a break for a couple of hours. Childcare was also seen as a key factor in enabling parents to take up paid work.

### 5.1.2 Improving Health

- While the input of health professionals was greatly valued, there is scope for greater support to be provided around the time of birth, along with providing greater levels of consistency of care. There is scope for more informal support and advice to be provided, and the **Community Support Team** will be ideally placed to fill this role. This support and advice could be provided through community groups, and Parent and Toddler groups and playgroups. The importance here is on advice and support delivery and building a relationship with the parent. This additional support will be of particular use to first time parents and parents of children with special support needs.

- The Community Support Team should also be key in increasing levels of **communication** between health professionals, as requested by some parents in the consultation. Parents want to receive health care services from professionals who are fully informed and providing consistent advice. The Community Support Team should be better placed to deliver more **joined up** health care services, based on increased knowledge of the family.
- Parents requested greater levels of **ante natal support**, to be delivered locally. There is also scope to introduce a **priority appointment scheme** at local surgeries for parents with young children.
- There are practical steps which could be undertaken in terms of what we have called 'positive health support', related to health services for families with young children. The Community Support Team could provide information about problems and what could be done to help, along with practical action support and solutions. The emphasis is on a preventive approach, rather than reactive. Examples may include:
  - A 'take the worry out of illness' approach, drawing on telephone helplines such as NHS Direct, for help and advice for parents with concerns out of hours
  - Providing practical advice, for example on breast feeding, post natal depression and speech problems and other special needs issues
  - Promoting awareness of the risks to young children in the home, along with child safety and information about home safety loan equipment
  - Providing information about healthy behaviour, activity and play
  - Providing information about healthy environments, such as damp and dust in the home.
- There were considerable proportions of respondents to the survey who currently smoke, smoked in the first two years of their children's life and mothers who smoked during pregnancy. There is scope therefore to introduce a **smoking cessation programme** and support for the local community to give up smoking, along with increasing awareness of the impacts of smoking.

#### 5.1.3 Improving Children's Ability to Learn

- The need for improved **parks and playgrounds** has been a consistent issue throughout the consultation. Safe and secure play areas were seen as being essential for young children. Current provision is perceived as being unclean and vandalized, with limited security and equipment. Suggestions to improve parks and

playgrounds included having a park warden and having separate play areas for younger and older children.

- Improving local **childcare** provision was an issue throughout the consultation. This was seen as a key factor in enabling more parents to take up paid work. Provision will need to include more and cheaper childcare, along with more **afterschool** provision. We recommend increasing childcare provision in the area to meet these needs. Parents wanted to see increased general provision, along with more respite provision.
- The school holidays were a time of year in which demands on parents increase. Parents requested **school holiday activities and holiday playschemes** to occupy their children and give them something to do all year round. **Outings and trips** were also valued by parents, and we recommend that this provision increases wherever possible.
- The **toy borrowing** facilities available in local libraries was well liked by parents, and this provision needs to increase or be better disseminated, so that more parents are aware and use it. There were requests for more **books for toddlers** to be available in the local libraries.
- The **toy library** was another valued aspect of provision, but parents thought there was scope for this to be more frequent than ever six weeks as it is now. There is scope for a mobile toy and book library to move around the area to various community organisations and Parent and Toddler groups and playgroups, so that more parents can access this service.
- **Parent and Toddler groups** and **playgroups** are a key factor in improving children's ability to learn, and are valued by parents. We recommend developing and publicizing current and additional groups.
- Parents identified a lack of provision for slightly **older children** (aged 5 to 10 years).

#### 5.1.4 Strengthening Families and Communities

- Improving **childcare** provision was a factor throughout the consultation, both generally and with regard to helping parents with young families take up paid work. This was also highlighted as being needed to enable parents to attend **training or courses**. **After school provision** and the need for **holiday activities** also needs to be increased.
- Given the proportions of parents and children who are living in workless households, there is scope for more information to be provided about **back to work benefits** and related issues. This benefit advice could also be taken into the community and made less formal in an outreach or 'drop in' setting, through use of community

centres and venues, and possibly linked to Parent and Toddler groups or to childcare provision.

- Parents rely heavily on **informal support networks** of other parents. This enables parents to talk to other parents, share information and find out what is going on in the local area. Future services need to build on the importance of these informal networks, and develop these further wherever possible. This is particularly important given requests of parents for more **information** about local services.
- There were **environmental concerns** expressed, relating to levels of crime and safety generally in the area, with specific concerns about graffiti, vandalism and uncleanliness in local parks and playgrounds.
- There is scope to increase the provision of **'family friendly' transport and access**. Parents requested more low floor buses, and generally improved access for prams and pushchairs in the local area.

## 5.2 Ways of involving parents, families and communities in the development of Sure Start

- Given the difficulties experienced in terms of consulting parents, both by face to face interview or by self completion questionnaire, it is likely that Sure Start Smethwick Uplands and Londonderry will need to give careful consideration to methods used to consult and involve parents in the Sure Start programme in future. The difficulties of carrying out the consultation have highlighted that there may be a deep seated apathy among local people, based on the notion that 'nothing ever changes'. Sure Start will need to show parents and the local community that Sure Start will make a **real difference in tangible ways** if parents are likely to want to get involved.
- Ensuring the **sustainability** of Sure Start is a key factor in the development of the programme. The highest level of interest is in parents receiving more information about Sure Start. It is very likely that parents want to find out more about Sure Start and what is involved before committing to join a group working to set up Sure Start.
- **Information** will need to be provided to parents in 'user friendly' ways, free of jargon but focusing on the benefits of Sure Start to local children and the local community. These were highlighted by parents as key – if they know Sure Start will benefit their children and will make a 'real' difference, they will be more likely to get involved. Information will also need to be provided in **community languages**.
- It is important to contact parents who provided their contact details and let them know what difference the consultation has made, and how this will impact on the delivery of Sure Start in the area. They will also need to be kept informed about Sure Start and how their contribution has made a difference, so they can see that change has resulted from the opinions that they expressed. Intensive efforts will

need to be made to overcome the **apathy** experienced during the consultation, to ensure that the programme is parent – led rather than professional – led. Crucial to involving local people in Sure Start will be differentiating between general interest and involvement in a more informal way, and more formal involvement (such as involvement in groups working to set up Sure Start).

- **Advertising and providing information** appear to be key factors in encouraging involvement in Sure Start, as well as ‘word of mouth’ dissemination between parents. There are three key factors in determining the level of involvement of parents:
  - Amount of time parents have available
  - Parents wanting to see Sure Start make a real difference to the lives of their children
  - Using advertisements to let parents know about Sure Start
- Involving parents will need to be carried out in a **‘parent friendly’** way, and fit in with work and other commitments. Meetings may need to take place out of hours, such as in the evenings or at weekends, particularly if fathers and working parents are to be involved. Incentives are likely to increase the involvement of parents, with skills of parents being valued and rewarded. Meetings will need to have crèche facilities provided. Light refreshments are also likely to encourage attendance.
- Careful consideration will need to be given to the **format** of meetings and events with parents. Events should be informal and on a small scale, with seating set up to foster this, for example in an all inclusive way (such as seating laid out in a circle to be less divisive of parents and ‘professionals’). Meetings will need to be kept concise and to time, and not too procedural, given the demands on parents time. Parents should be consulted as to what approach they would like to be adopted, rather than have the structure imposed on them. This advice should be followed through and acted upon.
- It is essential that parents feel an identification with, and **investment** in, Sure Start. Local people may be more likely to get involved in action rather than meetings and talk about what will be or is being done. The emphasis will be on gaining community approval before money is spent, thus carrying the proviso that ideas need to be ‘sold’ to the community, and the community having a ‘real’ say in outcomes. This will act as a ‘check and balance’ on spending and priorities. We have two suggestions to ensure this happens:
  - Giving parents a notional budget to spend (to be spent on their behalf by Sure Start Officers)
  - Setting up an Action Advice Team made up of parents, whom Sure Start Officers have to consult before money can be spent, or providing parents with the casting vote on such decisions

- In the long term, this is likely to provide a structure for community management of the Sure Start programme, for example by involving local parents on the Steering Group in a natural progression emerging implicitly from this structure, rather than one imposed from the outside.