

Sure Start Balsall
Heath

Sure Start Balsall Heath

Final report



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1. Purpose, method and format

1.1 Purpose and Objectives

M.E.L Research was commissioned by Sure Start Balsall Heath (a third wave Sure Start) in July 2002 to undertake a Parent Satisfaction Survey in the Sure Start Balsall Heath area.

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:

- 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

Sure Start programmes have four specific objectives:

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

The purpose of the consultation was two-fold:

- To establish baseline levels of satisfaction with the quality of services providing family support
- To inform the future planning and delivery of Sure Start services

A key feature of the consultation was that it would provide baseline information and be replicable over time, to enable comparisons to be made.

More specifically, the objectives were:

- To obtain reliable information about Sure Start families in the area
- To identify the extent to which members of the family obtain Sure Start services now
- To find out whether services meet the needs of local parents
- To find out if they are interested in receiving a Sure Start service
- To plan and carry out the briefing and training for interviewers working on the study

- To carry out the work in consultation with and involving local people, especially parents, and it was important to avoid creating unrealistic expectations or an adverse image of Sure Start
- To ensure cultural sensitivity at all times

1.2 Methods used

A complementary approach to elicit both quantitative and qualitative information was used in the consultation:

- 300 household interviews were completed with parents or guardians of at least one child aged 4 or under, who lived in the Sure Start Balsall Heath area
- Four chattabout sessions were held with community groups in Balsall Heath

We were keen to work with local people both as information providers and information gatherers.

1.2.1 Chattabout sessions

Four chattabout sessions were held with groups of local parents. These sessions were designed to be informal and interactive, and aimed to establish perceptions of services and unmet need in the Balsall Heath area. Further information about the arranging of the chattabout sessions and the approach taken is presented in section 1.3.

1.2.2 Survey of local people

A total of 300 face-to-face household interviews were completed between November 2002 and January 2003 with residents who lived in Balsall Heath and who were the parents or guardians of at least one child aged 4 or under. Further information about the survey component of the research is presented in section 1.4.

1.3 Chattabout Sessions

1.3.1 Arranging the sessions

In order to involve the local community as much as possible, existing groups were approached and invited to participate in this stage of the consultation by helping to organise chattabout groups at their own venues or making their users aware of the meetings being held for them. Venues for the sessions were decided on by Sure Start Balsall Heath.

Sessions were held as follows:

- The TASC Project Manager at Tindal School was contacted and a session for parents took place on Wednesday 9 October 2002. Parents who attended were users of the facilities at the school.

- Parents were recruited from the Parent's Forum and the session took place at St Paul's Nursery with parents on Wednesday 16 October 2002. A translator was also present.
- The third session was held with parents from Heathmount School and took place on Thursday 17 October 2002 in the school hall. A translator was also present.
- The final session was arranged at the Hazrat Sultan Bahu Trust on Tuesday 22 October 2002 and participants were parents of young children in the local area.

Posters were sent to these organisations where necessary, and these are included in the appendix.

Refreshments were provided for all participants, and a £5 gratuity was given as a thank you for those that attended.

The provision of a translator was offered in each session, and a translator was provided at three of the sessions.

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 thirty-three participants in the chattabout sessions with parents. An M.E.L Research researcher facilitated each of the sessions.

Eight parents took part in the session at Tindal School. They were randomly invited to attend by the TASC Project Manager. The group contained seven mothers, an older sister of one of the children who attended the playgroup, and a member of staff who translated and who was also a mother. All eight of the participants who attended the session had at least one child under four.

The Parent's Forum chattabout held at St. Paul's Nursery had six participants. They were all mothers with at least one child under four. A translator was also present.

Ten local parents attended the chattabout session in the school hall at Heathmount School. Nine parents had at least one child under four and the group contained one father and nine mothers. A translator was also present.

At the Hazrat Sultan Bahu Trust chattabout session, a total of nine parents attended the session. All had at least one child under four, and the group consisted of five mothers and four fathers.

Table 1 details the demographic profile of those who attended the four chattabout sessions.

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

Total attendees	Gender	Ethnicity	Area of residency	Children under 4	Children over 4
33	5 male 28 female (2 pregnant)	21 Pakistani 4 Arabic 1 British Asian 1 Black African 1 Indian 1 White and Black Caribbean 1 White British 1 Arabic British 2 Not stated	28 Balsall Heath 1 Moseley 4 Not stated	45	49

1.3.3 Approach adopted during the chattabout sessions with parents

In order to get participants thinking about the issues, each of the groups were asked to think about the good and bad things about services, facilities and support for young children and their families in the Balsall Heath 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.

Parents were then asked to consider the period between pregnancy and the first four years of their child's life on a prepared central timeline (on flipchart paper). On one side of the timeline, groups were asked to indicate what support, services or facilities they used and on the other side they were asked to suggest any services, support or facilities they would like to have used by couldn't. These were written on post it notes both by participants and the facilitator and placed on the timeline.

The next stage of the session focused on discussing some of the facilities, support and services highlighted on the timeline and talking about what was good and bad about them and what improvements were needed. There were also specific questions with regard to support after the birth of a baby and smoking. Parents were then asked to highlight what barriers currently existed that prevented local parents from accessing services and to share ways in which Sure Start could involve more local people. They were then asked to write down 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, 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. They were then given a sheet to complete, asking for some demographic information, which have been summarised above (Table 1). 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 29 names and addresses were received from parents attending the sessions. An additional grandmother left her details after a chattabout session had taken place.

The sessions were tape recorded and notes were taken by the facilitator.

1.3.4 Analysis and reporting

The findings of the sessions have been reported thematically in Chapter Two, with illustrative quotes provided where appropriate.

1.4 Survey of local parents

A total of 300 face-to-face household interviews were carried out in November 2002. There were two conditions for eligibility to take part in the survey. Respondents had to:

- Live in the Sure Start Balsall Heath area
- Be a parent or guardian of a child aged 4 or under

Interviewers were provided with a copy of the Sure Start boundary map so they could check whether respondents live in the Sure Start patch.

If these criteria were not met by the person opening the door, interviewers were instructed to ask if there was anybody else in the house eligible to participate in the survey.

1.4.1 Questionnaire Design

The questionnaire was designed in consultation with Sure Start Balsall Heath. Prior to the design of the questionnaire, there was considerable discussion among the Steering Group as to what the survey should measure. This was an ongoing process during the design of the questionnaire. At every stage of the design stage, each draft questionnaire was circulated for comment and feedback incorporated wherever possible.

Other Sure Start programmes were contacted and baseline surveys requested, to provide examples of questions and approaches used.

It was agreed that the survey should measure:

- Use of services/amenities
- Satisfaction with these
- Unmet need/gaps in provision

The final questionnaire included questions on:

- Awareness of Sure Start and use of Sure Start services
- Use of services for young children
- Levels of reading to children at home and library membership
- Use of health services and special health services
- Satisfaction with health services
- Use of support services
- Barriers to using services
- Improvements for families with young children

- Smoking, smoking during pregnancy and first two years of child's life
- Levels of community involvement
- Measures of Social Capital
- Employment and training

The questionnaire also included demographic questions such as age, gender and ethnicity. At the end of the questionnaire, a telephone number was requested, so a random callback could be made on at least 10% of questionnaires to ensure the interview had been carried out properly.

Given the wealth of questions that could be included, the questionnaire was limited to topics for which information could not be gathered in any other way. A copy of the questionnaire used in the consultation is included in the Appendix.

Showcards were used for key questions (a copy is appended).

The questionnaire also included provision for parents to give their contact details if they want to become registered as a Sure Start parent. A total of 236 contact details have been received.

1.4.2 Piloting

Two versions of the final draft questionnaire were piloted in the Sure Start area. Six questionnaires were completed in the week commencing 14 October 2002, including a visit to Tindal School on 17 October 2002. Following revisions, a further three questionnaires were piloted in the week commencing 28 October 2002.

1.4.3 Recruiting local interviewers

We were keen to work with local people as information gatherers, as well as information providers. To this end, we sought to involve local people as interviewers. Interviewers were recruited in the following ways:

- A summary briefing pack was sent to Sure Start Balsall Heath, including an overview of the interviewing and posters to be distributed (appended)
- Local people responded to these posters either directly to M.E.L Research or to a local Sure Start representative, and these details were collated by M.E.L Research
- A list of interviewers who had participated in another local study was provided, and these were contacted and invited to participate

The contact details of approximately 60 local people were received and these were invited by letter and phone to a briefing session.

The interviewing was carried out predominantly during Ramadan, and this may have limited the availability of local people in participating in the survey.

1.4.4 Briefing of local interviewers

A briefing session was held on 15 November 2002 at the new Sure Start building on Malvern Street. A crèche was provided. A total of 37 local people agreed to attend, and all were sent a confirmation letter. Nineteen local people attended on the day, 8 of whom decided to begin interviewing. The main restriction was the impact on benefits of carrying out short term paid work, despite the interviewing information that was circulated clearly stating that the work would be paid in the normal way.

During the briefing session, interviewers were taken through the MRS (Market Research Society) Codes of Conduct, provided with some background to surveys and research, and taken through the specifics of the project. Then, there were trial runs through the questionnaire, and time for questions. A briefing note was given out to interviewers (appended). Interviewers were allocated an area and instructed to call at every house in their round, keeping a log of each house called at, so they could return to those at which no response was received. Interviewers started at different points in each area, to prevent just a few streets being covered. Interviewers were provided with identification badges and letters of authorisation, and the police were notified of their presence in the area.

The local interviewers possessed a wide range of community languages, and if a respondent needed to be interviewed in another language, fieldworkers were asked to note this and let the Fieldwork Manager know, so an interviewer could be sent.

Eight local interviewers began the interviewing. Six of these subsequently dropped out, with issues arising including the length of the questionnaire, difficulty in finding eligible respondents willing to participate, and the time of year (weather and the dark evenings).

Completed questionnaires have been collected regularly by the Fieldwork Manager, and approximately 70 questionnaires were completed by local interviewers. M.E.L Research fieldwork staff completed the remaining interviews.

1.4.5 Sampling

The Steering Group had a list of parents from the South Birmingham PCT child health database. However, the Department of Health Research Governance recommends seeking Local Research Ethics Committee approval prior to accessing this list, the timescales of the study did not allow this to occur. Subsequently, the area was divided into four neighbourhoods and a sampling frame drawn up (appended), based on the number of children under the age of 4 in each neighbourhood.

Interviewers were allocated a 'round' of houses to call at along with a random start point and instructed to call at every door in that round, and keep a log of the houses called out and whether possible respondents were in or out. Once each round has been covered, interviewers returned to those houses at which no response was obtained, at a different time of the day.

Table 2 shows the target interviews and actual number of completed interviews.

Table 2: Target and actual interviews

Area	Target interviews	Actual interviews
Area 1 (Brighton Road to Brunswick Road)	78	76
Area 2 (St Paul's Road to the Middleway)	99	111
Area 3 (Edward Road to the Middleway)	81	97
Area 4 (Edgbaston Road to Edward Road)	42	16
Total	300	300

1.4.6 Analysis and reporting

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 questionnaires 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 key demographic determinants.

1.5 Format of the report

Chapter Two contains the findings from the chattabout sessions and Chapter Three the findings of the survey with local parents. The report concludes with recommendations for service delivery for families with young children in Balsall Heath.

2. Findings of the Chattabout Sessions

This chapter presents the findings of the four chattabout sessions with parents in the Balsall Heath area. Findings specific to each group have been presented.

2.1 Good and bad aspects provision

Table 3 presents the good and bad things suggested by participants in the four sessions with parents.

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

Good Things	Bad things
<ul style="list-style-type: none"> • Play group • Library – Balsall Heath • Childcare courses at Tindal School • ESOL classes at Tindal School • Birmingham Sports Centre – for football, gymnastics and karate • Moseley Church – Cubs and Brownies • Nurseries • Crèche • Mother and Toddler – Balsall Heath Clinic • Sure Start • Swimming Pools – Moseley • Parks • Doctor • Midwife • Health Visitors • Transport • Arabic school open Mondays • There are plenty of schools • Have a crossing patrol • Shopping area • Local schools • Education Centres • Nursery – St Paul’s • Asian community • Chemist • No language barrier • Advice centre 	<ul style="list-style-type: none"> • Lack of interpreters • Security – no police in the area • Speeding • Rodents, mice • Litter problems • No indoor play centres – soft play • Sports centres don’t cater for the under 4s • No buses running from Church Road and Ladypool Road • Not enough provision on buses for pushchairs • Parking is a problem • No full time playgroups • Lack of crèche facilities – especially in the afternoon • No play areas in the park • Lack of playgrounds that are safe for toddlers • Park is not really suitable for under 8s • No zebra crossings on Lincoln Street or Balsall Heath Road • No shelter in the parks for parents to sit – Calthorpe Park • No crèche in library • No under 5s facilities • Car chasers • Drug dealers • High staff turnover in day nurseries • Not enough facilities/toys for children • No computers for kids • Not enough toys, games and books for children • A little violence

	<ul style="list-style-type: none"> • No parking spaces • People are not interested in education • Shortage of nurseries • Libraries aren't child friendly
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2.2 Good and bad aspects of provision

Although parents listed a variety of good things in the area, positive comments were often marred by other factors, which are discussed below.

2.2.1 Childcare provision

The parents at all of the chattabout sessions identified certain childcare facilities that were of help in the area. Participants at the Parents Forum session liked the crèche facilities on Monday, Tuesday and Wednesday mornings at St Paul's Nursery. Participants at the HSBT session agreed that the St. Paul Nursery was a good resource for the community, but they considered it to be the only nursery in Balsall Heath. Parents at the Heathmount session found the school nursery and playgroups useful. They also believed St. Paul's nursery to be a good resource, but thought it was too far for them to travel to and wanted something of a similar quality close to where they live.

Participants at the Parents Forum session considered the provision provided by Sure Start to be invaluable. One mother remarked, *"Only Sure Start's good. There's nothing else that's good"*. Another mother at the Parents Forum believed that using the facilities would help her child get a good start in life. She shares, *"my child is three and a half, he speaks fluent English, he can understand everything because I have been taking him out, not to playschemes but to other things, but then the lady who was sitting next to him who doesn't go anywhere, her three and a half year old child and my three and a half year old child would have a lot of difference because she doesn't take him out to certain facilities. His start in life is going to be a bit different"*. Some mothers at the Parents Forum session don't take their children to playgroups

Although parents at the Tindal School session had *"no real problems"* in terms of childcare, they thought the school playgroup could be extended to full time as it currently runs for *"only two hours"*. Moreover it was thought there should be generally more childcare services available. In particular, Tindal School parents thought more indoor play centres for young children would benefit the community. Parents at the Forum wanted playschemes to be available in the holidays. This was considered to be particularly useful for parents with little support in the home. The interpreter at the Parents Forum remarks, *"In the holidays when the kids are off school could do with a play scheme cause she doesn't have much family around there's not places where she could leave the children and just go and have time to herself"*.

A father at the HSBT session considered the crèche at the HSBT to be unpredictable in terms of quality as staff members come and go. He explained, *"sometimes you get staff who really know what they are doing and*

other times you get staff who are new to the scene - not very qualified". He thought the crèche was poorly resourced in terms of equipment for the children to play with. He also considered the ratio of staff members to children at the crèche to be unsatisfactory. He comments, *"you might get one [member of] staff looking after 10 – 15 children, whereas I think if you have maybe two or three staff it's better. It's better organised and they can motivate the children more"*. He goes on to comment, *"My idea is to have a good head start for my children rather than just dumping them. At times I feel that I am dumping them, which I don't want to do"*. Clearly this particular parent believes there could be an improvement in how the current crèches are run.

The chattabout sessions also highlighted the fact that a lack of crèche facilities prevents parents using some services. For example, mothers at the Parents Forum expressed an interest in going to the gym, *"but no crèche facilities"* was regarded as an inhibiting factor.

2.2.2 Leisure facilities

Parents at the Tindal School group identified Birmingham Sports Centre as a good leisure resource for families. One parent remarked, *"they do football, gymnastics and karate"* there. However, the general consensus from the parents were that sports centres don't cater for the under 4s. Moseley Church was mentioned as a place where children can go to cubs and brownies. Moseley Swimming Baths was another facility parents reported using.

2.2.3 Libraries

The library was viewed as a good resource although parents at the Heathmount session didn't think the staff were very child friendly. One parent commented, *"you get shushed if you make noise. I mean there's no crèche"*. Another problem parents in the Heathmount group identified was a lack of awareness of facilities. One commented, *"there's a library on Moseley Road, but it's not promoted, it's not used enough"*.

Some Tindal School parents didn't feel comfortable using libraries as the facilities were only in English. A small number suggested having additional languages in the signposts to make families more comfortable using the service.

2.2.4 Parks

Although local parks in the area such as Brunswick Road Park were thought to be a useful resource, parents thought improvements could be made to cater more specifically for families with young children. Play equipment within the parks were also thought to be unsuitable for young children. One Tindal School mother comments, *"playgrounds round here are terrible for under fours. I mean they're not particularly good for the older ones"*. Safety in the park was considered to be another factor as parents claim, *"if you take your kids to the park you have to really watch out for the roads and stuff"*. Furthermore Heathmount parents found *"the park on Mary Street"* and *"Calthorpe Park"* to be unsuitable for families with young children because it is used by the older boys in the community. Parents don't think current parks are

utilised to their full potential as they mainly consist of playing fields. Parents would like to have places in the park where families can sit and children can be watched safely. A Heathmount parent shares, *“when you go to the park, its all teenage boys. It’s not a place [for families] from any culture. There’s no family areas where parents can sit and watch their children”*.

2.2.5 Community involvement

Parents in the HSBT session thought that the area has a good Asian community and parents at the Heathmount session liked that there was Arabic school available on Mondays. However, a father at the HSBT session commented that there should be more community involvement and, *“more parents meetings for the local parents to discuss further”* issues relevant to them.

2.2.6 Courses and education

Parents in the Tindal School session liked the childcare and ESOL courses provided at the school, although they thought courses should have free crèche provision. It was also mentioned that more should be done to inform parents about what courses are available in the area *“we don’ t know what courses are going on until we come here (to Tindal School). There should be some leaflets or more advertising to let us know”*.

2.2.7 Health services

All of the parents used health services such as Doctors, Nurses, Midwives and Health Visitors. Many parents found it difficult attending health appointments due to barriers related to community languages. Parents at Tindal School talked of the problems of having to arrange someone to be with them for their appointments. Parents commented, *“there’s a lack of Arabic translators. Even though it’s a multicultural area, you don’t get a lot of interpreters”*.

2.2.8 Road safety

Parents thought that there was a lack of safe crossing areas for children. One mother in the HSBT session commented, *“Road crossings are a big problem here. All these roads around here off Ombersley Road are tight...Drivers are concentrating on the road and...kids are getting knocked over, so we need an area where there’s zebra crossings, flashing lights whatever, so children know they can cross safely”*.

2.2.9 Public Transport

Parents at the Tindal School session mentioned that there is a shortage of buses running from Church Road and Ladypool Road which was a problem as they *“have to walk quite a distance to get the 50”*. In addition, mothers didn’t think there was enough provision for parents with pushchairs on the buses, and that they are overcrowded. One mother shared, *“buses used to have 4-5 spaces for pushchairs, but they’ve just redesigned the buses. So if*

it's market day and you're trying to do your shopping, it can be really stressful. We have a lot of buses, but they're always packed".

2.2.10 General safety

Parents generally found security a problem and they wanted to see more police on the beat in the area.

2.3 Parents from the Antenatal stage to 4 years – what is used and what would be helpful?

Table 4: Ante natal to 1 year – What is used and what would be helpful?

What we use	What would be helpful
<ul style="list-style-type: none"> • Hospital checks • Doctors • Health centre • Midwives • Health Visitors • Swimming once a week- ladies only • Antenatal classes 	<ul style="list-style-type: none"> • Information on childcare when pregnant • Local health check ups • Crèche facilities and day care • More support from Health Visitors • More translators • Special support for first time mums • Meetings with expectant mothers • More time for you with the child • Somewhere to rest and be pampered • School bus to take other children to school • More exercise classes • More information and help with translators in hospital • More support from midwife • More regular checks for first time parents • More understanding from health professionals • More long term support after the birth • Family planning in different languages

2.3.1 Health Care

Parents at the chattabout sessions were asked what services they used from pregnancy to birth. One HSBT mother commented, *"I'm pregnant at the moment and I don't use any. All I do is get to my appointments and back"*. This seemed to be the general consensus amongst the groups. Issues were raised about the *"long waiting lists"* and infrequent support from Health Visitors. A mother at the Parents Forum session remarked, *"my Health Visitor didn't turn up for the five week check up so after that I didn't bother going"*. Another issue highlighted was that some mothers had to go the Women's Hospital in Edgbaston, which was considered to be too far for mothers to

travel. It was suggested, *“a health centre here (in Balsall Heath) would be nice”*.

Participants in the session at Tindal School mentioned that Midwives *“sometimes came to the home”*, but that was all they claimed to receive in terms of support from health professionals. Mothers at the Parents Forum thought the, *“community midwives that sit at the Edward Road Clinic “ were good and provided them with useful information. One mother claimed, “she’s (midwife) the one who told us about the swimming [classes]”*.

With regard to antenatal classes, there were varying opinions about whether parents thought they were useful. One mother in the Tindal School session, *“thought they were terrible”* as she was *“only offered two half hour sessions”* and thought they didn’t teach her anything she needed to know. Conversely another mother thought the classes were invaluable and believed she had gained a lot from the classes. She shared, *“at the start of the class she actually asked us what we wanted to know. She actually explained things and each time we went we learnt something new. [I] went to about four or five lessons. When I delivered, I couldn’t have done it without my antenatal classes. It really helped me. I managed to cope on my own... there were no midwives until the last ten minutes. It was through the antenatal classes that I knew what to do”*.

In relation to translation services, some mothers at the Tindal School session did have access to interpreters or health professionals who spoke their language on some occasions. One shared *“after the birth of their children, somebody talked about contraception with them and they did have somebody who spoke their language”*. Another commented that her midwife spoke Urdu. Although some mothers noted occasions where they were able speak with health professionals in their own community language, many didn’t think there was adequate provision and overall, the biggest problem was they *“haven’t been able to pass their views across to the doctors or anyone else because they haven’t had translators”*.

More support was considered to be important immediately after the birth of the child. One parent commented, *“once the baby’s born the mum’s kind of left to it, with a screaming baby and the mum’s going mad”*. Moreover, a mother at the Parents Forum session shared how she needed more support after a caesarean. The interpreter translated, *“She didn’t get much support after a caesarean. She didn’t have her family round her and because she had other kids to look after sometimes days went past without even cooking and the other kids were hungry. She couldn’t cook cause of the pain. A little bit of home help would of helped”*. Additional support was also thought to be needed for first time mothers. One father recalls, *“the first time she didn’t know what was happening to her, her body changed, many questions she asked”*. The parents at all four sessions thought there should be more support available from the Health Visitors to regularly check on mums to make sure they are coping adequately.

2.3.2 Childcare

Parents wanted to have more childcare provision for the under 2s so they could continue with education and employment after the birth of their child. A

pregnant woman commented, *"I'm getting educated here now, and I'm a bit worried about what's going to happen near the end. I'd be more confident and more comfortable knowing that there is a safe crèche area and good people looking after children, really young children. Because I've got to carry on my course. It's a two year course. We need ... people who are definitely going to be there to look after the children"*. Quality childcare from the time a baby is newborn was something the Balsall Heath parents considered to be important. Parents at the Heathmount School session highlighted the fact that some places only offer crèche facilities if two or more children attended. They thought this was unfair and remarked, *"if they offer courses they should be able to offer crèche facilities...they should be able to offer it for one child up to ten children"*.

Pregnant mothers also wanted to have childcare for their toddlers so that they could have some time to themselves. A mother at Tindal School also discussed the difficulty of taking her older children to school when pregnant and suggested that a school bus to take her children to school would be a big help.

It was suggested by parents at the HSBT session that families should receive information on nurseries, crèches and schools when the mother was pregnant. One mother reasoned, *"then you can go round investigating which are the best ones. Because some of us don't want to sit on at home; we want to get out, get an education, get work"*. Many parents find continuing education difficult, as there usually aren't crèches available for newborn children.

2.3.3 Leisure facilities

Parents liked using the local swimming pool for exercise whilst they are pregnant, but frequent use is not possible for Muslims as the women-only service only operates one day a week.

Mothers would also like to receive more information about exercise classes available in the area and thought there should be provision for childcare so mothers could attend classes if they wished. A Tindal School mother reasoned, *"when your child is born, your mind is all over the place and if you haven't got anyone to look after the child while you're exercising it's difficult"*.

Table 5: 1 year to 4 years – What is used and what would be helpful?

What we use	What would be helpful
<ul style="list-style-type: none"> • Playgroup and Stay and Play at Nelson Mandela • Playgrounds • Crèche at 2 ½ years • Nursery from 3 ½ years • Reception at 4 years • Some parents at Heathmount School didn't use any services 	<ul style="list-style-type: none"> • Something where under 2s can be looked after for a few hours once a week • Swimming • Yoga • More cultural awareness at hospitals • More advertisement about groups • Trips • More play groups • More information about immunisations • After school clubs

2.3.4 Health services

Parents thought that health services were often too far away and the times often inconvenient for working parents. The standard of service at the hospitals was considered to be poor by many of the parents in the sessions. One parent remarked, *"I think the way hospitals treat you is very poor. They work like a robot. For us new mothers, they don't really think we might be scared or whatever. They need to take more care. They need to be more polite in what they do"*. It was suggested that having a community midwife on a regular basis would be a good idea and would be able to provide more information on immunisations for their children.

Another issue highlighted was that hospitals are not very culturally aware of Asian women's needs when they go for appointments, and sometimes they receive a poorer service because of this. One father recalls, *"I've noticed a couple of times, there was an Asian girl, young girl, maybe the first time she's been and there was a male student. He wanted to check her and she refused and they sent her back and gave her the next appointment ... I just think they're bad"*. Moreover, as some mothers have to stay indoors for a month after the birth of their child, they are unable to access the health services so it was suggested that arrangements should be made for Midwives to visit them in the home.

2.3.5 Childcare

A mother at the Tindal School session wanted to use a facility that looks after small children for short periods of time without the presence of a parent, thus respite care provision. The interpreter commented, *"her son's only one and a half so she can't leave him. She says it doesn't benefit her because she's got to finish her housework then come up here (Tindal School), stay with him and then come back with him. It doesn't give her time to go home by herself, do her thing and then come back for him because he's that age"*. Parents at the Heathmount School session also thought it would be a good idea to have

somewhere they could leave the children so they could go out for the day, *“even if its just into town where they can do their shopping, but with qualified staff”*.

2.3.6 Leisure

Parents at the HSBT session wanted to see more activities available for children in leisure centres and in the holidays. A father commented, *“They should think about the one year olds, because they only really think about two and a half, three year olds in terms of activities. Whereas if they start from a younger age... Want a leisure centre for mums and the kids, or parents and the kids...also sporting events for parents and the kids”*.

2.3.7 Smoking

Parents were asked if they had received sufficient help to give up smoking if needed. Only three participants at the four sessions were smokers. They didn't think there was enough support available to give up. One mother commented that GPs should do more for pregnant mothers who smoke by providing free nicotine patches *during* the pregnancy rather than after the child is born. She acknowledged the baby would start off receiving the equivalent of twenty cigarettes a day via the patches, but reasoned she could gradually reduce the intake. She shared, *“so by the time I'm half way though my pregnancy, I could be on about five a day or something”*.

A HSBT mother whose husband smoked remarked, *“I don't think there is [enough help] because my husband, I've given him numbers and things but he's not... He says its just talking on the phones and I'd rather talk to you (his wife) about it”*. Clearly smokers think there should be more available to help them give up.

2.3.8 Education and learning English

For those participants who didn't speak English, learning the language was considered to be important for both the parent and their children. Some suggested having provision where mums can *“learn their ABC”* with their child. According to the parents at Heathmount School, there also seem to be problems with the frequency and quality of the English classes available. The interpreter explained, *“They're prepared to learn English, there are no classes. They were promised classes... we've got one in the school, but it's just two classes a week with one tutor. But she (the parent) can't speak English and the tutor is English and all the pupils are Asian. There's nobody actually Arabic there so they're not catering for all the different cultures and all the different languages. Could do with an Arabic translator in the class”*.

2.4 Improvements

Table 6 highlights the suggestions of local parents for improvements in the Balsall Heath Sure Start area.

Table 6: Key themes to emerge from the chattabout sessions about improvements for the area

Improvements
<ul style="list-style-type: none"> • Indoor play area where care staff look after the children (in the park) • More nurseries • IT club for kids • More day care • More playgroups • Outreaching and home visits • More staff who are qualified • More educational software and toys, games for children • A lot more crèches in places of work as well as educational facilities • Free crèches • Counselling facilities for children • More information and in different languages • Friendly person to accompany them to meetings to understand their culture • More translation • Open advice centre • Need an Arabic Association – Yemeni Association already exists • Nurseries with staff from the same culture • To be able to use the parents room at Heathmount School • More chance of 'drop in' childcare • More full time nursery places • Better antenatal classes • Exercise/yoga during pregnancy • Something for under 2s • Better transport – not enough room on the buses • Involvement – trips • Specified play area for under 5s • Better park facilities • More support groups for behavioural problems • Something for fathers

2.4.1 Better parks and leisure facilities

Parents wanted to see an improvement in park facilities as they thought it would be a good way for parents and children in the community to meet. Parents also thought it would be beneficial to have somewhere in the park where families can go if it rains. One mother recalls, *“when I was young I used to live in Small Heath and I used to go to a play centre inside the park so when it was raining, we were indoors, children of all ages were in there, playing doing activities. Parents were welcome. There had staff there and they were really nice. Something like that would be nice cause there’s plenty of parks, but there’s no indoor place. If we had an indoor place... [the] community could get together and get to know each other”*.

Another suggestion was to have indoor cricket facilities and other sports facilities. One father suggested, *“maybe facilities such as martial arts and kickboxing while they’re still young”*.

2.4.2 More community involvement

Parents were dissatisfied with current levels of crime in the area. Some participants have noticed drug dealing going on in the area and don’t think it’s a healthy environment to bring up children in. A mother at the HSBT session commented, *“There’s a lot of junkies in Balsall Heath. I’ve seen all sorts of dealing going on right outside my house. I don’t like seeing that. Especially when I’ve got a kid on the way. I wouldn’t want my kid to see that. He’d clock on sooner or later. He may even be offered drugs”*. The groups suggest having some sort of neighbourhood watch in the area to combat this problem as well as CCTV cameras, although they think the police should be able to provide a better service to the community.

Parents also wanted groups to be established where parents could meet and discuss issues of concern. In particular, it was noted that there were a lot of Arabic families in the area so they wanted an Arabic Association to be set up, similar to the current Yemeni Association established through Sure Start.

Parents at the Tindal School session were also keen to see the level of community involvement increase in the area and suggested not having a *“recognised community centre”* was a possible contributing factor.

2.4.3 More childcare

Parents wanted to have more day care such as playgroups, crèches and full time nurseries. Some Arabic families wanted a culturally specific service where the staff looking after the children are from the same culture. There was also mention of more educational software and toys available for the children, and these activities were linked to the idea of provision of respite care. Parents commented, *“we don’t mind making a small contribution to know that our children will be watched for an hour. So parents can go for a coffee”*.

2.4.4 More support facilities

Parents thought they would benefit from an open advice centre where they could ‘drop in’ and see somebody if they needed help or advice. Outreach services to families that need this were also seen as being important, as well as support for children with behavioural problems.

Parents at the Heathmount School session suggested having, *“a friendly person from the school to accompany them, to show them even if it’s just for once so they can build up the courage to go. They want someone to accompany them, to translate to explain to give information. Someone who understands their culture”*.

The issue of culture was considered to be very important and parents believed that there needs to be more support in teaching parents how to encourage their children to develop and get a good start in life. A parent at the Heathmount School session commented, *“they’re coming in from other*

countries from Asia, Yemen, Saudi Arabia, all the different countries and they don't have all the knowledge that is available. If they could have somebody from the same culture to show them... There are a lot of educated Asian, Arabic and Indian people, but they're not taking advantage in letting them do these sort of maternity classes, and after birth classes".

2.4.5 More information about services

Parents wanted information to be available in a variety of languages and would like translators to be available more readily. It was suggested that information should be distributed via posters and leaflets through the door.

2.4.6 Education

Parents who are learning English find it difficult because often the ESOL tutors at the colleges they attend are English. A parent remarked, *"how can they communicate with their students? They need their own tutor who can explain things".*

2.5 Factors affecting future involvement in Sure Start

Parents were also asked what would help increase access to Sure Start services and services in general.

2.5.1 Information on activities and services in the area

The most important thing parents considered to be key in increasing the likelihood of future involvement in Sure Start was to distribute more information about what is available in the area. Parents welcomed the idea of receiving information in the form of leaflets to their homes as well as, *"through schools... shopping centres, doctor surgeries and libraries".* A Tindal School parent suggested putting information or leaflets in the Voice newspaper.

2.5.2 Clear information about what Sure Start is

Many of the parents consulted hadn't heard of Sure Start or had a lack of understanding of what Sure Start is. One parent commented, *"Sure Start is a very difficult name. People don't understand if you say Sure Start".*

Another concern was the manner in which information is presented and parents were keen that Sure Start do not use *"all that jargon. Because they use all these big words and parents are like "eh, eh eh? What's this, what's that?" and they're not interested, they lose track of it and they don't want to go back again".* So the information needs to be presented in a way that is easy for people to understand. It was suggested by the Tindal School group that Sure Start should provide a simple leaflet explaining what Sure Start is using headings such as *"What is Sure Start?"* and *"Why would it benefit me?"* Another parent commented, *"[Sure Start] just assumes that everyone knows what's going on".*

2.5.3 Information available in relevant community languages

Arabic and Urdu were considered to be the main languages required. Parents at the HSBT session shared, *“Urdu is the main one. Basically Indian, Pakistani and Bengali people, they do understand Urdu overall”*.

2.5.4 Activities to engage parents and their families

Many parents were keen to get involved, but were not aware of activities where they could get involved. Social events such as open days and sports days were things mentioned. However, parents emphasised that provision should be made for children to keep their interest such as a *“clown maybe”*. Another suggested *“I think trips are a good idea. We went to Cadbury’s World and it was free or really cheap”*. Day trips out of the area were therefore considered to be an additional benefit to the community.

2.5.5 Establishing informal feedback channels

Parents would be more likely to get involved if they could put their ideas forward as a group. A father at the HSBT session commented that the community, *“needs more people like you (the researcher). They need people to come round their houses and arrange meetings. So they can explain ... their problems”*.

However, it was noted that some of the existing meetings were not considered to be too formal and uninviting. A parent remarks, *“The meeting are all, I don’t understand and I don’t want to go. They need to actively involve parents and make sure they understand what’s being said. If you ignore them, they’re not going to come back. It doesn’t have to be all big words and keep your mouth shut”*.

One parent shared, *“if you haven’t got the confidence to go out and find out you end up not getting involved. People in Balsall Heath Sure Start must be aware of the sort of places where young parents go and actually they can go out and talk to parents within Balsall Heath rather than expect parents to come somewhere that might be quite scary for them”*. So as well as establishing comfortable channels, the parents also wanted to see more staff taking an interest and actively engaging parents to take part or to become involved.

2.6 Getting involved in Sure Start

At the end of the sessions, participants were handed out a sheet to complete asking for some demographic information and detailing possible ways in which they could get involved. A total of 31 participants wanted to get involved or find out more about Sure Start.

3. Survey Findings

3.1 Introduction

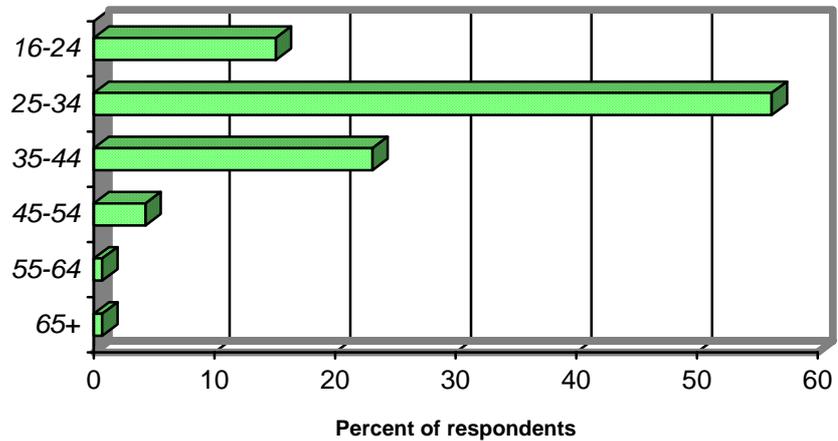
This chapter presents the findings of 300 interviews carried out with parents or guardians of children aged 4 or under between November 2002 and January 2003, by face to face household interview in the Sure Start Balsall Heath area. All percentages are expressed relating to the number of respondents 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 – languages spoken in the home, gender of respondent, age of respondent, weekly earnings, long term illness, ethnicity and comparisons between respondents with children aged under 2 only, over 2 only and those with at least one child both under 2 and over 2. 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. When Balsall Heath or the Balsall Heath area is referred to, this refers to the Balsall Health Sure Start patch.

3.2 Profile of respondents

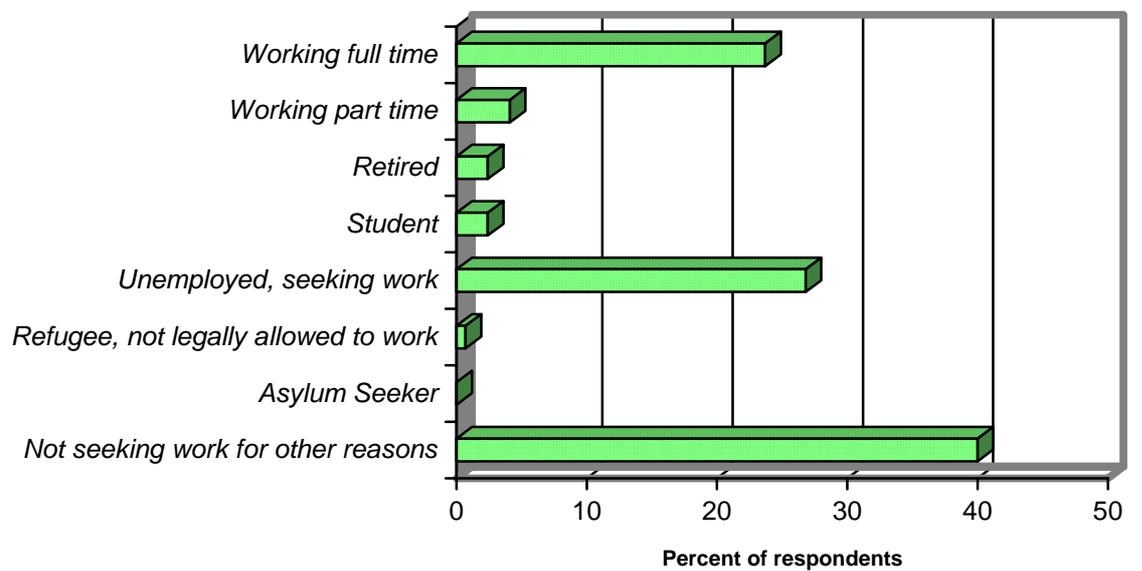
- The majority of respondents interviewed were female (57%)
- 89% of respondents consulted had shared responsibility of a child under 4 and 11% had sole responsibility.
- 5% (n=14) of respondents have a long term illness, health problem or disability that limits their daily activities or work.
- The majority of respondents were Pakistani (47%). 21% were other Asian, 9% were Bangladeshi (n=28), 7% were White British (n=22), 4% were Indian (n=12), 3% Other Mixed (n=9) and 3% Black Caribbean (n=8). Less than 2% were Other Black background and any other background (n=4), White Irish, Black African, and White and Black Caribbean (n=2), White and Black African and Chinese (n=1).

Figure 1: Age of respondents
n=300



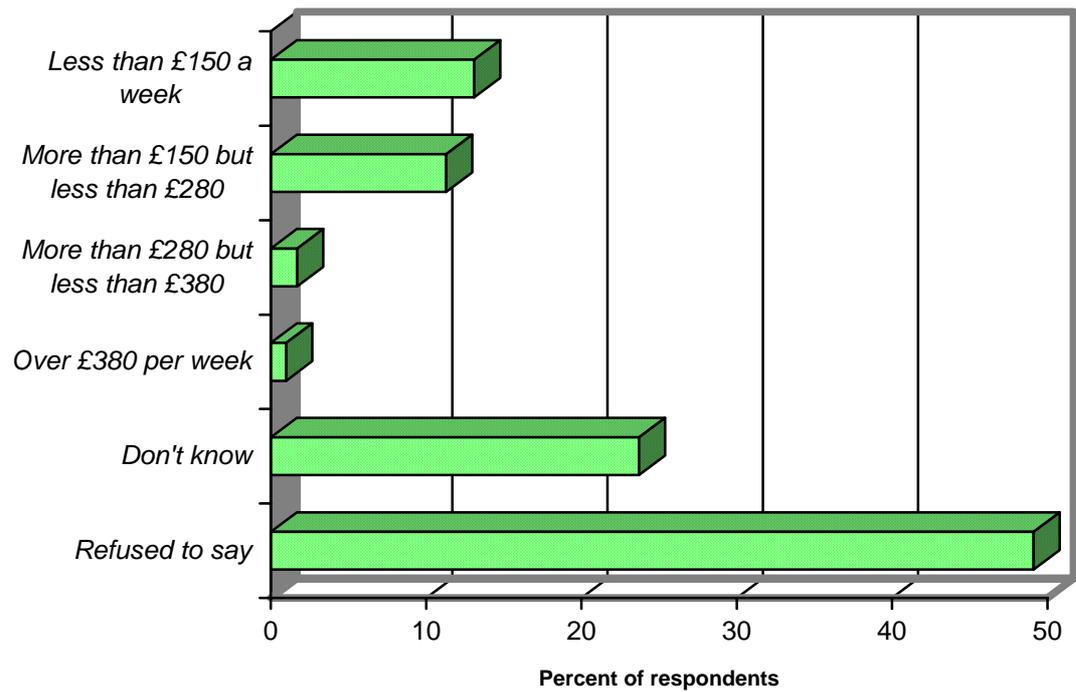
- Just over half of respondents were in the 25-34 age group (56%) and just under a quarter were in the 35-44 age group (23%). The next highest group was 16-24 year olds (15%).

Figure 2: Employment status of respondents
n=295

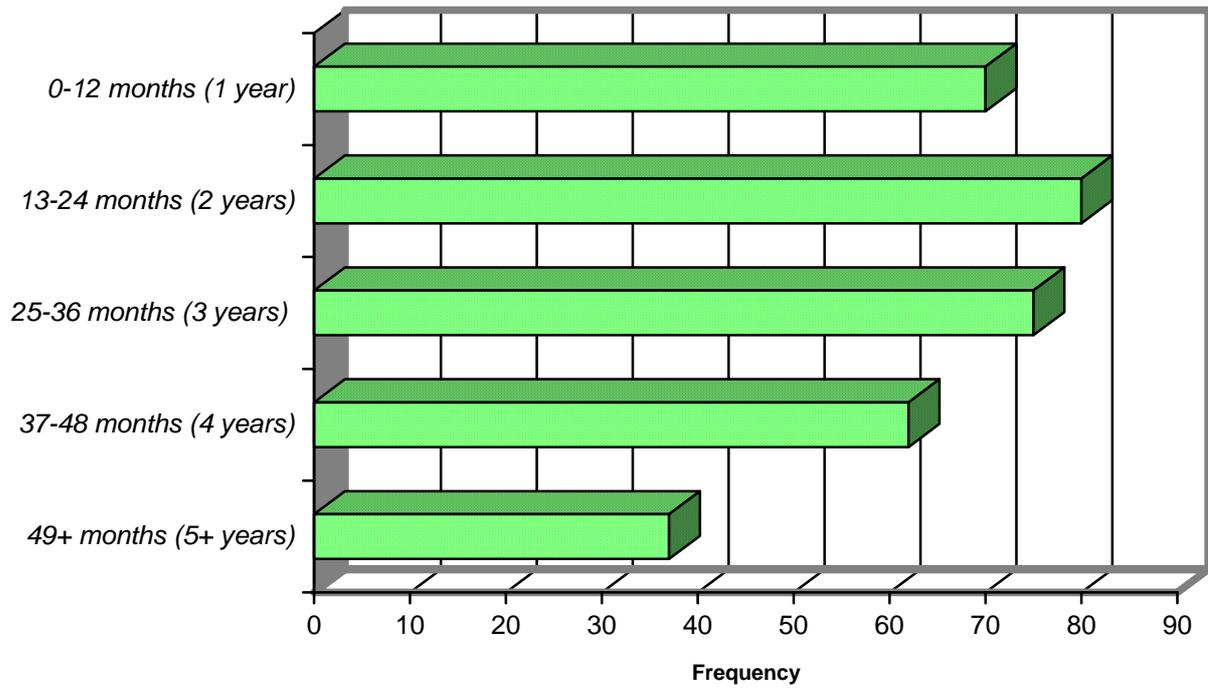


- Two thirds of respondents were either not seeking work for other reasons (40%) or unemployed, seeking work (27%).
- Just under a quarter (24%) were working in a full time job, whilst 4% (n=12) worked part time.

Figure 3: Weekly earnings
n=291



- Just less than three quarters of respondents either refused to say (49%) or didn't know their weekly income (24%). Of those remaining, most had either less than £150 (13%) or more than £150 but less than £280 (11%) coming into the household each week (after tax).

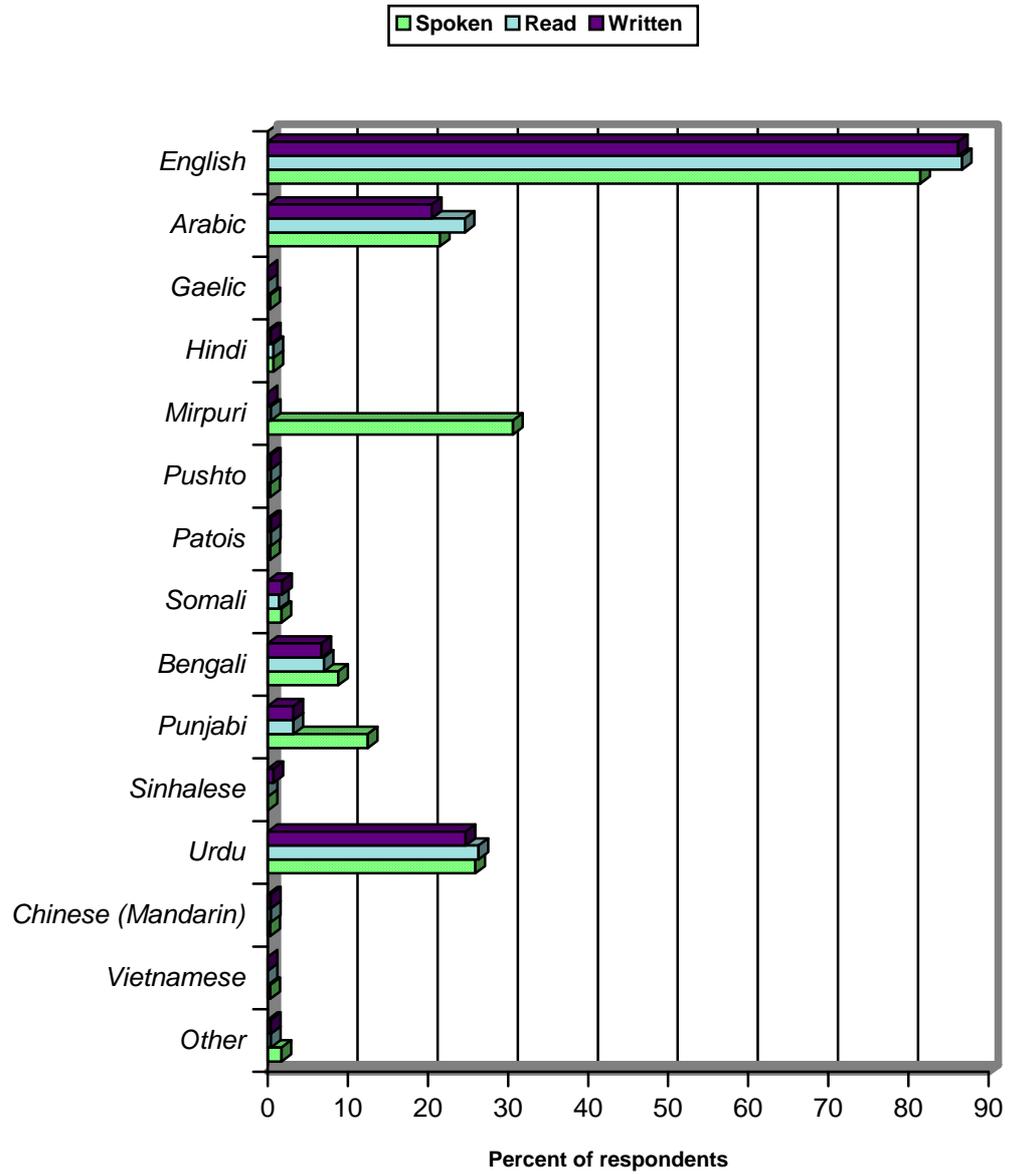
Figure 4: Age range of respondents' children

- We asked respondents for the age of each of their children. Respondents had a total of 324 children, of which 287 were in the 0-4 Sure Start target age group.

Respondents were also asked if any of their children had a disability. Two percent of respondents (n=8) had at least one disabled child.

We were keen to establish the diversity of languages spoken, read and written by respondents.

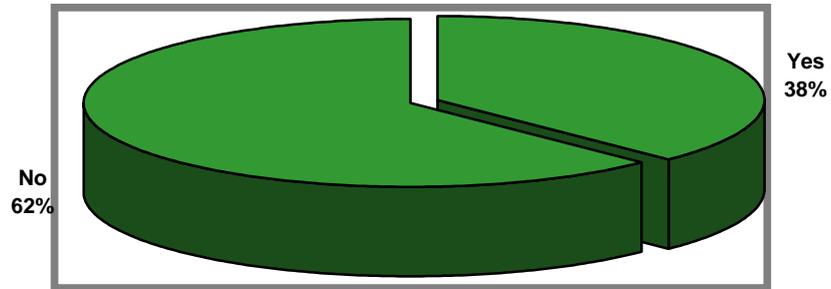
Figure 5: Languages spoken, read and written by respondents
 (NB: Those languages spoken, read or written by none of the respondents are not shown)



- The majority of respondents could read (87%) and write (86%) English. Just over four fifths also spoke English in the home (82%).
- The second most spoken language in the home was Mirpuri (31%).
- Urdu (26%) and Arabic (22%) were languages also spoken in the home. A similar percentage of each language was read and written
- Thirteen percent of respondents (n=37) spoke Punjabi and 3% could read and write it (n=9).
- Bengali was spoken in the home of 9% (n=26) of respondents. A slightly lower percent (7%) read (n=20) and wrote Bengali (n=19).
- The sample contains respondents who cannot read English but can read another language – of those respondents who can't read English, 50% (n=19) can read Arabic, 42% (n=16) can read Urdu, 13% (n=5) can read Bengali, 3% (n=1) Mirpuri, 3% (n=1) Somali and 3% (n=1) Chinese.

3.3 Awareness of Sure Start

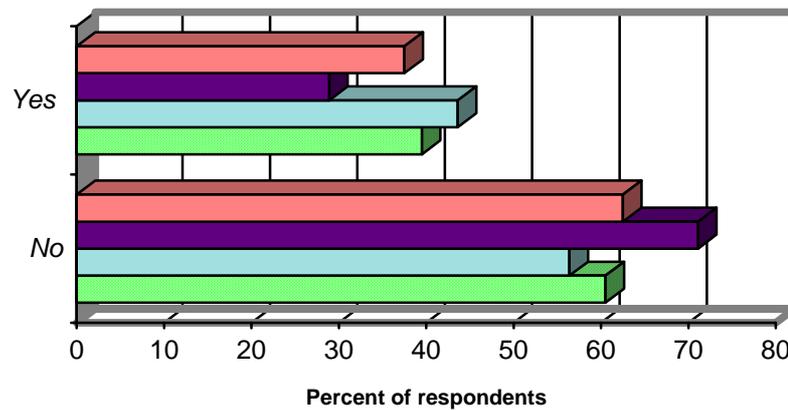
Figure 6: Have you heard of Sure Start before today?
n=299



- Just under two thirds (62%) of respondents overall had not heard of Sure Start Balsall Heath before the interview took place.

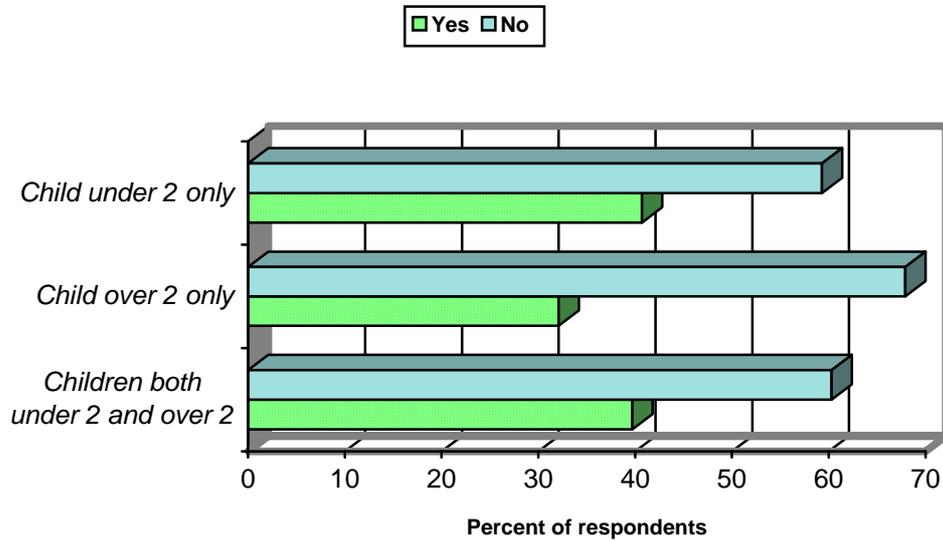
3.3.1 Breakdown by area

Figure 7: Have you heard of Sure Start before today by area



- Those living in area 3 were least likely to have heard of Sure Start (29% heard of Sure Start, n=28).
- Respondents living in area 2 were most likely to have heard of Sure Start (44%, n=48).

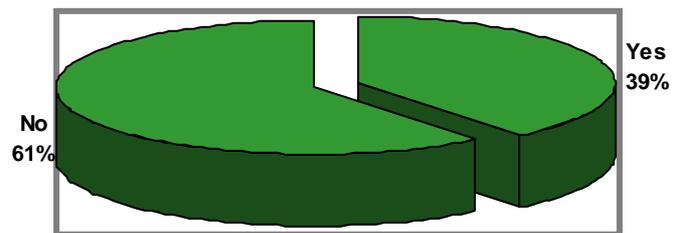
3.3.2 Breakdown by the age of the child

Figure 8: Have you heard of Sure Start before today by age of child

- Respondents with children under 2 only (41%, n=46) and with children both under and over 2 (40%, n=29) were more likely to have heard of Sure Start Balsall Heath than those with children over the age of 2 only (32%, n=36).

3.4 Use of Sure Start Services

Figure 9: Have you ever used any Sure Start services?
n=110
(N.B: Only those who had heard of Sure Start were asked this question)

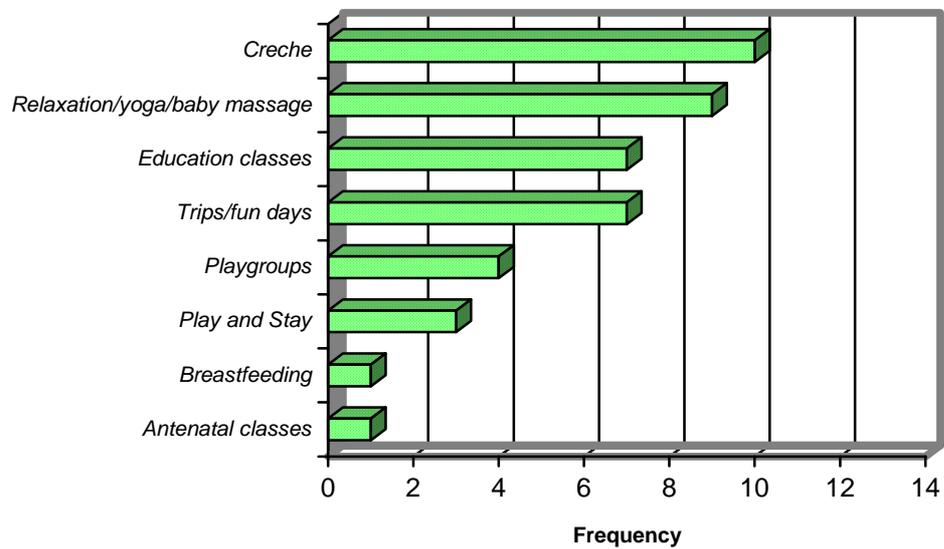


- Of those who had heard of Sure Start Balsall Heath, 39% (n=43) had ever used Sure Start Services.

3.4.1 Services used

These respondents were asked which Sure Start services they had used. Figure 10 shows the most common services among those used.

Figure 10: Most common services used
(N.B: Only respondents who had heard of Sure Start and used any of its services answered this question)



3.4.2 Services not used

Respondents who had heard of Sure Start but have not used any Sure Start services were asked why this was. A total of 32 comments related to **not having enough time or it not being convenient**:

“No time”

“Work commitments”

“No transport”

17 comments indicate a **lack of information**:

“Had no information sent to me”

“Never heard of them (Sure Start)”

“Didn’t think it was for her age – baby 1 year 2 months”

“Not sure where they are available”

“Didn’t know much about what they do”

5 comments indicate a **lack of interest**:

“Not interested”

“Don’t know”

“Nothing”

“No reason”

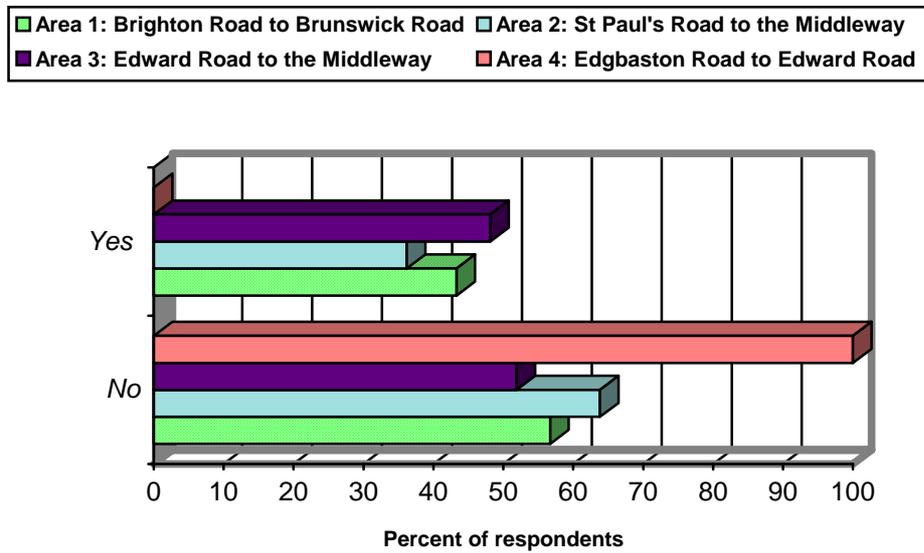
4 comments indicate respondents **don’t need to use** services:

“Don’t need any at the moment”

“No need to”

3.4.3 Use of Sure Start services by area

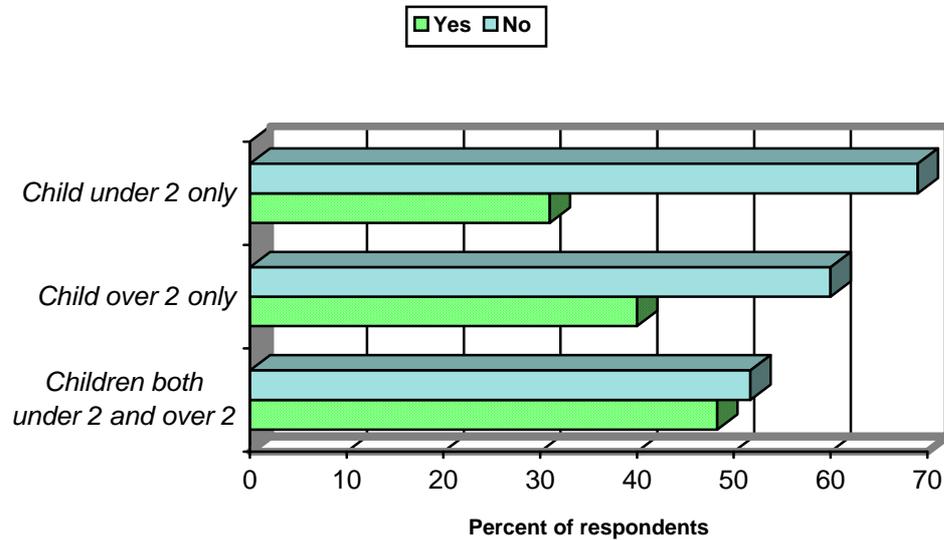
Figure 11: Use of Sure Start services by area
 (N.B: Only those who had heard of Sure Start were asked this question)



- Respondents in area 3 (48%, n=13) were most likely to use Sure Start services.
- Those in area 4 were least likely to use Sure Start services (no respondents).

3.4.4 Breakdown by age of child

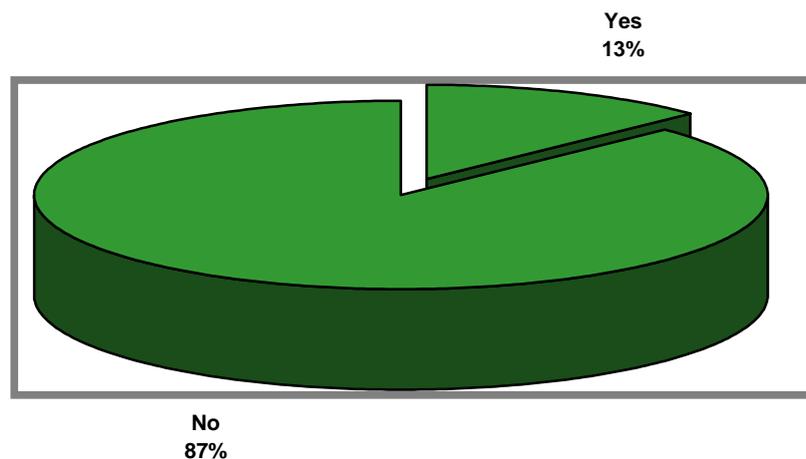
Figure 12: Use of Sure Start services by age of child
(N.B: Only those who had heard of Sure Start were asked this question)



- Respondents with children aged over 2 only were more likely to have used Sure Start services (40%, n=14) than respondents with children under 2 only (69%, n=31).
- However, respondents with children both over and under 2 were the most likely to have used Sure Start services (48%, n=14).

3.5 Use of services for young children

Figure 13: Have you used any groups for young children in Birmingham in the last year?
n=284
(Discount groups visited only once)

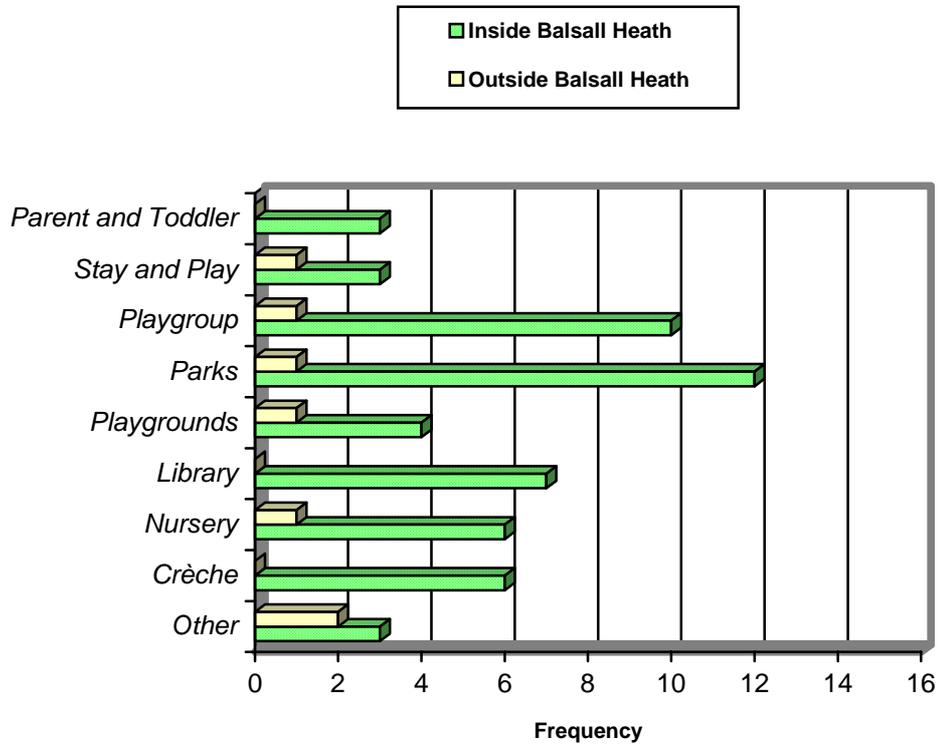


- The majority of respondents (87%) had not use any groups for young children in Birmingham in the last year.
- Thirteen percent of respondents did use services for young children in Birmingham and the services are listed below:
 - Parks (n=13)
 - Playgroup (n=11)
 - Nursery (n=7)
 - Library (n=7)
 - Crèche (n=6)
 - Playgrounds (n=5)
 - Other (n=5) - antenatal, baby clinic, pre school workers, social discussions
 - Stay and play (n=4)
 - Parent and Toddler (n=3)

3.5.1 Comparison between sub groups

- Females (47%, n=79) were more likely to have heard of Sure Start than males (25%, n=32)
- Females were more likely to have used groups for children in the last year (17%, n=27) than males (7%, n=9).

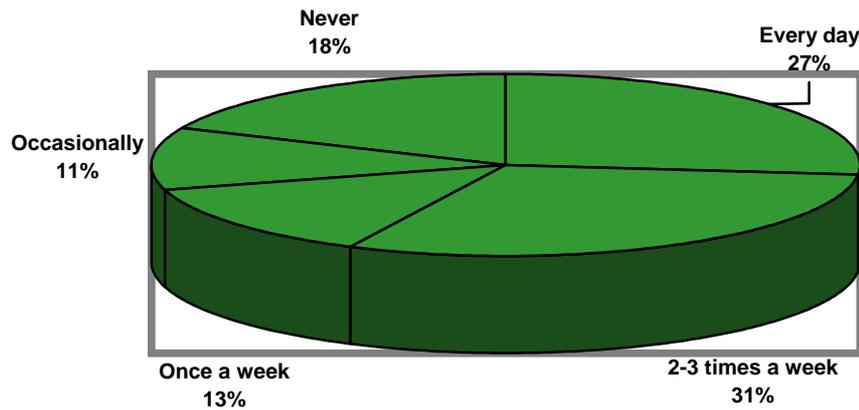
Figure 14: Are the groups inside or outside of Balsall Heath?
 (N.B: Only those who had used groups for children in Birmingham in the last year were asked this question)



- Of those who did use groups for young children, the majority accessed services inside Balsall Heath.
- The most popular service used in the Balsall Heath area was the park (n=12), followed by playgroups (n=10), and library (n=7).

3.6 Reading

Figure 15: How often are your children under 4 read to at home?
n=288



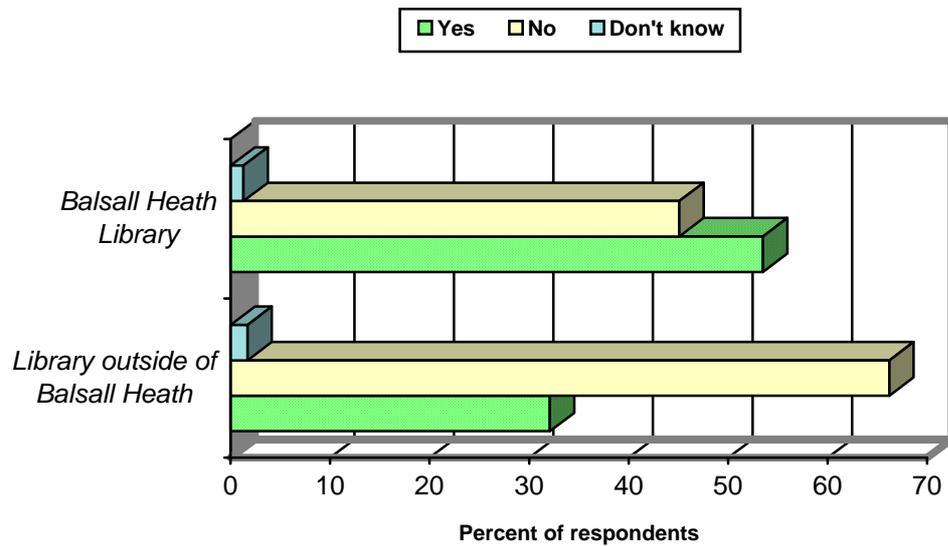
- Overall, just under three fifths of respondents read to their children either at least 2 to 3 times a week (31%) or every day (27%).
- A quarter of respondents read to their children under 4 less frequently, 13% once a week and 11% occasionally.
- Eighteen percent of respondents never read to their children under 4.

3.6.1 Comparison between sub groups

- A higher percentage of females (29%, n=47) read to their children every day than males (24%, n=30).
- A higher percentage of males (21%, n=27) never read to their children than females (16%, n=26).

3.7 Library membership

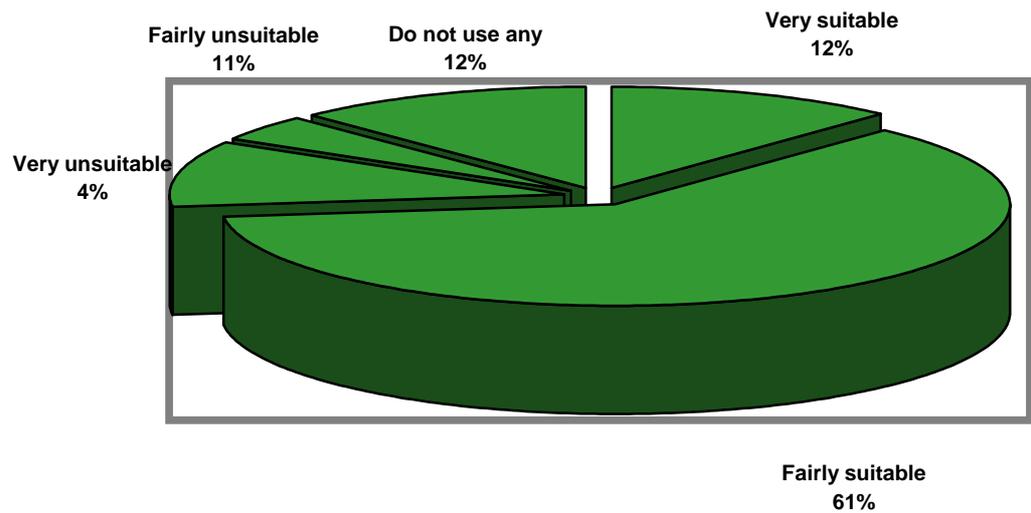
Figure 16: Library membership



- Just over half of respondents overall (54%) are members of Balsall Heath library.
- A smaller proportion of respondents, 32%, are members of a library outside of Balsall Heath.

3.8 Outside Play Spaces

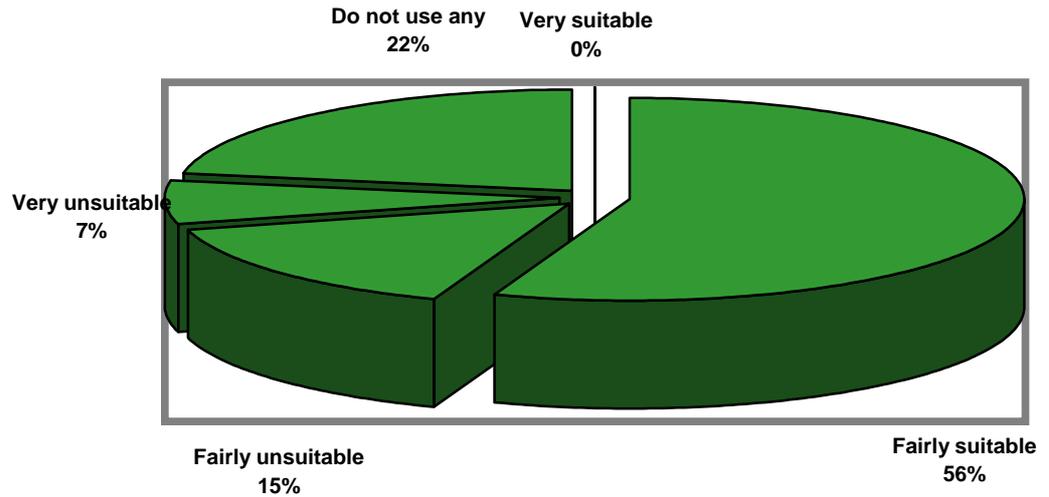
Figure 17: Suitability of outside play spaces
n=294



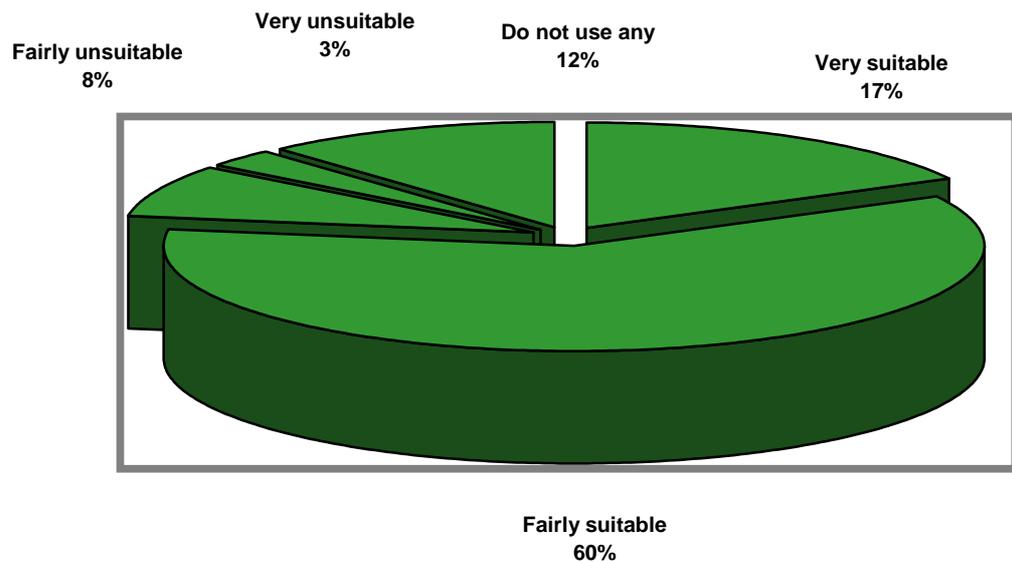
- Just under three quarters of respondents (73%) thought the outside play spaces in Balsall Heath were suitable. Twelve percent did not use any, and 15% thought outside play spaces were unsuitable.

3.8.1 Breakdown by area

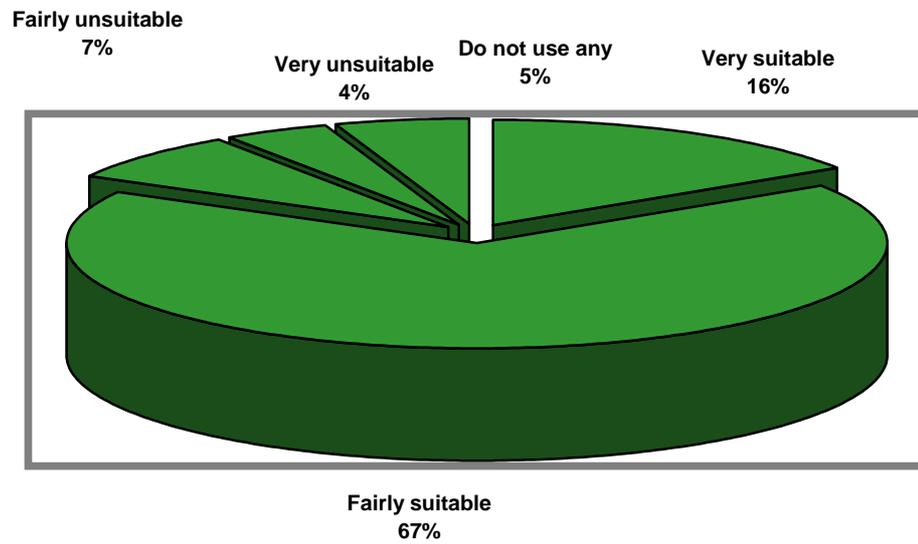
**Figure 18: Suitability of outside play spaces by area 1 – Brighton Road to Brunswick Road
n=72**



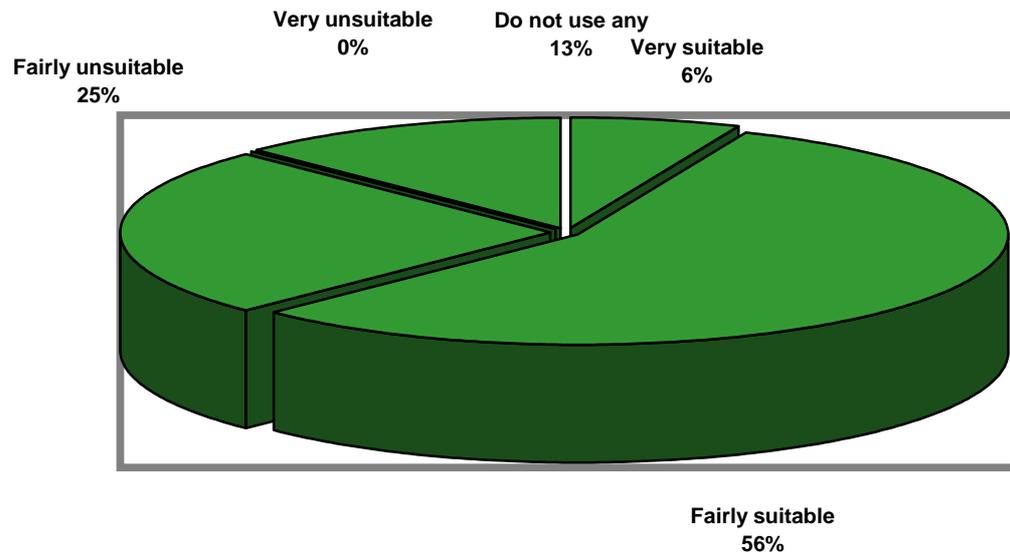
**Figure 19: Suitability of outside play spaces by area 2- St Paul's Road to the Middleway
n=111**



**Figure 20: Suitability of outside play spaces by area 3- Edward Road to the Middleway
n=95**



**Figure 21: Suitability of outside play spaces by area 4 - Edgbaston Road to Edward Road
n=16**



- Respondents living in area 1 used outside play spaces the least as just under a quarter (22%, n=16) do not use any.
- Respondents in areas 2 and 3 were most likely to find outside play spaces suitable.

Respondents were asked to comment if they thought outside play spaces were unsuitable. Fifteen comments related to the play spaces **not being safe**:

“Crime”
“Lack of street lights”
“Don’t think they’re safe enough”
“Rough drivers”
“Bad people around”
“People being attacked in park”
“Teenage junkies”

Ten comments were made that the outside play spaces were **dirty**:

“Dirty and lots of rubbish”
“Not clean enough”
“Dirty, rubbish condoms on floors”
“Unclean”

A further ten comments related to the **lack of or broken play equipment** in play spaces:

“Children break swings and destroy parks, untidy”
“No play equipment”
“Unsuitable, very poor”
“Not anything for kids to play with”
“The play area has nothing for the children (Pickwick Park)”
“No space for very young children”

A further nine comments were made that the play spaces were **generally unsuitable**:

“Not enough spaces”
“No good parks”
“No suitable area”
“Not enough”

3.9 Waiting lists

Respondents were asked if they were on the waiting list for any services for their children aged under 4. The majority of respondents were not on any waiting list (90%).

**Table 22: Are you on the waiting list for any service for your child under 4?
(N.B: Respondents could give more than one answer)**

Service	%
Not on any waiting list	90
A pre-school/playgroup	4
Day nursery	4
Nursery class	1
Early Years/under 5's centre	<1
Something else	1

- 4% of respondents (n=12) were waiting for a day nursery place and 4% (n=10) for pre school or a playgroup. The remaining 2% were waiting for a nursery class (n=3), something else (n=3), or an early years under 5s centre (n=1).

3.9.1 Breakdown by age of child

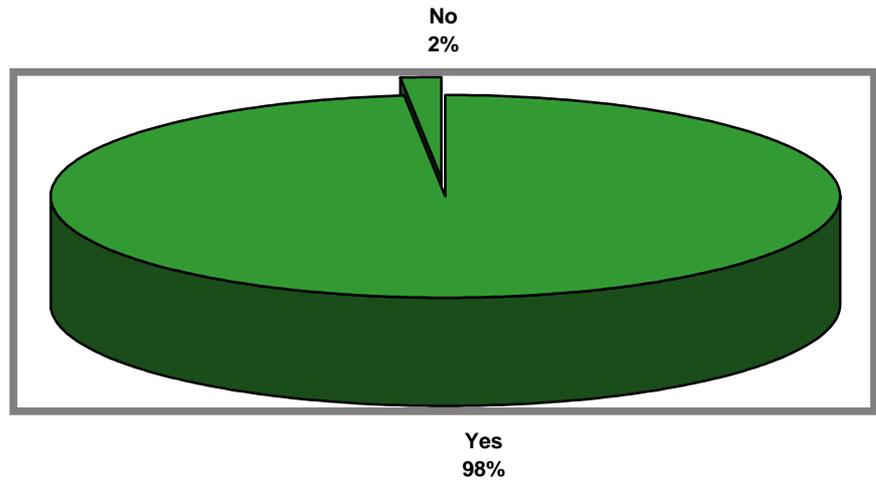
Table 23: Are you on the waiting list for any service for your child under 4 by age of child

Service	Child under 2 only	Child over 2 only	Children both under 2 and over 2
	n=109	n=108	n=69
Not on any waiting list	91	88	93
A pre-school/playgroup	3	4	3
Day nursery	6	3	4
Nursery class	<1	2	0
Early Years/under 5's centre	0	<1	0
Something else	0	3	0

- A majority of all respondents with children in each age group are not on a waiting list for any services for their children aged under 4.

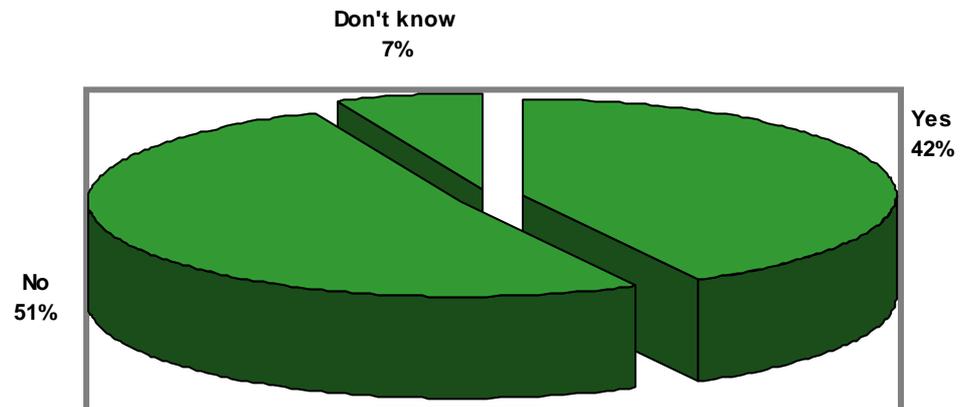
3.10 Health Services

**Figure 24: Are you registered with a GP or doctor?
n=300**



- The majority of respondents are registered with a GP or doctor (98%).

Figure 25: Is there a female doctor in your GP practice?
n=293
(N.B. Only respondents who were registered with a GP or doctor were asked this question)



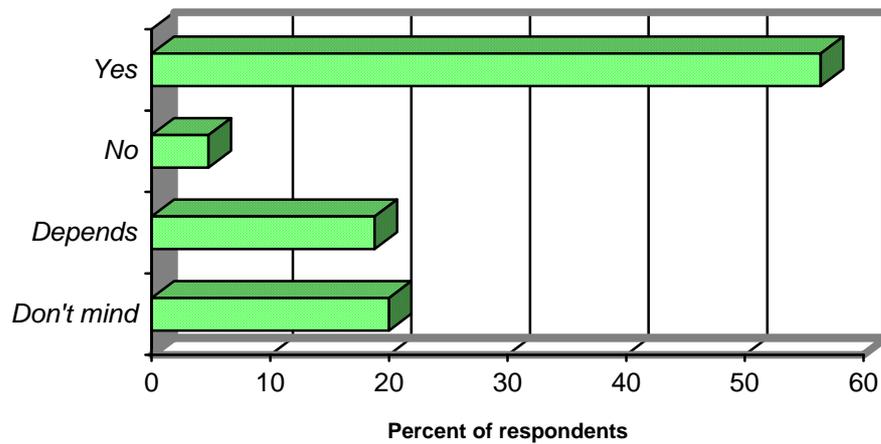
- Approximately half of respondents (51%) who were registered with a GP or doctor said there is not a female doctor in their GP practice.

Female respondents who were registered with a GP or doctor were asked if they would prefer to be able to see a female doctor.

Figure 26: Would you prefer to be able to see a female doctor?

n=165

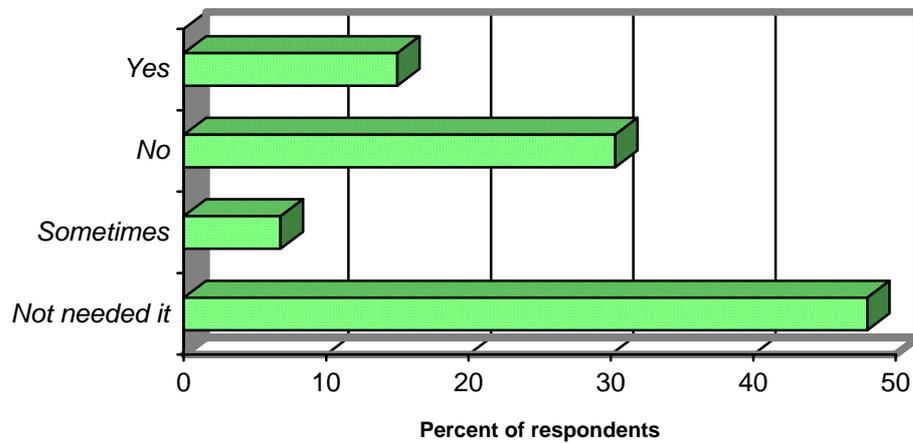
(N.B: This question was asked to females only who are registered with a GP or doctor)



- Over half of female respondents registered with a GP or doctor said they would prefer to see a female doctor (56%, n=93) while a further third said it either depended on the situation (19%, n=31) or did not mind (20%, n=33).

All respondents who were registered with a GP or doctor were asked whether they were able to access an interpreter if they required it when visiting a doctor or health professional.

Figure 27: Level of access to an interpreter when needed
n=294
(N.B. Only respondents who were registered with a GP or doctor were asked this question)

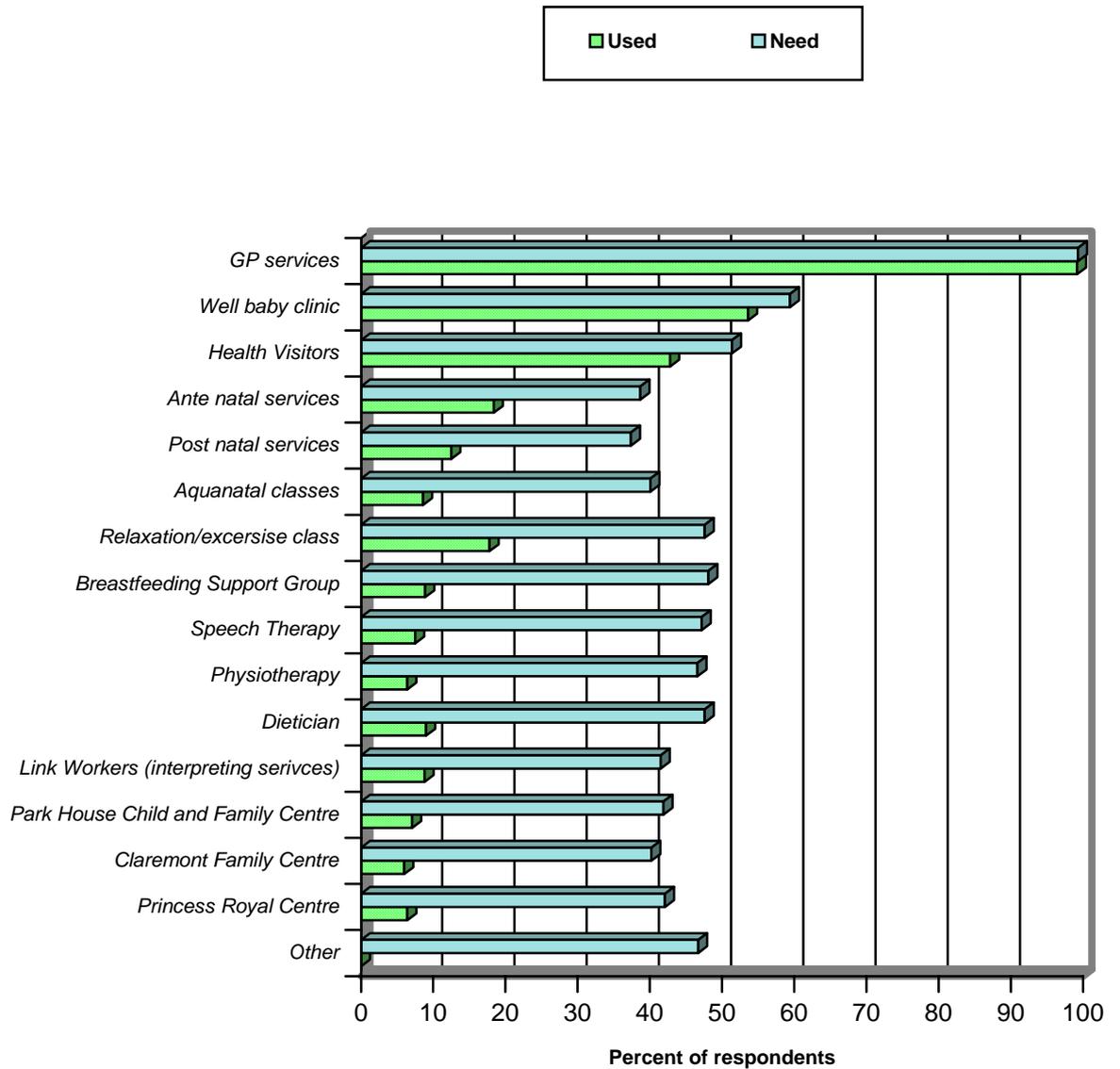


- Just under half (48%) of respondents registered with a GP or doctor have not needed an interpreter service when visiting the doctor or health professional. However, just under a third (30%, n=89) were not able to access an interpreter. Fifteen percent of respondents were able to access an interpreter, and for 7% this service is sometimes available.

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

Figure 28 shows the proportion of respondents who have used each service in the last year and the proportion of respondents who need each service (this has been calculated by removing those respondents who said they 'do not need to use' each service). However, it is important to remember that a proportion of respondents will never have used each service, and therefore ticked the 'never used in last year' option rather than say they do not need to use a particular service.

Figure 28: Health services – Use and Need



We asked respondents how often they had used certain health services for families with young children in the past year. For any services that had been used, we asked whether this was in or out of the Balsall Heath Sure Start area.

The most commonly used services were:

- GP services (99% used in the last year)
- Well baby clinic (54%)
- Health Visitors (43%)

A large proportion of services were not needed or were never used and are as shown in Table 29.

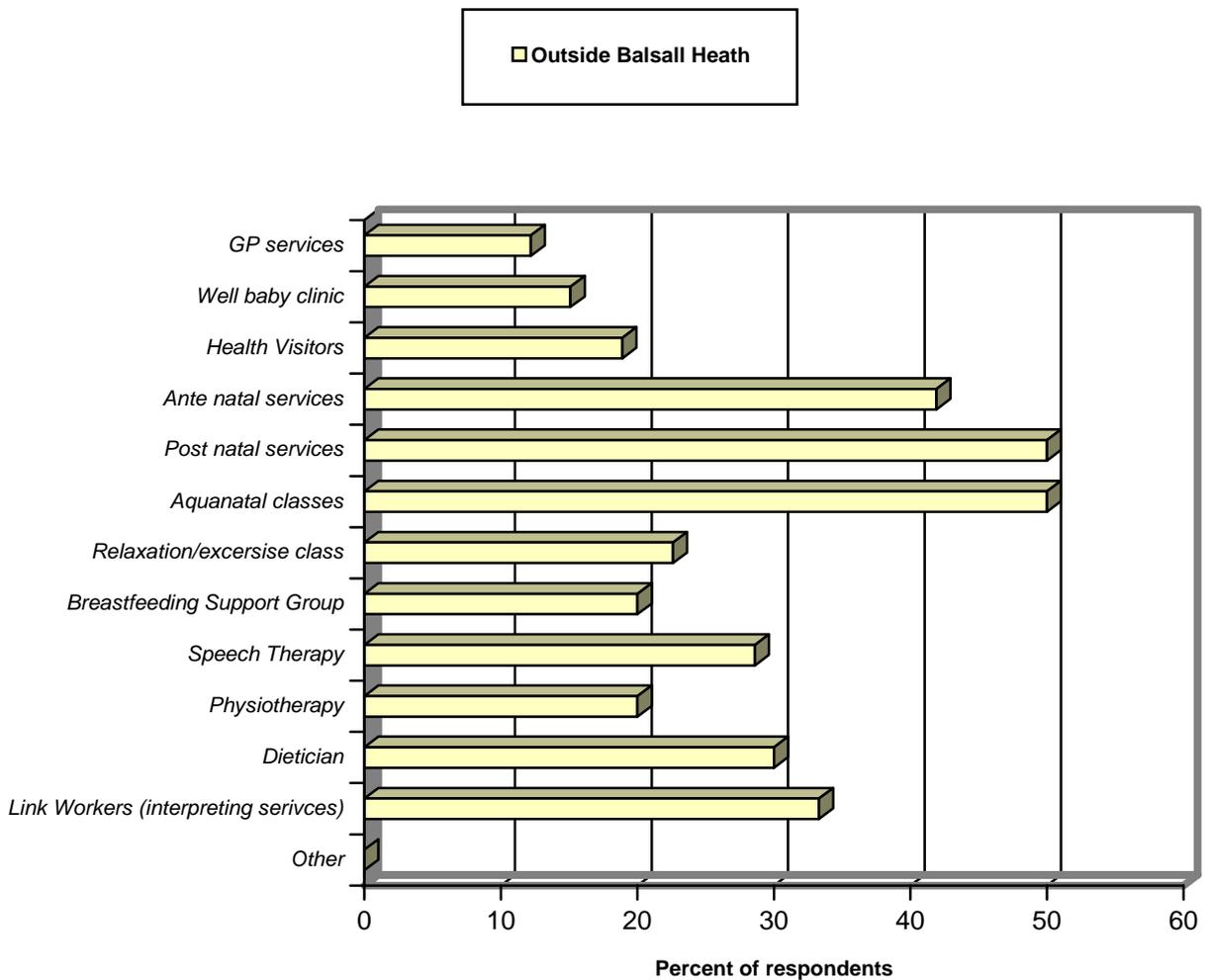
Table 29: Services – highest proportion of respondents not needed or never used in the last year

Service	Never used		Do not need to use	
	n	%	n	%
Claremont Family Centre	91	34	159	60
Princess Royal Centre	95	36	154	58
Physiotherapy	107	40	142	53
Park House Child and Family Centre	93	35	155	58
Speech Therapy	106	40	141	53
Aqua natal classes	85	32	161	60
Breastfeeding Support Group	105	39	139	52
Link workers-interpreting services	88	33	158	59
Dietician	104	39	141	52
Postnatal services	66	25	166	63
Relaxation/exercise class	81	30	142	52
Antenatal services	55	20	166	61

3.11.1 Are services accessed inside or outside Balsall Heath?

We were keen to establish whether respondents used services within the Sure Start Balsall Heath area or whether they travelled out of the area to access services. Figure 30 shows the proportion of respondents who had used each service who accessed it outside of Balsall Heath.

Figure 30: Use of services inside or outside Balsall Heath – proportion of respondents who used each service outside of Balsall Heath (N.B: Only respondents who had used each service were asked this question)

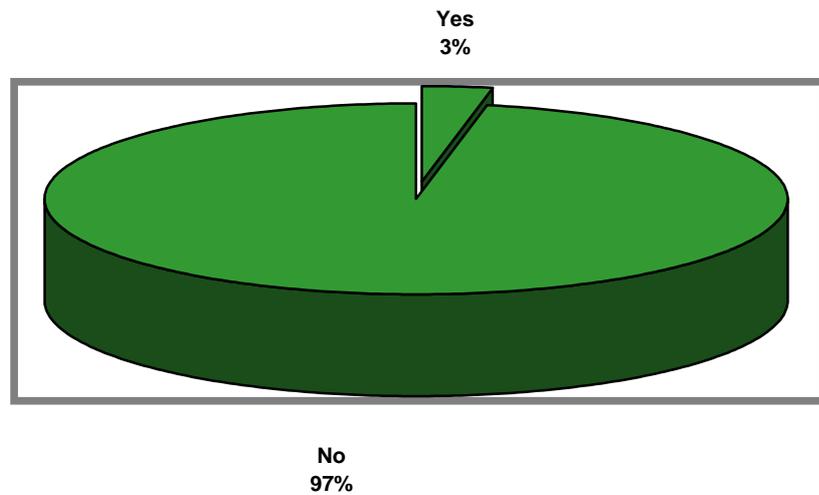


- Of the services used in the past year, the majority were accessed inside Balsall Heath.
- Post and ante natal services, along with aqua natal classes, were most likely to be accessed outside of Balsall Heath.

3.12 Use of special health services

We were interested in the level of use of special health services in the Balsall Heath area.

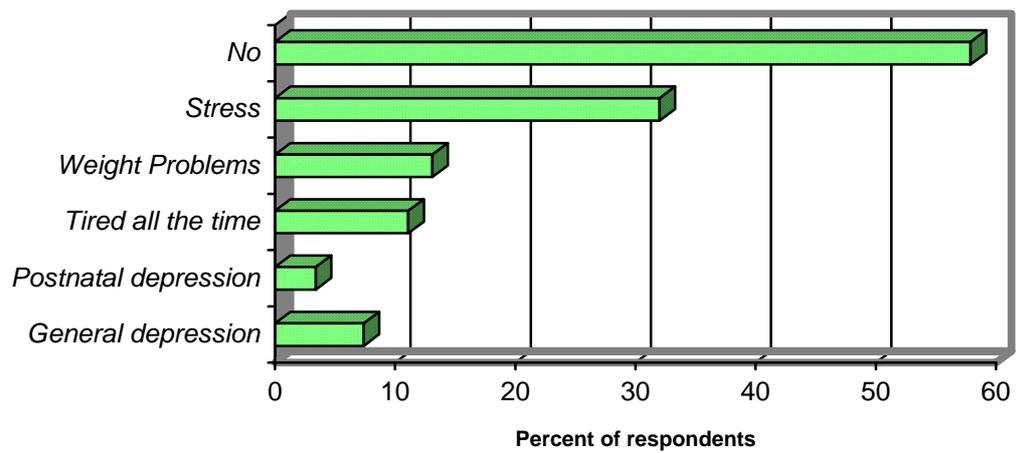
Figure 31: Do you have to take your child under 4 anywhere for special tests or treatment?
n=292



- Three percent (n=9) of respondents had to take their children under 4 for special tests or treatment.
- A third of those who took their children for special tests or treatment used speech and language therapy (n=3)

3.13 Wellbeing since having children

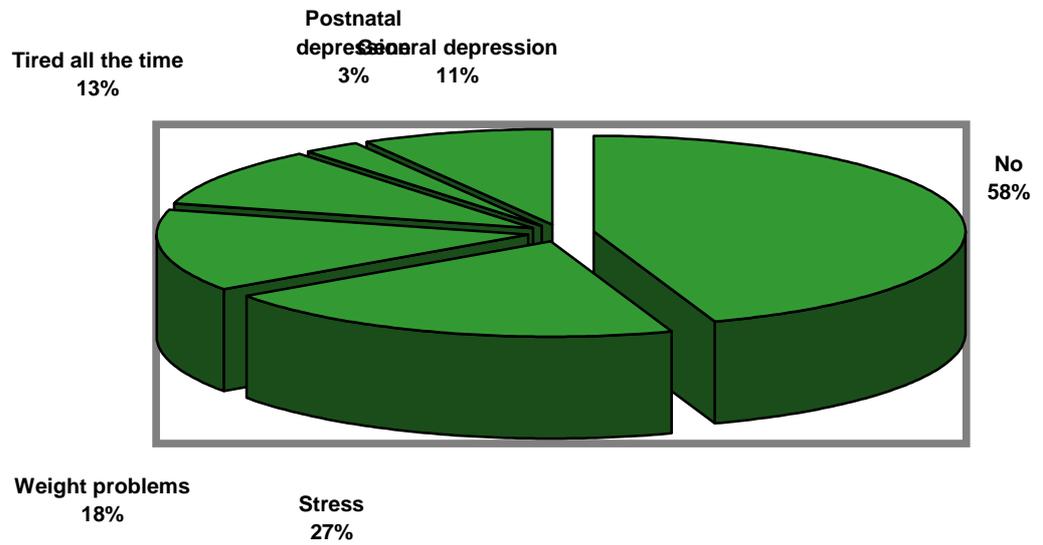
Figure 32: Have you/ the mother of your child suffered from any of these since having children?
(N.B: Respondents could give more than answer)



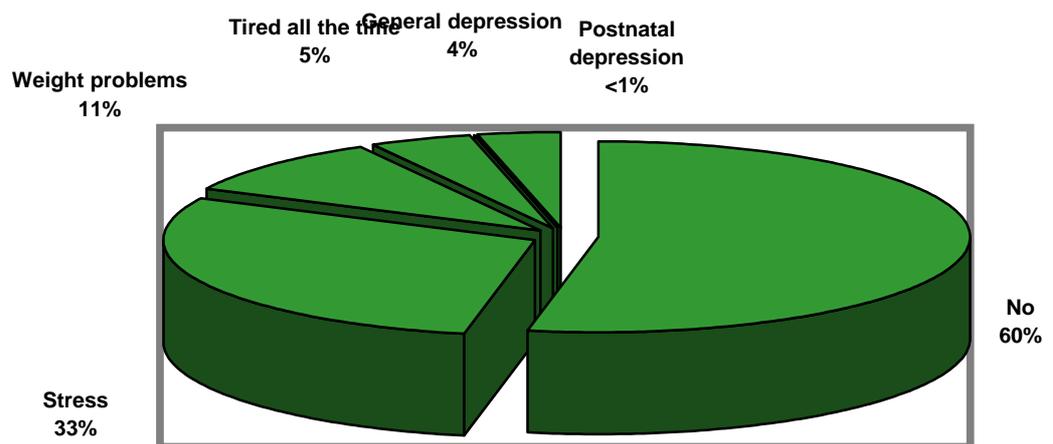
- Over half of respondents (58%, n=172) said that either they as the female or the mother of the child (if a male respondent) didn't experience from any of these symptoms after the birth of their child.
- Stress was the main symptom respondents reported (32%), followed by weight problems (13%), tired all the time (11%), general depression (7%) and postnatal depression (3%).

3.13.1 Breakdown by age of children

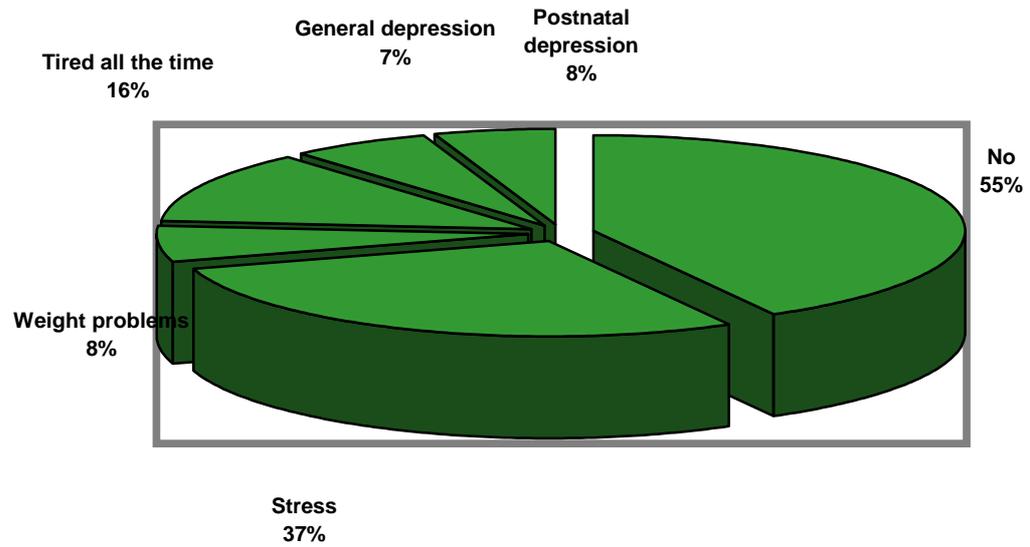
**Figure 33: Well being since having children by age of child – child under 2 only
n=112**



**Figure 34: Well being since having children by age of child – child over 2 only
n=111**



**Figure 35: Well being since having children by age of child – child both under 2 and over 2
n=73**

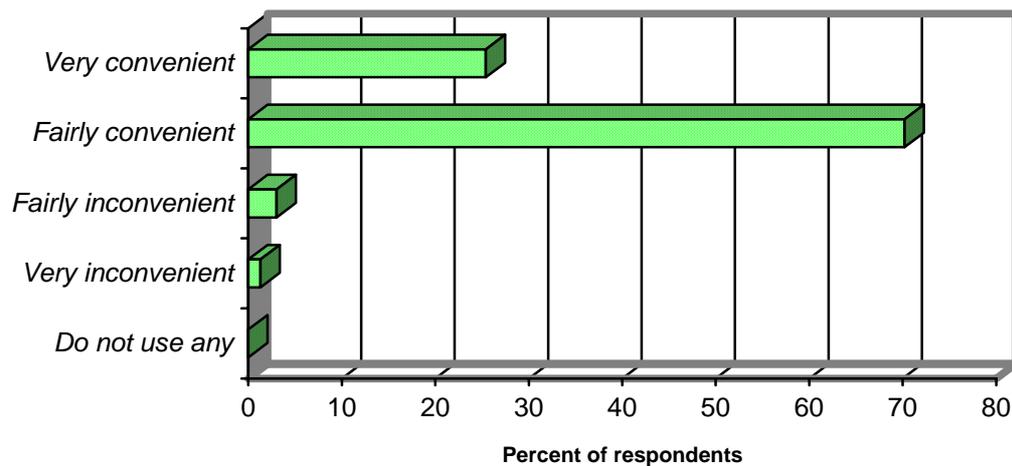


- Stress was the most common complaint among respondents with children of all ages, and this increases with the age of children, and is highest among respondents with children both under and over the age of 2.
- Being tired all the time is also most common among respondents with children of both ages.
- Weight problems are more common among respondents with children under the age of 2.

3.14 Satisfaction with Health Services

Respondents were asked a series of questions relating to convenience of the location, satisfaction with waiting times, state of repair and cleanliness and approachability of staff at the medical practice they used.

Figure 36: How convenient is the location of the medical practice you use?
n=295



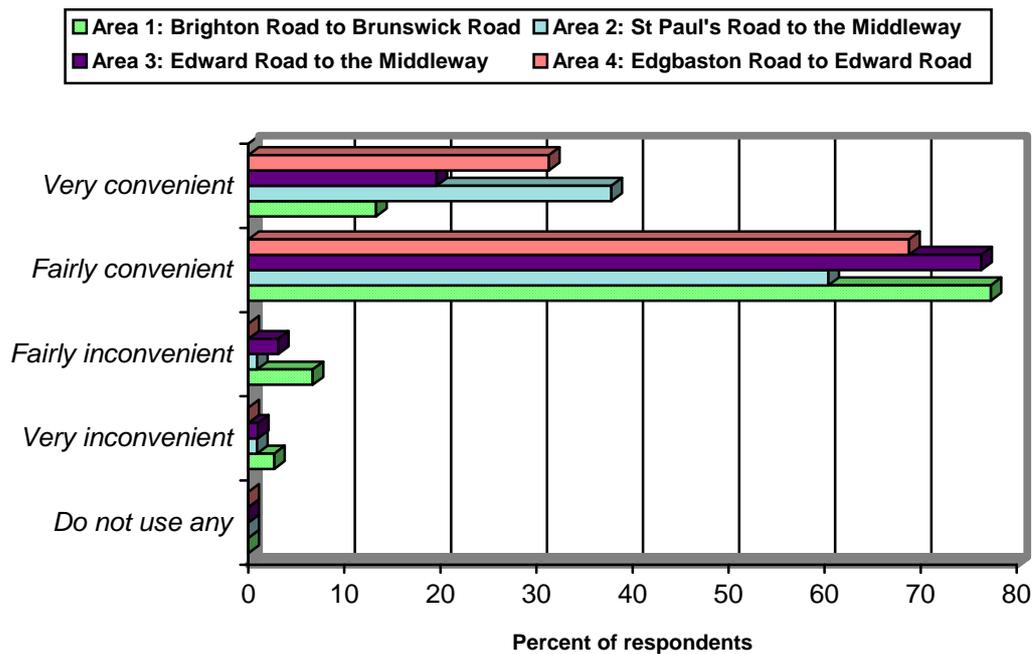
- Ninety six percent of the respondents considered the location of their medical practice to be convenient.
- 4% of respondents considered the location to be inconvenient.

Respondents who thought the location of their medical practice was inconvenient were asked why. The comments received were related to the **long waiting times** to get an appointment.

3.14.1 Breakdown by area

We were keen to establish satisfaction with the location of the medical practice used by respondents analysed by areas within Balsall Heath to identify any differences.

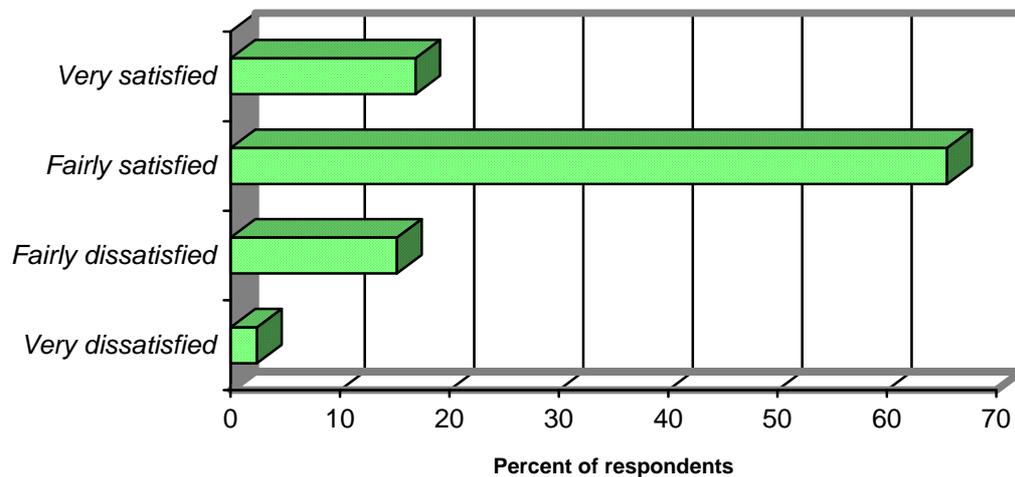
Figure 37: Convenience of location of medical practice by area



- The majority of respondents thought the location of their medical practice was convenient.
- Nine percent of respondents from area 1 (n=7) thought the location of their medical practice was inconvenient.

3.14.2 Waiting times

Figure 38: Satisfaction with waiting times to get an appointment at Doctor's surgery or health centre
n=296



- Approximately four in five respondents (82%) were satisfied with waiting times to get an appointment.
- Just under a fifth of respondents (18%) were dissatisfied with the waiting times to get an appointment at their Doctor's surgery or health centre.

Respondents who were dissatisfied with waiting times were asked why. Forty-nine responses received related to problems with the **long waiting times** and **difficulties in getting an appointment on the same day**.

"Have to wait a long time"

"Takes weeks"

"Long waiting time"

"Too long"

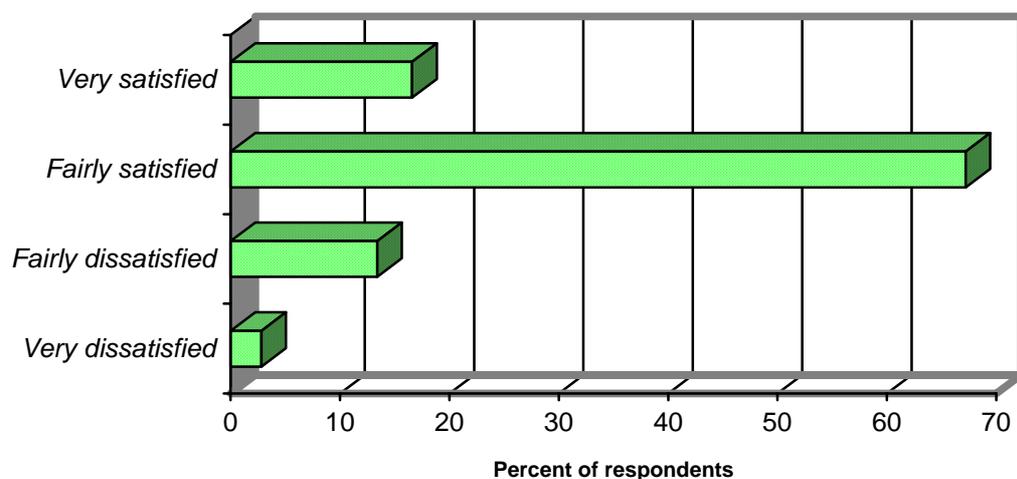
"If child is unwell we will not be seen in the same day"

"Never can get appointments"

3.14.3 Waiting times for special tests or treatment

We asked all respondents about their satisfaction with waiting times to get an appointment for special tests or treatments, and the results are displayed in Figure 39.

Figure 39: Satisfaction with waiting times to get an appointment for special tests or treatment
n=296



- 84% of respondents were satisfied with the waiting times to get an appointment for special tests or treatment.
- 16% of respondents were dissatisfied with the waiting times to receive special tests or treatment.

Dissatisfied respondents were asked to comment why. Forty one remarks related to the **length of time to get an appointment** (n=41).

“Too slow”

“Wait ages”

“You want to see the consultant as soon as possible as the problem could get worse”

“Waiting times no good, too long”

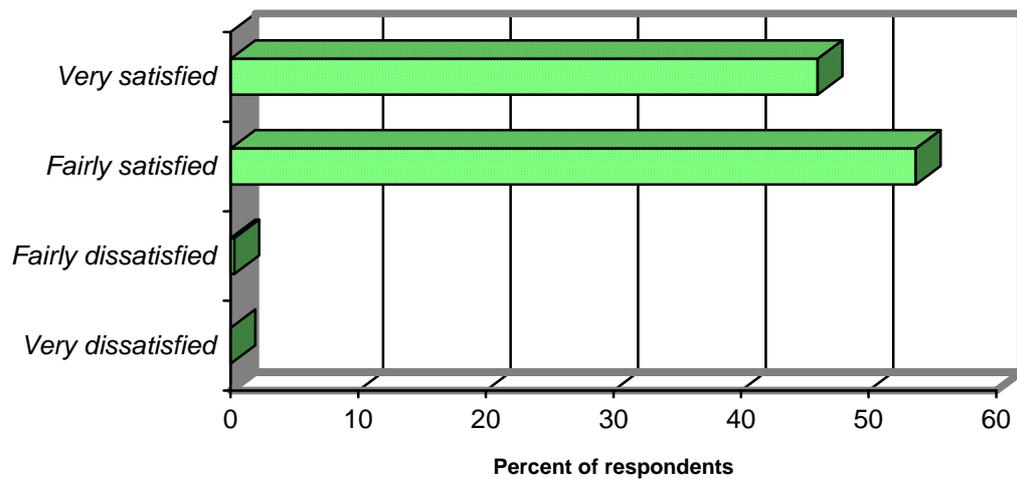
“Waiting one year for a hearing test”

However, not all of these respondents have to take their child under 4 for special tests or treatment, and we have also analysed satisfaction levels among this small sub group of respondents. Just 3% (n=9) of respondents have to take their child under 4 for special tests or treatment – of these, 5 respondents are fairly satisfied with waiting times for an

appointment for those tests or treatment, and 4 respondents are fairly dissatisfied.

3.14.4 State of repair and cleanliness

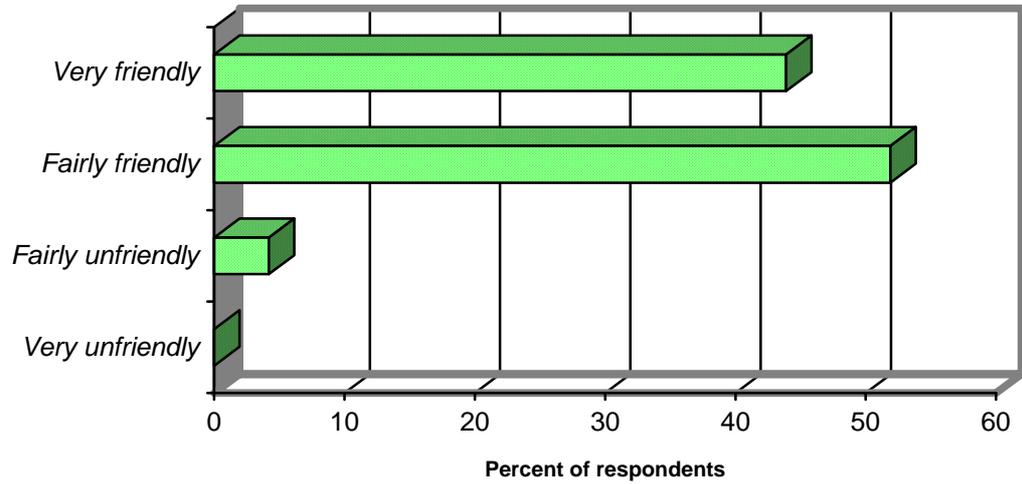
**Figure 40: Satisfaction with state of repair and cleanliness at the medical practice respondents used
n=287**



- Almost all respondents (99.7%) were satisfied with the state of repair and level of cleanliness of their medical practice.

3.14.5 Friendliness and welcoming of staff

Figure 41: Friendliness of staff at the medical practice
n=287



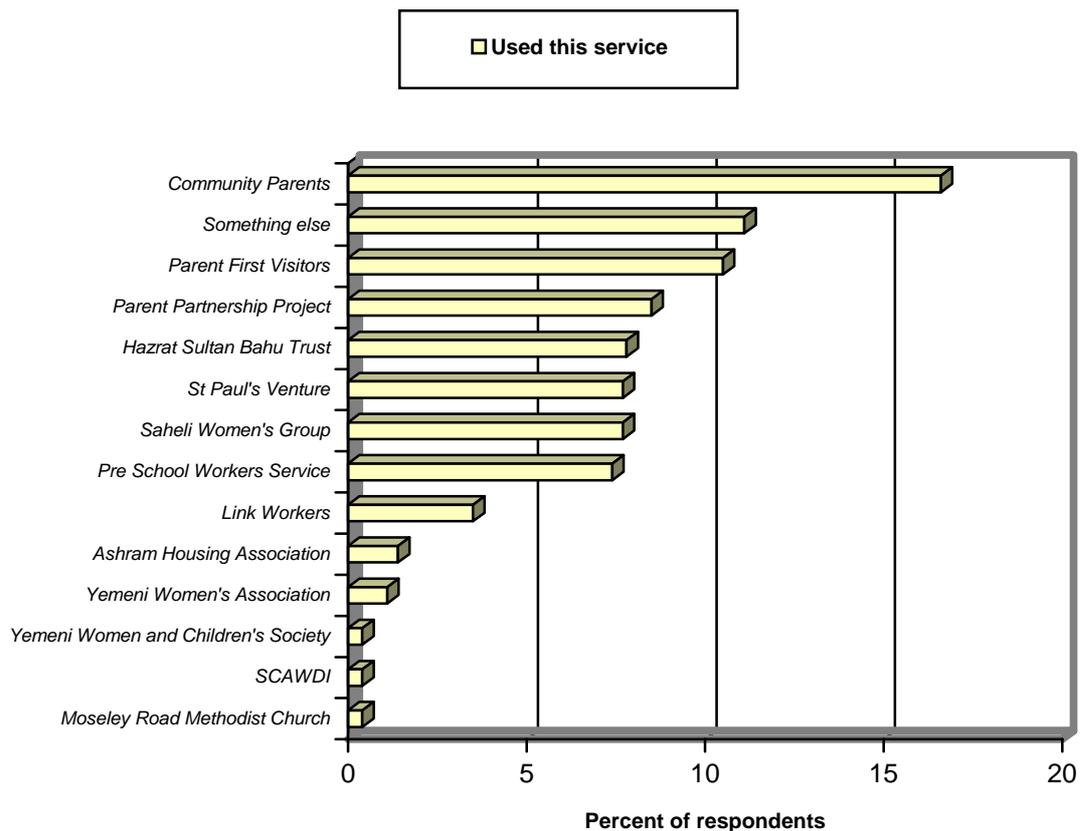
- Ninety six percent of respondents thought that the staff at their medical practice were friendly and welcoming.
- Four percent thought staff were unfriendly.

Respondents who thought staff were unfriendly were asked to comment why. Comments were made that staff were *“not friendly at all”* and *“speak with an attitude”*.

3.15 Support services used in the last year

Respondents were asked if they had used individual support services in Balsall Heath in the last year. Figure 42 shows the proportion of respondents who said they had used each service in the last year.

Figure 42: Have you used each of these support services in Balsall Heath in the last year – proportion of respondents who had used each service



- Community Parents was the service the highest proportion of respondents reported using (17%, n=48) followed by the Parents First Visitors (11%, n=30) and Parent Partnership Project (9%, n=24).
- Services least used were the Yemeni Children's Society, SCAWDI Friends' Institute and the Families in Focus Scheme at Moseley Road Methodist Church.

3.15.1 Breakdown by area

Figure 43: Support services in Balsall Heath used in the last year by respondents in area 1 – Brighton Road to Brunswick Road

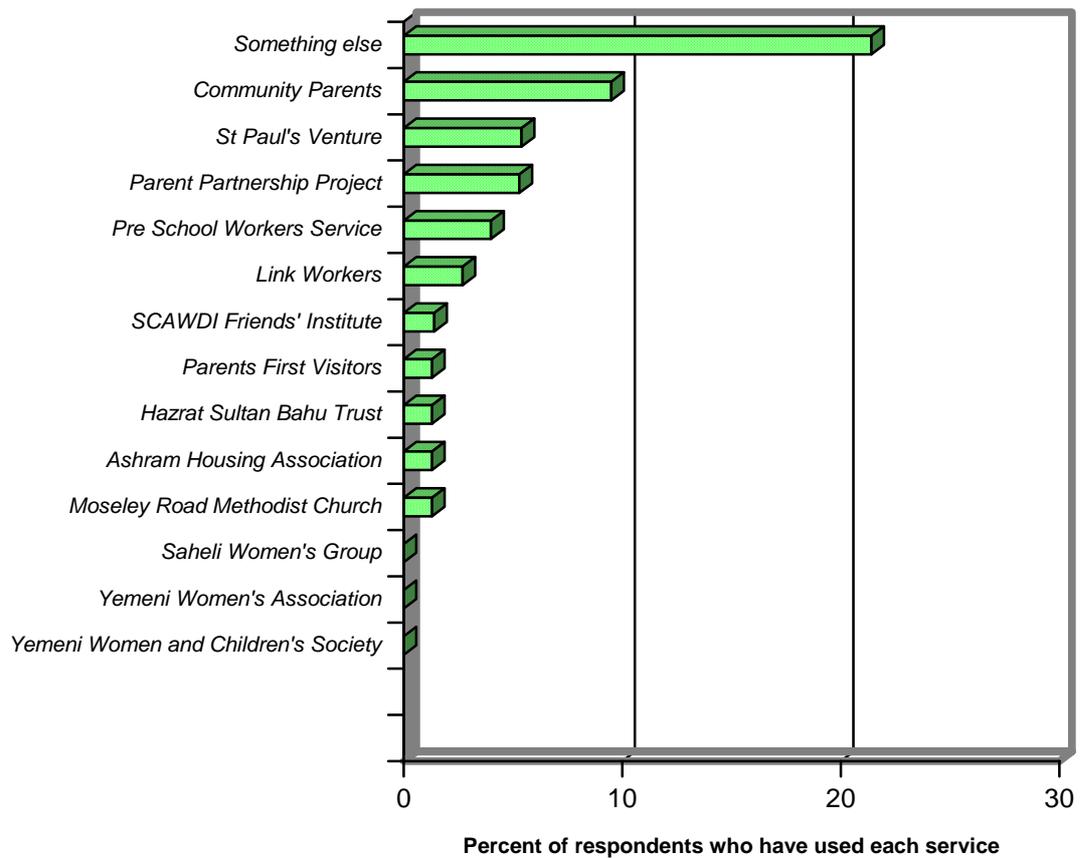


Figure 44: Support services in Balsall Heath used in the last year by respondents in area 2 – St Paul’s Road to the Middleway

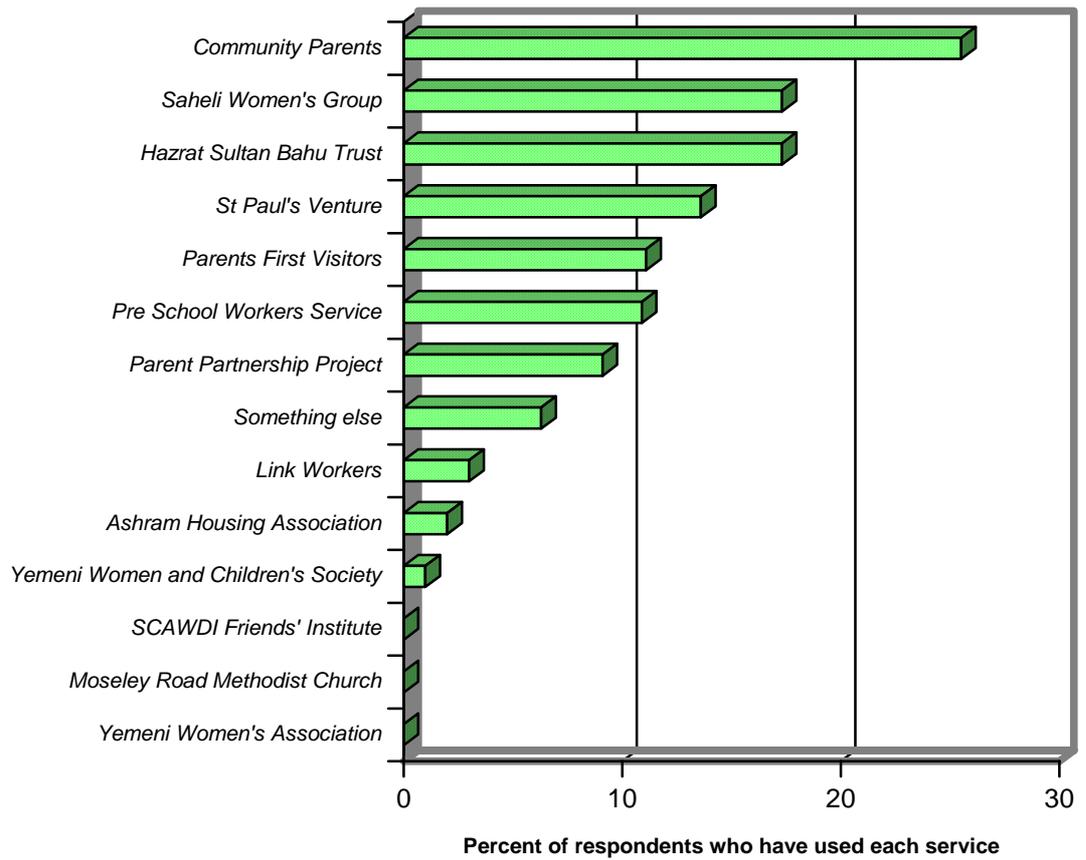


Figure 45: Support services in Balsall Heath used in the last year by respondents in area 3 – Edward Road to the Middleway

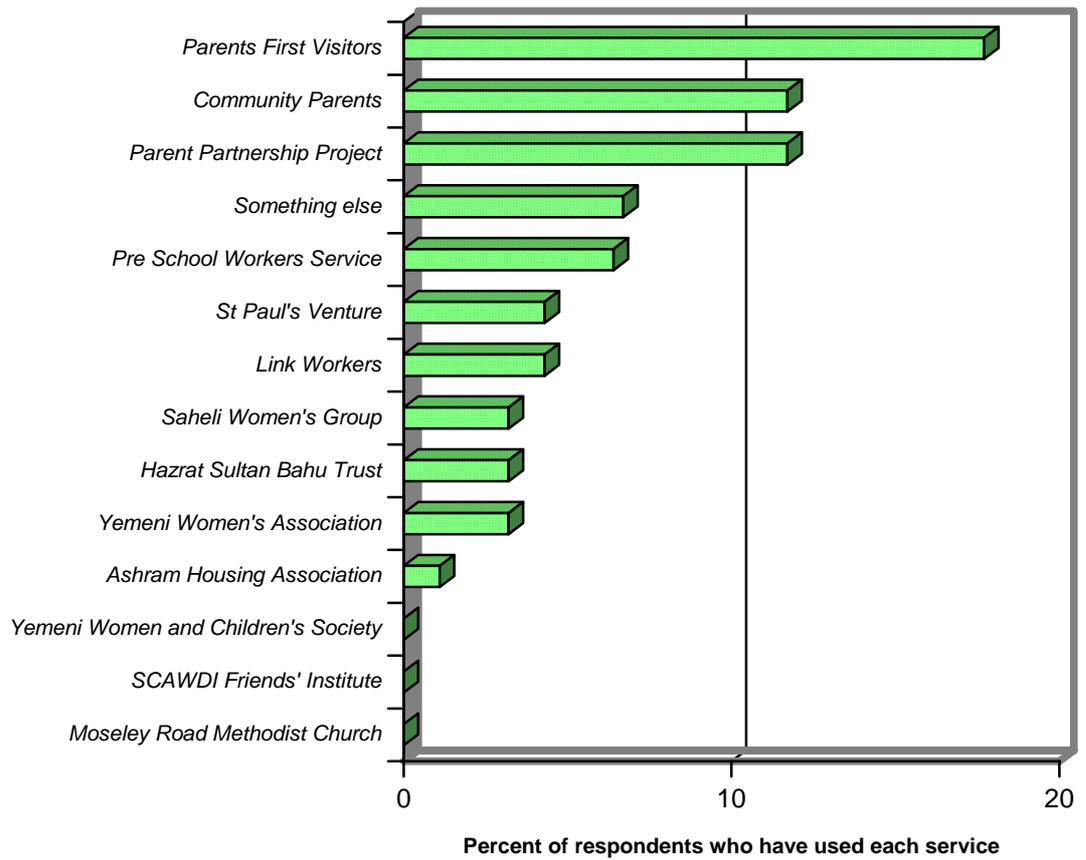
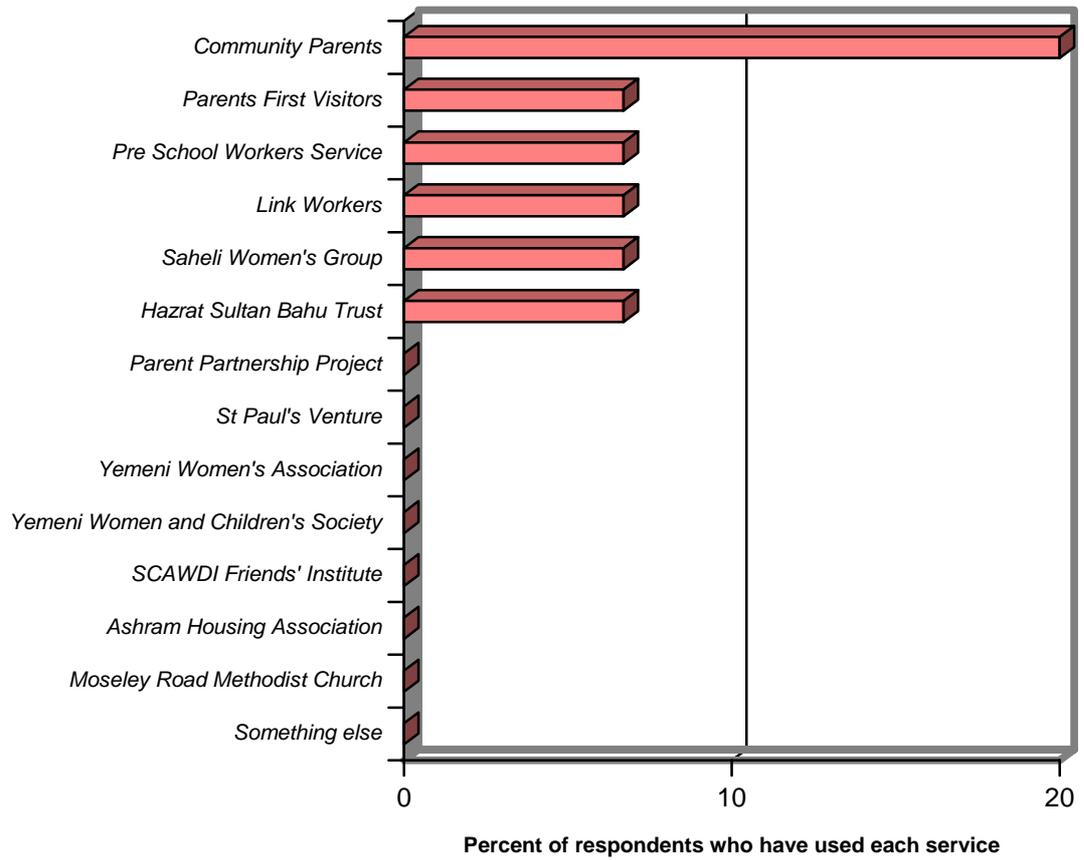


Figure 46: Support services in Balsall Heath used in the last year by respondents in area 4 – Edgbaston Road to Edward Road

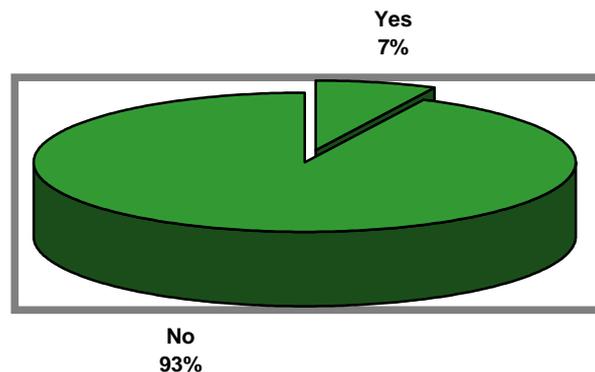


- Respondents in areas 1, 2 and 4 were most likely to use the Community Parents service.
- Respondents in area 3 were most likely to use Parents First Visitors.

3.16 Overall satisfaction with services

We were interested in what factors prevent use of local services.

Figure 47: Are there any services you would like to use but can't in Balsall Heath?
n=282



- Seven percent of respondents identified services that they would like to use but can't in Balsall Heath.

3.16.1 Services and what stops respondents 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 **health and fitness activities**. In particular, there were comments relating to a lack of women only gyms or antenatal exercise classes or general fitness and weight advice. Factors identified as preventing use included:

- Lack of women only gyms (n=5)
- Lack of advertising of fitness classes (n=5)
- Lack of a crèche facility (n=1)

Other facilities mentioned included **playgroups** (n=4), **safer roads** (n=3), **crèches, play areas for disabled children, Sure Start staff not speaking community languages** (n=1).

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

We were interested in the top three things that would make life better for families with young children in Balsall Heath. 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 a **cleaner environment** (n=171). Comments included:

“Rubbish needs sorting”
“Cleaner roads”
“Rats”
“Area to be cleaned up”
“Parks with no dog mess”
“Regular litter clean up”
“Black bags left opened by bin bags”
“Tackle rubbish problem”

The problem of **car parking** was another issue local people in the area wanted resolved (n=71). Respondents commented:

“More parking spaces”
“Car parking facilities”
“Secured parking spaces”

Sixty-five comments related to **community safety**:

“More lights on the streets”
“Roads more safe for kids to play”
“More traffic lights and lollypop people”
“Cut on crime”
“Better, more secure with CCTV”
“More road bumps”
“Less drugs and drug dealers”
“Traffic lights or zebra crossing”
“Safe play areas”
“More police patrol”

Fifty-three comments highlighted a need for **better parks and playgrounds**:

“Maintain the parks and playgrounds more”
“Park for little children, safe environment”
“Cleaner play areas”
“Safer playing areas for families”
“New park, current one being demolished”
“If parks were more cleaner and had swings, slides etc”
“Suitable areas for kids to play”
“Park with equipment for younger children”

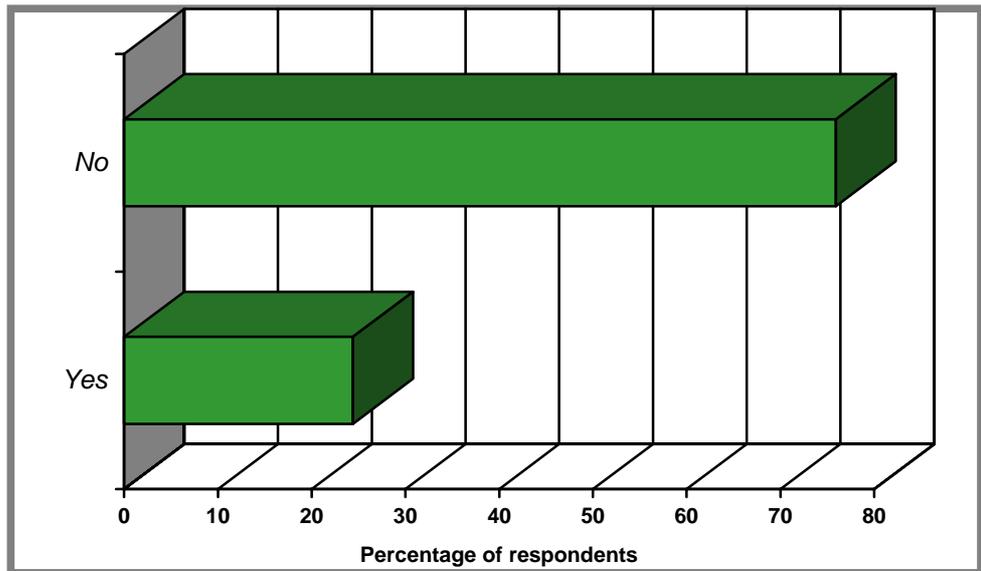
Other concerns included:

- More events and fun days (n=19)
- More provision for families with small children (n=17)
- More childcare (n=15)
- More information about services available (n=9)
- Better housing (n=2)

3.17 Smoking

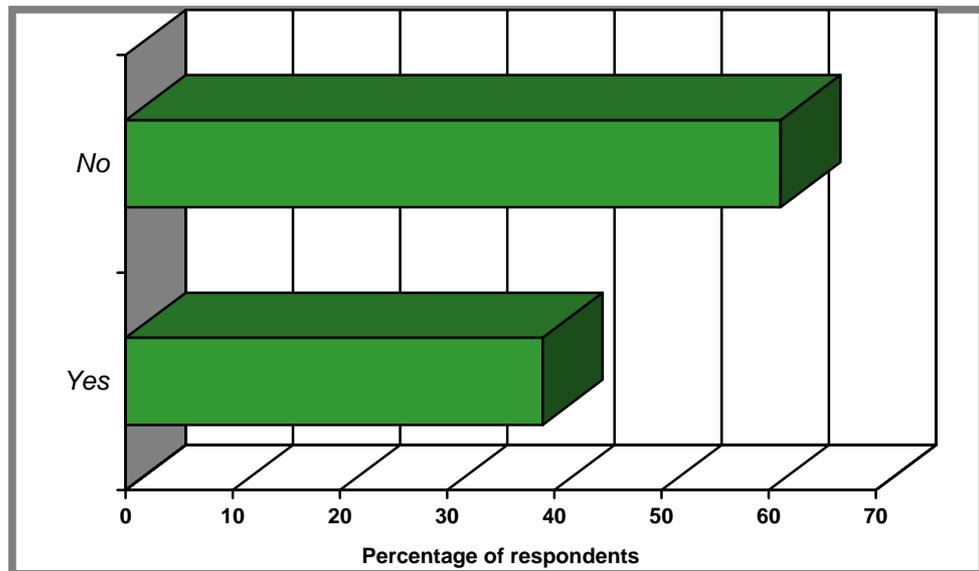
We were keen to establish smoking levels in the Balsall Heath area.

Figure 48: Do you smoke at all nowadays?
n=299



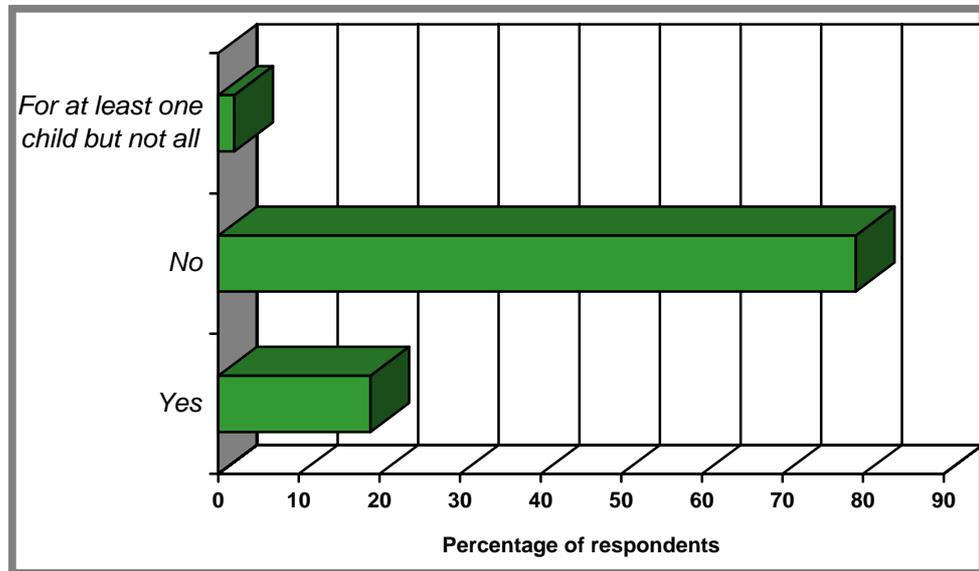
- Just under a quarter of respondents said they smoke (24%).

Figure 49: Would you like help or support to give up smoking?
n=72
(N.B: Only those who smoked were asked this question)



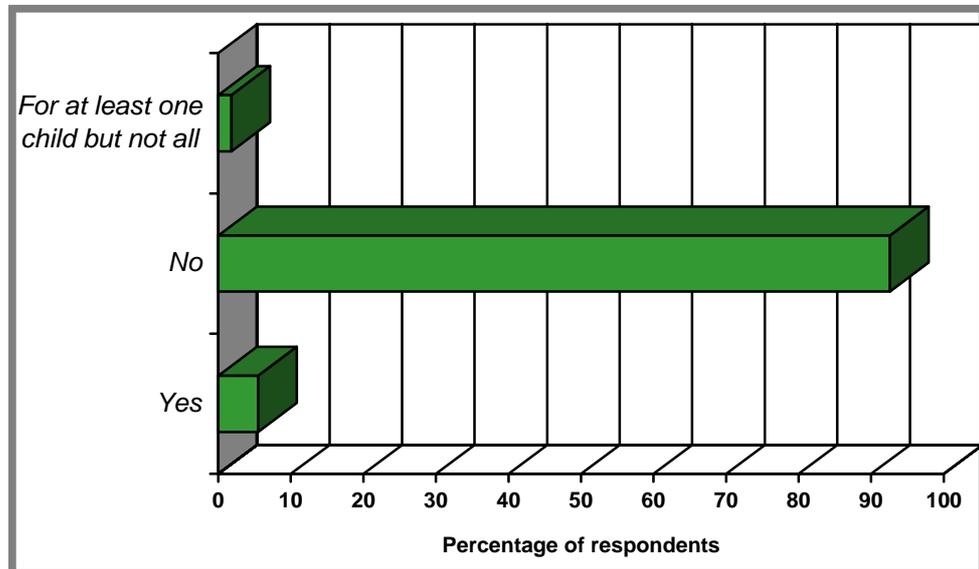
- Of those respondents who smoke, 39% (n=28) would like help or support to give up smoking.

Figure 50: Did you smoke during the first two years of your children's life?
n=296



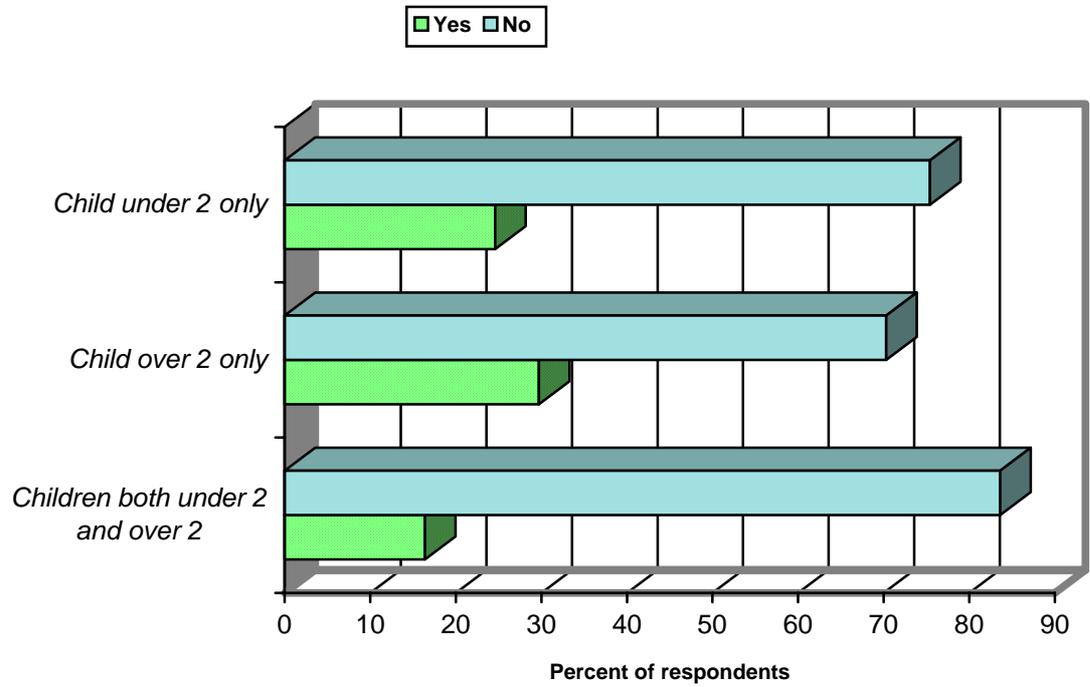
- 19% of all respondents smoked during the first two years of their children's life, and 2% did for at least one child but not all (n=6).

Figure 51: Did you/the mother of your child smoke while you/they were pregnant?
n=217



- 6% of respondents (n=12) said they as the female or the mother of their children smoked during pregnancy. Two percent (n=4) smoked for at least one pregnancy but not for all.

3.17.1 Breakdown by age of child

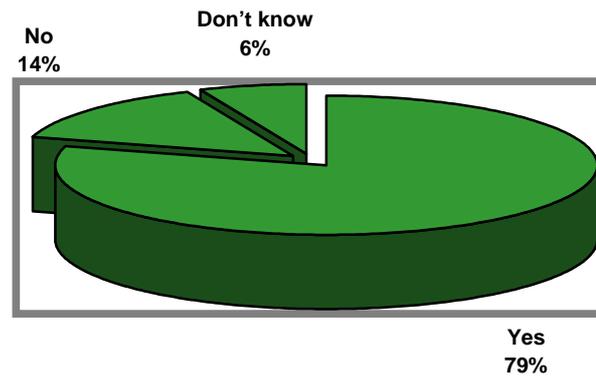
Figure 52: Smoking at all nowadays by age of child

- Respondents with children over 2 were more likely (30%, n=33) to smoke than those with children under 2 (25%, n=28).
- Respondents with children both under 2 and over 2 were the least likely group (16%, n=12) to smoke.

3.18 Social Capital

We were interested in establishing the levels of community involvement and influence on decisions in the local area.

Figure 53: Is this an area you enjoy living in?
n=300



- Just over three quarters of respondents, 79% (n=238) enjoyed living in the area whilst 6% (n=19) were unsure.
- Fourteen percent did not enjoy living in the area (n=43).

3.18.1 Breakdown by area

Figure 54: Is this an area you enjoy living in by respondents living in area 1 – Brighton Road to Brunswick Road n=76

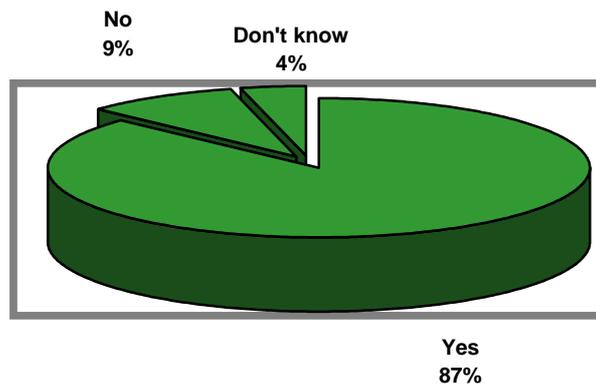
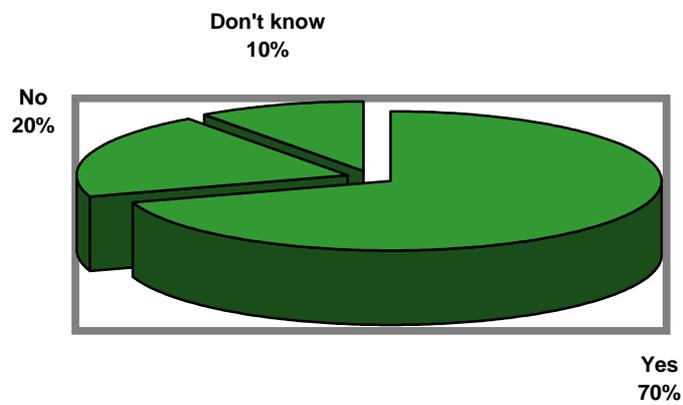
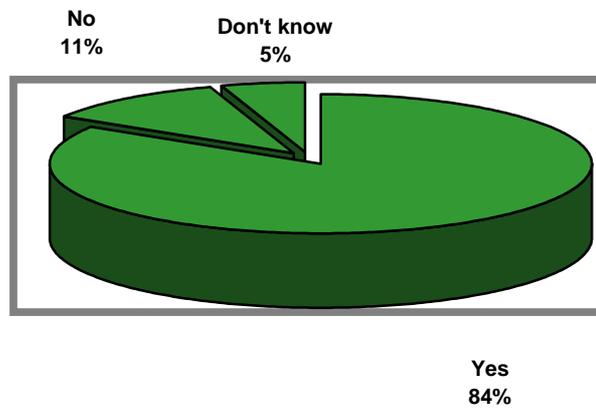


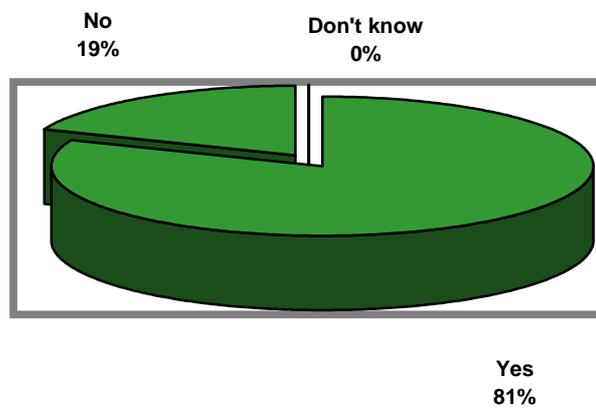
Figure 55: Is this an area you enjoy living in by respondents living in area 2 – St Paul's Road to the Middleway n=111



**Figure 56: Is this an area you enjoy living in by respondents living in area 3 – Edward Road to the Middleway
n=97**



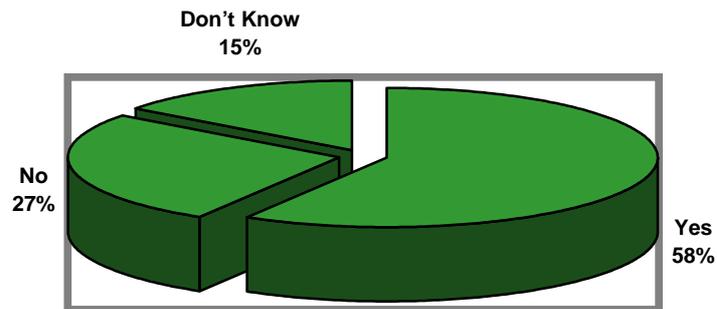
**Figure 57: Is this an area you enjoy living in by respondents in area 4 – Edgbaston Road to Edward Road
n=16**



- Respondents living in area 1 were the most likely to enjoy living in Balsall Heath (87%, n=66).
- Those living in area 2 enjoy living in the area the least (70%, n=78).

3.18.2 Well informed about local affairs

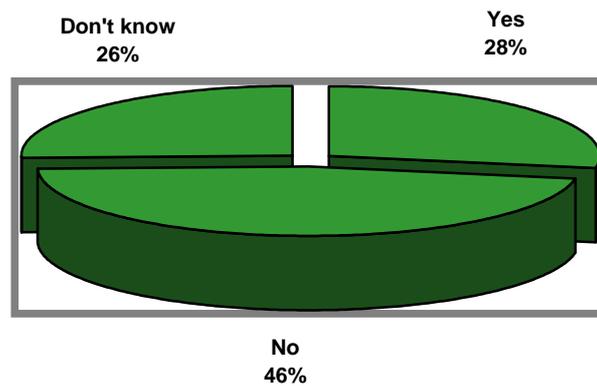
Figure 58: Do you think you are well informed about local affairs in Balsall Heath?
n=299



- Approximately three fifths of respondents (58%) considered themselves to be well informed about local affairs. Just over a quarter (27%) did not agree with this statement and a further 15% (n=44) were unsure.

3.18.3 Ability to influence decisions

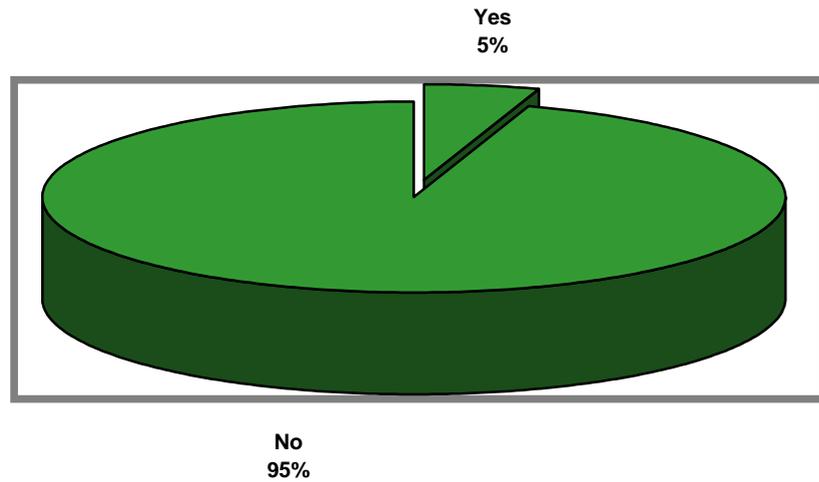
Figure 59: Do you feel you can influence decisions that affect your area?
n=298



- Twenty eight percent of respondents thought they could influence decisions that affect the Balsall Heath area.
- Forty six percent of respondents didn't consider themselves able to influence decisions that affect the Balsall Heath area. Approximately a quarter (26%) were unsure.

3.19 Community involvement

Figure 60: Have you been involved in any local or voluntary organisations, clubs or societies over the past 3 years?
n=293

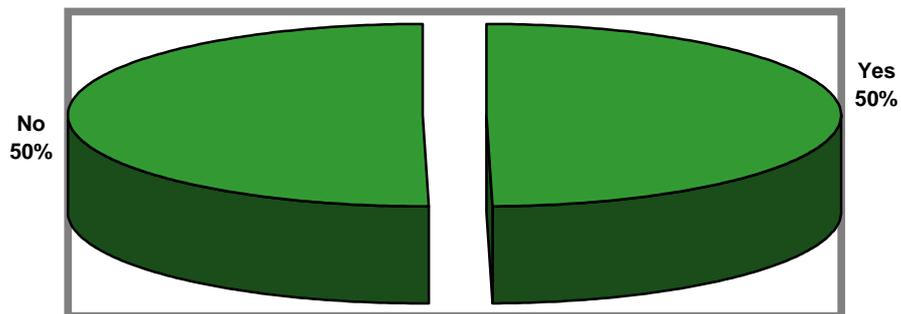


- Five percent of respondents have been involved in some sort of local community or voluntary organisation, clubs or society over the past three years. They are summarised below:
 - Balsall Heath Forum (n=4)
 - Sure Start (n=2)
 - Street watch (n=1)
 - Seven streets (n=)
 - Voluntary translator (n=1)
 - Yemeni Women's Association (n=1)

3.20 Employment

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.

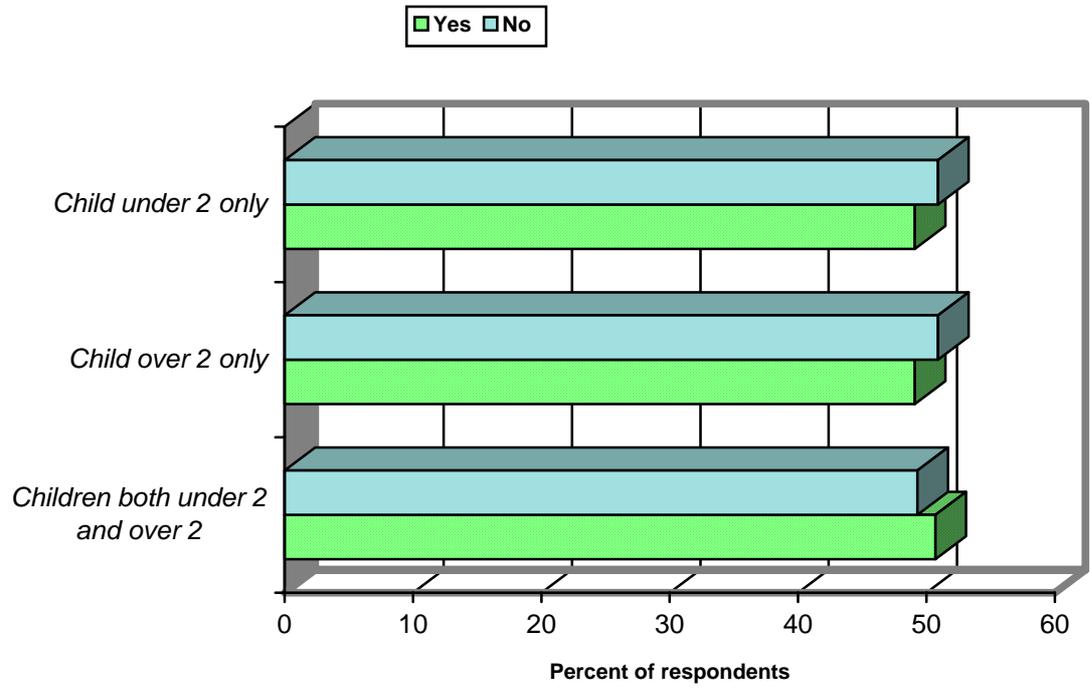
Figure 61: Is there anyone in your household currently in paid work?
n=294



- Half of the respondents surveyed were living in households where nobody was in paid employment (50%).

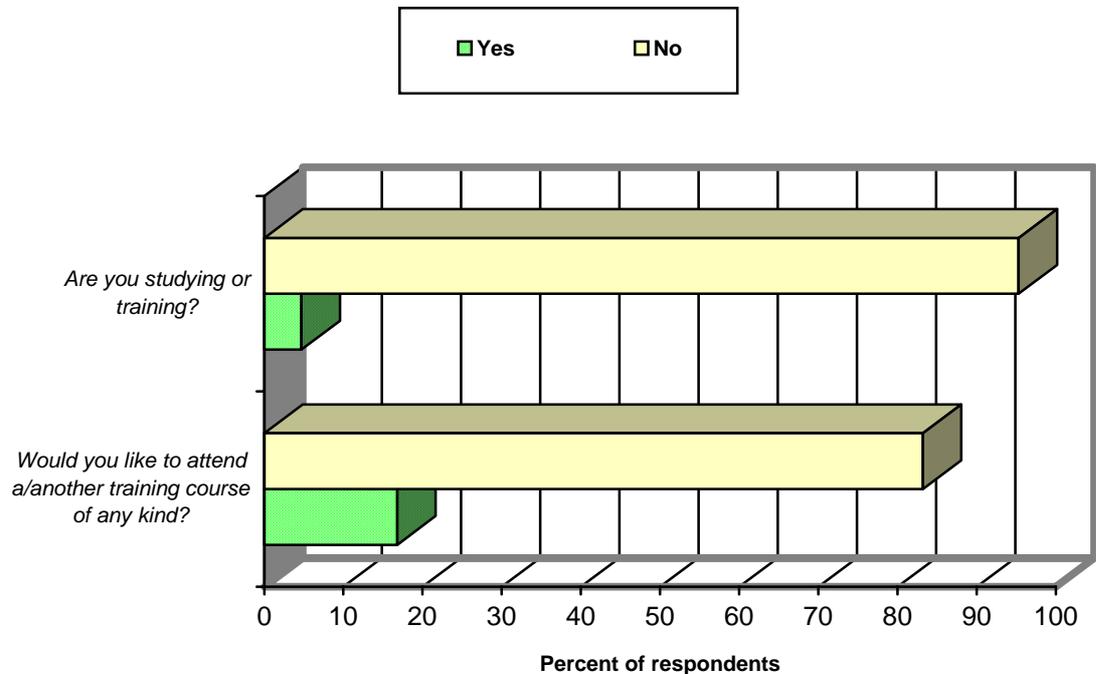
3.20.1 Breakdown by age of child

Figure 62: Is there anyone in your household currently in paid work by age of child



- There appears to be little relationship between the age of the child and workless households.

3.21 Training

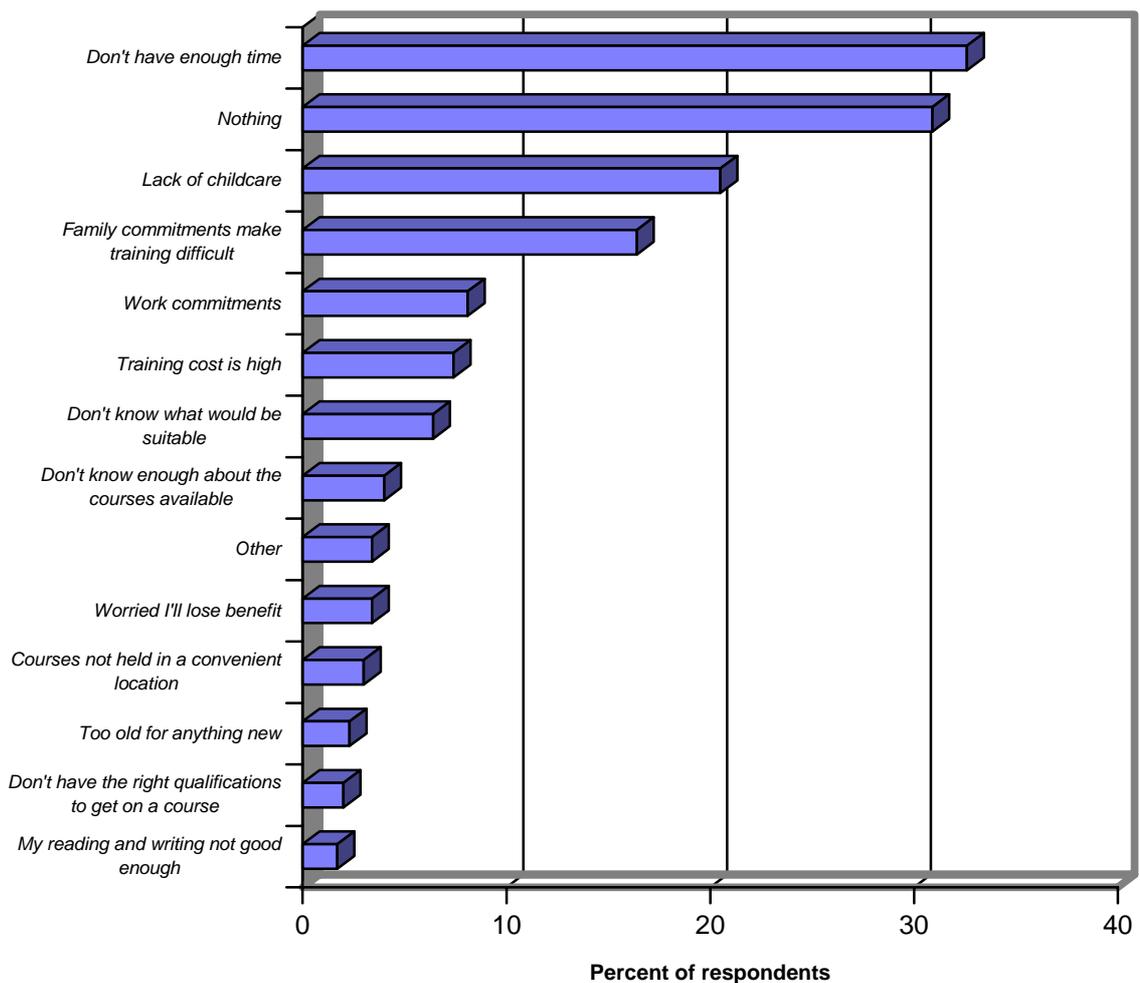
Figure 63: Studying or training status of respondents

- The majority of respondents (95%) were not studying or in training.
- Seventeen percent of respondents (n=49) were interested in attending a training course or another training course.
- Respondents who were interested in attending a/another training course were asked to select which courses they would like to attend. They could give more than one answer. The most popular courses these interested respondents would like to attend were:
 - Computer skills (37%, n=18)
 - Sewing (29%, n=14)
 - Health issues (20%, n=10)
 - Higher education (20%, n=10)
 - English as an additional language (18%, n=9)
 - Further education (16%, n=8)

3.21.1 Barriers preventing training

Respondents were asked what would prevent them from taking up training.

**Figure 64: Is there anything that prevents you from taking up training?
(N.B: Respondents could tick more than one answer)**



- 31% of respondents (n=92) didn't think there are any barriers that prevent them from taking up training.
- 33% of respondents (n=97) do not take up training because they don't have enough time.

- Twenty one percent (n=61) consider lack of childcare to be a factor, whilst 16% (n= 49) cited family commitments as a barrier to taking up training.

3.22 Other comments

We gave respondents the opportunity to make additional comments about services for families with young children in Balsall Heath. Respondents could reply in their own words, which have been coded for ease of analysis. Sixty-nine respondents gave another comment and of these, 40 said “no” they did not wish to comment.

Nine comments were related to the questionnaire length. Eight comments highlighted the need for an improvement in the **cleanliness of the area**. Comments included:

“Please sort out rubbish”

“We need to rid of rubbish and rats”

“A lot of rats in this area, regular cleaning and rubbish collecting needed”

“The area is unclean”

Three comments related to having **more assistance available in community languages**. One respondent shared they were “never asked about education for children and what help there is for parents who don’t speak English good or read or write”. Another wanted “benefits advisors in different languages”, while a third respondent remarked “No one could speak Bengali at Sure Start”

Two respondents wanted **more information** to be made available.

Another issue was **speeding** in the area. One respondent commented, “students from Joseph Chamberlain College speeding down roads near Percy Shurmer School where there are lots of children” Another shared, “There have been too many road accidents in Balsall Heath, especially our area Mary Street, Balsall Heath Road, Sherbourne etc. My child was a result of these road accidents – a hit and run – he was injured and nothing has been done about it... There was also a child (killed) on the same road by hit and run”.

More action was another thing highlighted by one respondent, “Sure Start need to act more quickly, things are promised then delayed for too long. People assume too much about the residents of Balsall Heath”.

3.23 Contact details received

We asked those who participated in the survey if we could take their contact details so they could become registered as a Sure Start parent. A total of 236 contact details have been received.

4. Recommendations

As well as providing baseline information on current levels of satisfaction with services, the consultation was also designed to inform the future delivery of services. The recommendations are thus presented in two parts:

- a) What changes in services are needed to meet the needs identified
- b) How can parents, families and the local community be involved in the ongoing development of Sure Start

4.1 Changes in services

- Parents currently use a majority of the services they access within the local Balsall Heath area. Parents like to use local services. Services should continue to be provided locally.
- More daycare and out of hours provision needs to be provided, to include provision in the school holidays. This should include playschemes, nurseries and playgroups.
- Childcare and crèche services also need to be extended and developed. This needs to be linked to leisure services and training and education, as well as providing respite care for parents.
- Places to play need to be improved, both in terms of provision and cleanliness. A major concern has been the condition of local parks. Environmental health concerns need to be passed on to environmental services, and play areas need to cater for all ages of children, particularly the younger age range, for whom provision appears to be limited.
- There is a need to improve general provision for younger children under the age of 4.
- Use of local libraries needs to be actively promoted to parents, along with an awareness raising campaign around reading daily to children in the home. Existing 'book bag' schemes should be extended, or developed if not in place.
- Leisure provision needs to be improved, both generally and in terms of culturally appropriate leisure provision that all members of the community can use.
- While satisfaction with the location and friendliness of medical practices is relatively high, there are needs to be addressed to ensure health services are culturally appropriate. Greater understanding of the need to provide culturally appropriate services is crucial, and provision put in place. For example, greater provision of female GP's and interpreters at health services, along with health professionals who speak a range of community languages. These issues need to

be passed onto the local PCT for immediate action. Health services locally also need to look at how they can provide more support, particularly in the period immediately after the birth of a child.

- Given concerns about waiting times to get an appointment, there is scope to develop a 'priority appointment system' for families with children.
- Levels of smoking indicate more targeted health promotion is needed on the effects of smoking, allied with smoking cessation programmes.
- More information on all services needs to be provided in family friendly ways, and in the required community languages, as this is a barrier to local people finding out about services. Information could be further disseminated through community groups, Sure Start staff, through local schools, places of worship, shops and surgeries. The key should be on 'what Sure Start can do for you'. This needs to be provided across all of the four local neighbourhoods, as at present, levels of awareness and use of Sure Start services differ. One key route is likely to be through local Health Visitors – awareness of Sure Start is highest among parents with younger children, which suggests that contact at this stage is a valuable way of disseminating information. These routes of dissemination need to be actively promoted by Sure Start.
- Local community language speakers should be recruited by Sure Start to ensure equity.
- There is scope to extend the provision of support services for families in the area, both specific services and generally. As part of this, we recommend that a preventative 'take the worry out of illness' positive health support approach be fostered, focusing on:
 - Providing practical advice in appropriate ways on a range of issues such as breastfeeding, general depression, healthy eating, post natal depression, special needs and speech and language issues
 - Developing a greater awareness of risks to children in the home, including child safety and home safety loan equipment
 - Promoting healthy behaviour and information on activities and play
 - Increasing awareness of healthy environments, damp and dust in the home
- 'Pampering sessions' could also be run for parents, aimed at reducing levels of stress suffered by respondents after the birth of children.
- There are a considerable number of local parents who are interested in training and education, and opportunities need to be provided to ensure this can be accessed. Opportunities will need to be offered in

the key skills areas required (for example English as a Foreign Language and computer skills), at family friendly times and with childcare provided. This is a key issue, given the high proportion of parents and children living in households in which nobody is in paid work.

- More information also needs to be provided in relevant community languages about back to work benefits. One possibility is to offer this provision in an informal 'drop in' environment, at which a range of support services could be offered. Such information could also be provided at existing groups for parents and children, such as Parent and Toddler sessions.
- We recommend that family friendly transport provision be developed, including more low floor buses.
- Relevant sections of the findings need to be summarised and sent to the relevant agencies, to include the PCT, leisure services and environmental health, for action.

4.2 Involving parents

To ensure that the Sure Start programme is sustainable, parents need to be actively involved in Sure Start. Here, we recommend a number of steps to ensure this continues to happen.

- The provision of information and advertising in relevant community languages (particularly Arabic and Urdu) is key to more parents finding out about Sure Start. At present, a considerable proportion of local parents have not heard about Sure Start.
- Local parents/volunteers need to be 'skilled up' to take an active part in Sure Start and decision-making. We recommend that this training be provided allied with a mentoring scheme. An approach which has worked well elsewhere is for parents to have a 'pre-management board meeting', to become familiar with the issues to be discussed, to unpick any jargon and to be clear on their response.
- Meetings need to be as family friendly as possible, at appropriate times of the day, with refreshments and childcare provided.
- To ensure that parents feel an investment in Sure Start, we have two recommendations to ensure that Sure Start have to gain community approval before any money is spent:
 - Parents should be given a notional budget to spend, which is spent on their behalf by Sure Start officers
 - An 'Action Advice Team' of parents should be established, whom Sure Start have to consult before money is spent

- The programme should be thinking about evaluation of Sure Start in Balsall Heath. Again, local parents should receive the training and support to be actively involved in this process.