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Overall Satisfaction

Respondents to the community survey are positive about the Programme with 89% stating that the Programme is ‘very good’ or ‘good’. The majority of respondents (63%) thought the services were ‘very good’. Results are set out in Figure 1 below which also compares the 2004 results to the 2003 results.

Figure 1: Overall Impression of Sure Start Rawmarsh Services

- All of the respondents in the 2004 survey who thought the quality of Sure Start Rawmarsh was ‘poor’ were from the age group 25 – 44 and from dual-parent households.
- None of the respondents who were lone parents thought the service quality was poor.
- Respondents from the Sandhill area were more satisfied overall, none thought the service poor, in comparison to their cohorts from Central Rawmarsh and Monkwood where 2% and 3% respectively described the services as poor.
Improved Awareness

A core aspect of the success of Sure Start is the level of awareness of the programme in the community, and amongst its client group. To ascertain levels of awareness, carers were asked whether or not they had heard of Sure Start Rawmarsh.

The results are extremely positive, showing that 137 carers (or 98.6%) had heard of Sure Start Rawmarsh. Conversely, only 2 respondents (or 1.4%) had not heard of Sure Start Rawmarsh.

These results are a very small positive increase on results from the 2003 survey whereby 96.9% of the population had heard of Sure Start Rawmarsh and 3.1% had not heard of Sure Start Rawmarsh. The results of the survey are shown in comparison to the 2003 survey data in Table 1 below.

Table 1: Respondents Awareness of Sure Start Rawmarsh

<table>
<thead>
<tr>
<th>Heard of Sure Start Rawmarsh</th>
<th>Percentage 2003 survey</th>
<th>Percentage 2004 survey</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>96.9%</td>
<td>98.6%</td>
<td>+1.7%</td>
</tr>
<tr>
<td>No</td>
<td>3.1%</td>
<td>1.4%</td>
<td>-1.7%</td>
</tr>
</tbody>
</table>

Results regarding awareness were analysed in relation to key demographic variables.

- Levels of awareness of the Programme were highest in percentage for males than females. All 23 males had heard of the Programme, whereas 2 of the 115 females had not heard of the Programme.

- All lone parent respondents had head of the Programme. In comparison, all 2 respondents who had not heard of the Programme were from dual parents households.
The carers who had heard of the Sure Start Programme were asked how they had first heard of the Sure Start Rawmarsh Programme. The single most frequent means of first hearing was through the health visitor (48%). The second most frequent means of first hearing was through word of mouth (24%).

- In comparison to the 2003 survey data, the 2004 survey shows there has been a large increase (increase of 16%) of carers hearing about the Programme through the health visitor.

The results are given in full in the table below, showing the comparison to the 2003 survey data.

Table 2: Form of Awareness-raising

<table>
<thead>
<tr>
<th>Form of awareness-raising</th>
<th>Percentage of survey population 2004</th>
<th>Actual number of responses 2004</th>
<th>Percentage of survey population 2003</th>
<th>Actual number of responses 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health visitor</td>
<td>48%</td>
<td>83</td>
<td>32%</td>
<td>68</td>
</tr>
<tr>
<td>Word of Mouth</td>
<td>24%</td>
<td>42</td>
<td>39%</td>
<td>84</td>
</tr>
<tr>
<td>Sure Start Worker</td>
<td>14%</td>
<td>24</td>
<td>14%</td>
<td>31</td>
</tr>
<tr>
<td>Poster/flyer/information leaflets</td>
<td>8%</td>
<td>13</td>
<td>7%</td>
<td>15</td>
</tr>
<tr>
<td>Midwife</td>
<td>5%</td>
<td>8</td>
<td>1%</td>
<td>3</td>
</tr>
<tr>
<td>Local Newspaper</td>
<td>1%</td>
<td>2</td>
<td>3%</td>
<td>6</td>
</tr>
<tr>
<td>Social Services Worker</td>
<td>1%</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playbus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fun Day</td>
<td></td>
<td></td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Nursery</td>
<td></td>
<td></td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Play Group</td>
<td></td>
<td></td>
<td>0%</td>
<td>1</td>
</tr>
<tr>
<td>Sure Start Correspondence</td>
<td></td>
<td></td>
<td>0%</td>
<td>1</td>
</tr>
</tbody>
</table>
The results indicate that Health Visitors have become the major source of awareness-raising, and this has increased significantly over year 2003 – 2004. Conversely word of mouth has decreased as a source of awareness-raising between the 2003 survey and this 2004 survey. Awareness-raising from the midwife has increasing slightly, but still remains low. Awareness-raising from face-to-face methods still remains significantly more prevalent than through publicity (such as leaflets, flyers and newspaper features).

The results are disseminated by key demographic variables:

- The majority of females heard about Sure Start Rawmarsh though the health visitor (71, or 48.6% of female respondents). In contrast, males heard with equal frequency either through the health visitor (11 or 33.3%) or word of mouth (11, or 33.3%).

- In comparison to the 2003 survey, results from this 2004 survey show there has been an increase in females hearing through the health visitor (increase of 14.4%) and a large increase in the male hearing though health visitors (increase of 24.7%). There has been a decrease in hearing through word of mouth for males and females (18.8% and 13%, respectively). Results are shown in the table below.
Table 3: Gender / Form of Awareness-raising

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth</td>
<td>33.3%</td>
<td>21.2%</td>
<td>52.1%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Health visitor</td>
<td>33.3%</td>
<td>48.6%</td>
<td>8.6%</td>
<td>34.2%</td>
</tr>
<tr>
<td>Other</td>
<td>18.2%</td>
<td>6.8%</td>
<td>21.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Sure Start worker</td>
<td>9.1%</td>
<td>14.4%</td>
<td>17.3%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Poster/flyer/information leaflets</td>
<td>6.1%</td>
<td>7.5%</td>
<td>0.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Local newspaper</td>
<td>0.0%</td>
<td>1.4%</td>
<td>0.0%</td>
<td>2.8%</td>
</tr>
</tbody>
</table>

- Respondents from age cohorts 20 - 24 and 25 – 44 most often heard about the Sure Start Rawmarsh Programme through the health visitor (50% and 48% respectively). In contrast those from older cohorts (45 – 54 and 55 – 64) more often heard about Sure Start Rawmarsh from word of mouth (43% and 75% respectively).

- In comparison to the year 2003 survey, more respondents this year (2004) from the age cohort 25 – 44 heard about Sure Start Rawmarsh through the health visitor (in the 2003 survey the largest number of the age cohort 25 – 44 heard through word of mouth).

- For both dual parents and lone parents, the most frequent source of hearing about the Sure Start Programme was through the Health Visitor (54% and 44%, respectively).

In comparison to the 2003 survey, awareness-raising through the health visitor has increased for both lone parents and dual parents, though the largest percentage increase has been for lone parents (increase 2004 by 27%). The table below displays these results.

Table 4: Parental Status/ Form of Awareness-raising

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Visitor</td>
<td>54%</td>
<td>44%</td>
<td>27%</td>
<td>33%</td>
</tr>
<tr>
<td>Word of</td>
<td>11%</td>
<td>26%</td>
<td>42%</td>
<td>35%</td>
</tr>
</tbody>
</table>
Disaggregating the data in relation to working status, the largest numbers of respondents are from the cohorts working full time; working part time; unemployed or full time parents.

In relation to methods of first hearing about Sure Start Rawmarsh the data shows that in this years 2004 survey the health visitor is the most frequent first form of awareness-raising for full-time parents (55.9% of full time parent respondents), and in contrast word-of-mouth is the most frequent first form of awareness-raising for un-employed persons.

- Comparing the 2004 survey data to the 2003 survey data, the most significant difference is the decrease of carers working full-time who heard about the Sure Start Programme through word-of-mouth (decrease by 40.6%). In contrast there was also a large increase in the number of carers working full time who first heard about the programme through the health visitor (increase of 27.8%).

Table 5: Working Status / Form of Awareness-raising

<table>
<thead>
<tr>
<th>How respondents first heard about Sure Start Rawmarsh</th>
<th>Working Full Time</th>
<th>Working Part Time</th>
<th>Un-employed</th>
<th>Full Time Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth 2003</td>
<td>66.5%</td>
<td>33.3%</td>
<td>41.1%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Health Visitor 2003</td>
<td>5.5%</td>
<td>26.9%</td>
<td>29.4%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Word of Mouth 2004</td>
<td>25.9%</td>
<td>23.8%</td>
<td>33.3%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Health Visitor 2004</td>
<td>33.3%</td>
<td>47.6%</td>
<td>33.3%</td>
<td>55.9%</td>
</tr>
</tbody>
</table>

Disaggregating the data in terms of the different areas of Rawmarsh where the respondents lived revealed a number of interesting points:

- Overall, the largest numbers of respondents in all areas heard about Sure Start Rawmarsh through the Health Visitor and the second most frequent source was through word–of-mouth. Further, local newspapers consistently showed to be the least most frequent form of hearing about Sure Start Rawmarsh.
When comparing the three Rawmarsh areas, word-of-mouth showed to be the most frequent source of introduction to the Programme in Monkwood (30.2%).

When comparing the three Rawmarsh areas, health visiting showed to be the most frequent source of introduction to the Programme in Sandhill (55.9%).
Table 6: Area of residence in Rawmarsh / Form of Awareness-raising

<table>
<thead>
<tr>
<th>How respondents first heard about Sure Start Rawmarsh</th>
<th>Central Rawmarsh</th>
<th>Sandhill</th>
<th>Monkwood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth</td>
<td>22.1%</td>
<td>17.6%</td>
<td>30.2%</td>
</tr>
<tr>
<td>Local newspaper</td>
<td>1.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Poster/flyer/information leaflets</td>
<td>8.1%</td>
<td>5.9%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Health visitor</td>
<td>43.0%</td>
<td>55.9%</td>
<td>47.2%</td>
</tr>
<tr>
<td>Sure Start worker</td>
<td>14.0%</td>
<td>11.8%</td>
<td>11.3%</td>
</tr>
<tr>
<td>Other</td>
<td>11.6%</td>
<td>8.8%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Health Services

The data from the community survey was used to determine satisfaction levels of various health services. Services were evaluated in comparison to the results from the 2003 survey (except for the smoking cessation service which was not evaluated in the 2003 survey).

The services which were evaluated were:

- GP’s
- Midwife
- Health Visitor
- Speech and Language Therapist
- Skin Clinic
- Bumps and Babes Group
- Breast – feeding Workshop
- Baby Massage
- Child Health Clinics (Health Visitors)
- Oral Health Educators
- Physiotherapist
- Sleep Clinic
- Baby Clinics (Health Clinic)
- Smoking Cessation

Respondents to the community survey were asked to evaluate health services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.
The results show that overall satisfaction was very high throughout all health services. Satisfied – Very Satisfied respondents formed over 80% of responses for each health service.
The most satisfaction of any service for this year 2004 survey was expressed for the bumps and babes group 2004 (55% Very Satisfied, 25% Quite Satisfied and 20% Satisfied).

The least satisfaction expressed in the 2004 survey was for the health visiting service (18% Unsatisfied).

In comparing results from the year 2003 survey data to the results from the year 2004 data, there is a trend that in the 2004 survey there are less very satisfied responses to all health services.

**Figure 2: Levels of Satisfaction with Health Services**

The questionnaire asked respondents whether they thought there were enough health services for parents and their young children in the area.

Results showed that overall in 2004 a high percentage (89%) believed there were enough health services, and conversely a small percentage (11%) believed there were not enough health services (results are shown in figure 3 below).

- In comparison to results from the same question in 2003, the 2004 percentage of respondents who thought there were enough health services has dropped by 5.8%.
The results were examined in relation to a number of key demographic variables and analysis revealed that:

- All of the respondents who did not think there were enough health services were from the age cohorts 20 – 24 or 25 – 44. Respectively, these were 14% and 12% of the age cohorts. In contrast, 86% of 20 – 24 year old respondents and 88% of 25 – 44 year old respondents said there were enough health services.
- Only 1 lone parent respondent said there were not enough health services. This constitutes 4% of lone parent respondents.
- In regard to residence areas of Rawmarsh, the largest number of respondents who thought there were not enough health services came from the Central Rawmarsh area. 14% of respondents from the Central Rawmarsh area said there were not enough health services (85% said there were enough health services). In contrast, 10% of respondents from Sandhill said there were not enough health services (90% said there were enough health services). Finally, 7% of respondents from Monkwood said there were not enough health services (93% said there were enough health services).

The carers who did not think there were enough health services in the area were asked what additional services they would like to see in the area.
There were only 15 responses to this question which are listed in full below. The most frequent suggestion for additional services was “more appointments for children at the doctors surgery”.

- More appointments for children at the doctors surgery (3 citations)
- More Sure Start groups (1 citation)
- More drop-in crèche/playgroups (1 citation)
- More transportation to groups (1 citation)
- Dietician (1 citation)
- Dyslexia group (1 citation)
- Baby clinics in more areas than only in Barbers Avenue (1 citation)
- More ‘unqualified’ or informal workers experienced in child care (1 citation)
- Speech therapist (1 citation)
- Something for dads (1 citation)
- More Health Visitors (1 citation)
- Nicer GP’s (1 citation)
- More home visits for when parents struggle to get to the centre due to depression (1 citation)

**Play and Learning Services**

The data from the community survey was used to determine satisfaction levels of various play and learning services. Services were evaluated in comparison to the results from the 2003 survey (except for two services: Stay and Play and Rosehill Drop-in, which were not evaluated in the 2003 survey).

The services which were evaluated were:

- Creche
- Casual Creche (drop-in)
- Childminders
- Nursery
- Special Needs Support for Children
- STEPS (Educational Psychology)
- Toy Library
- Play and Learning Bus
- Busy Bee’s Children’ Activity Gym
- Chatterbox
- Tots and Twos
- PACT (Behaviour Management)
- Story Sacks
- Pat-a-cake Club
- Stay and Play (not evaluated in the 2003 service therefore no comparative data)
- Rosehill Drop-in (not evaluated in the 2003 service therefore no comparative data)

Respondents to the community survey were asked to evaluate play and learning services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.

The results show that overall satisfaction was high for the large majority of services. Most services had satisfaction levels (Satisfied – Very Satisfied) which were above 80%.

- The service which received the most negative feedback was the Special Needs for Children 2004 service. This service was also found to be the least satisfactory play and learning service in the 2003 service, but in the 2004 survey the unsatisfied responses have increased by 13% from 2003.

- The most satisfaction was expressed for the bumps and babes service (65% Very Satisfied, 13% Quite Satisfied and 17% Satisfied). This result gives increased legitimacy to the findings in the health service section (whereby bumps and babes was found to be the most satisfying health service).

**Figure 4: Levels of Satisfaction with Play and Learning Services**

The questionnaire asked respondents whether they thought there were enough health services for parents and their young children in the area.
• Overall results showed that just over four-fifths of respondents (82.5%) thought there were enough play and learning services for parents and children. In contrast, 17.5% of respondents thought there were not enough play and learning services.

• In comparison to 2003, 10% less respondents thought there were enough play and education services.
Parents/carers who thought there should be more play and learning services were asked what additional services they would like. The most frequent suggestions are shown in the table below.

Table 7: Suggestions for Additional Play and Learning Services

<table>
<thead>
<tr>
<th>Suggested Additional Play and Learning Services</th>
<th>Number of citations</th>
<th>Percentage of survey population</th>
</tr>
</thead>
<tbody>
<tr>
<td>More activities for children aged 3-4 to help prepare children for nursery</td>
<td>4</td>
<td>2.9%</td>
</tr>
<tr>
<td>Weekend/evening groups for working parents</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>More toddler groups at Children’s Centres</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>More drop-in crèches</td>
<td>2</td>
<td>1.5%</td>
</tr>
<tr>
<td>More accessible group locations</td>
<td>2</td>
<td>1.5%</td>
</tr>
</tbody>
</table>
Other responses are given with the frequency of only one citation each. Overall, these demonstrate that the parents / carers do not wish to have additional services, but for services to be more accessible. Most particularly the citations reveal that more accessible locations of services are the most frequent suggestion (9 citations). More accessible timings of services is the second most frequent theme of the suggestions (4 citations).

The citations are shown below grouped into thematic areas.

**Different Play and Learning Service Times**

- More groups outside of shift-work hours (1 citation)
- More for dads at the weekend (1 citation)
- More afternoon groups at either Ryecroft, Rosehill or Sandhill school (1 citation)
- More groups for mums in the afternoon (1 citation)

**More Accessible locations of Play and Learning Services**

- More playgroups in the area (1 citation)
- More variety of groups in the Sandhill area (1 citation)
- More outside areas for children in the Sandhill area (1 citation)
- More accessible group locations (1 citation)
- Help with transport to access services/groups (1 citation)
- More services in the Rycroft area (1 citation)
- Creche at Rosehill (1 citation)
- More toddler groups at the Children’s Centre (1 citation)
- More creative groups at both centres of Monkwood and Children’s Centre (1 citation)

**Different Play and Learning Services**

- More for dads to do with their children (1 citation)
- More creative groups at both centres of Monkwood and Children’s Centre (1 citation)
- Decent play park area (1 citation)
Training and Education Facilities

The data from the community survey was used to determine satisfaction levels of various training and education services. Services were evaluated in comparison to the results from the 2003 survey (except for two services: Schematic Learning and Breastfeeding Counselling/La Leche, which were not evaluated in the 2003 survey).

The services which were evaluated were:

- NVQ Childcare and Education Libraries
- ESOL Classes (English as a Second Language)
- IT Training at City Learning Centre
- Committee Skills
- Story Sacks
- Schematic Learning (not evaluated in the 2003 service therefore no comparative data)
- Breastfeeding Counselling / La Leche (not evaluated in the 2003 service therefore no comparative data)

Respondents to the community survey were asked to evaluate training and education services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.

- The results show that overall satisfaction (Satisfied – Very Satisfied) was high, being at least 80% for all services except ESOL Language Classess)

- The service which was described as being the most satisfying was for Breastfeeding / La Leche which is a new service for 2004 (86% Very Satisfied, 14% Satisfied). In contrast, the least satisfying service was recorded as the ESOL language classes (75% Satisfied, 25% Unsatisfied).
The questionnaire asked respondents whether they thought there were enough training and education facilities.

Overall, four-fifths of respondents said they thought there were enough training and education services. In comparison to the 2003 survey the results are very similar. There is only a very small 1.7% reduction in 2004 of the numbers of respondents who thought there were enough training and education services (results are set out in figure 7 below).
Respondents who stated that they would like additional training and education services in the area were asked what services they would like to see. The largest number (7 citations) stated they would like to see more courses to help parents return to work and give them basic skills. Other frequently suggested comments are listed in table 8 below.

Table 8: Suggestions for Additional Training and Education Services

<table>
<thead>
<tr>
<th>Suggested additional training and education services</th>
<th>Number of citations</th>
<th>Percentage of survey sample population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to work, basic skills training for post-natal mothers</td>
<td>7</td>
<td>5.1%</td>
</tr>
<tr>
<td>Parenting courses</td>
<td>4</td>
<td>3.0%</td>
</tr>
<tr>
<td>More advertising of training and education courses</td>
<td>4</td>
<td>3.0%</td>
</tr>
<tr>
<td>Assertiveness / confidence building group</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>DIY courses</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>Help to find work/change career</td>
<td>3</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
Singular or twice-cited responses are listed below in full, in thematic areas. Overall, these citations describe particular training courses which the respondents were interested in pursuing:

**Particular training courses**

- More training courses for dads (2 citations)
- More training courses (2 citations)
- Food hygiene courses (2 citations)
- Fitness programme (2 citations)
- Beautician course (1 citation)
- Computer courses in a ‘non academic’ setting (1 citation)
- Training courses which give an academic qualification (1 citation)
- Training courses with crèche facilities (1 citation)
- Self defence courses (1 citation)

**Support and Other Services for Parents, Carers and Families**

The data from the community survey was used to determine satisfaction levels of various training and education services. Services were evaluated in comparison to the results from the 2003 survey (except for La Leche Peer Counsellors which was not evaluated in the 2003 survey).

The services which were evaluated were:

- Family Support Workers
- Nursery Nurses
- Mum and Dads To-Be Group
- Rawmarsh Drugs Forum
- Grandparent Group
- CHAT Young People’s Drop-In
- Baby-Doll Project
- Chatabout
- Yoga Classes
- Bums and Tums
- Family Learning (Numeracy and Literacy)
- Post-natal Depression Support
- Breast-pump Loan Scheme
- PATCH (Safety Equipment Loan)
- Public Transport
- Parks/Play areas
- La Leche Peer Counsellors (not evaluated in the 2003 service therefore no comparative data)
Respondents to the community survey were asked to evaluate support and ‘other’ services along a four point attitudinal scale incorporating Very Satisfied, Quite Satisfied, Satisfied and Unsatisfied.
The results show that overall satisfaction was high (above 80% Satisfied – Very Satisfied) for most services (except CHAT Young People’s Drop-IN, and Public Transport and Parks). In this respect, overall the Support and Other Services group of services reflects less overall satisfaction than the other services areas (Health, Play and Learning and Training and Education).

- The services which showed the most satisfaction (defined here as Quite Satisfied and Very Satisfied), were the La Leche Peer Counsellors (73% Very Satisfied, 23% Quite Satisfied); the grandparent group also received high level of satisfaction (50% Very Satisfied, 50% Quite Satisfied) and finally, we can observe that Chatabout 2004 also received high level of satisfaction (17% Very Satisfied, 83% Satisfied).

- The least Satisfaction for a Sure Start Service was CHAT Young Peoples drop-in 2004, which received 25% Un-satisfied responses. This is a large increase in dissatisfaction in comparison to the 2003 survey data, whereby the service did not receive any Un-satisfied responses.

- High levels of dissatisfaction were recorded for local community council/local authority services of Parks/Play Areas and Public Transport (receiving 35% Un-satisfied responses for each service in 2004. In comparison to the 2003 data, these results are very similar (average of 38% Un-satisfied respondents from 2003 data)

Figure 8: Respondents Perception of Whether There are Enough Support and Other Services
The questionnaire asked respondents whether there were enough support and ‘other’ services.

Overall, there was a large amount of agreement that there were enough support and ‘other’ services. 86% of respondents to the 2004 survey thought there were enough support and ‘other’ services. Conversely 14% did not think there were enough support and ‘other’ services.

In comparison to the 2003, 5.4% less respondents thought there were enough support and other services.

**Figure 9: Levels of Satisfaction with Support and Other Services**

Respondents who thought there were not enough support and other services for carers/families and children were asked what additional support services they would like in the area. Overall the majority of responses (9 of 17 citations) said that they would like for the parks/outdoor play areas for children to be safer, cleaner or nicer (of particularly frequent mention was the bad state of the *Rosehill Park*). The full list of suggestions are shown in the table below.
Table 9: Suggestions for Additional Support and Other Services

<table>
<thead>
<tr>
<th>Suggestions for additional support and other services</th>
<th>Number of citations</th>
<th>Percentage of survey sample population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer outdoor play areas/ parks (particularly Rosehill Park)</td>
<td>9</td>
<td>6.5%</td>
</tr>
<tr>
<td>More services in Sandhill, Monkwood or Barbers Avenue</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Yoga/ exercise classes</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Support for parents with depression</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Support for parents/ carers after 5pm</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Drop-in parenting skills course (referral puts them off)</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Support for children with autism</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Sure Start toddler groups for kids aged 3-4 years</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Picnic Areas</td>
<td>1</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

**Referrals**

When parents were asked whether or not they had been referred from one Sure Start service to another 17% said they had been referred. In contrast to the 2003 survey, this result is very similar, whereby 20% had been referred in 2003.

Frequency of referrals disaggregated by key demographic variables reveals that referral rates vary between demographic groups:

- Referral rates were highest amongst male respondents (26% of all males respondents) than amongst their female peers (15% of all female respondents).
- A higher percentage of lone parents were referred than their peers from dual parent households (22% and 15% respectively).
Referral rates tended to increase in relation to the length of time respondents had been living in the area, until respondents lived in the area for more than 10 years. The largest percentage who were referred had lived in the area between 6 and 10 years. The results are set out in the table below.

Table 10: Length of Time Resident in the Rawmarsh Area / Percentage of Persons Referred From One Sure Start Service to Another

<table>
<thead>
<tr>
<th>Referred</th>
<th>0 – 1 year</th>
<th>2 – 5 years</th>
<th>6 – 10 years</th>
<th>More than 10 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0%</td>
<td>8.8%</td>
<td>26.7%</td>
<td>17.9%</td>
</tr>
<tr>
<td>No</td>
<td>100%</td>
<td>91.2%</td>
<td>73.3%</td>
<td>82.1%</td>
</tr>
</tbody>
</table>

The most referrals were made for respondents living in the Central Rawmarsh and Monkwood areas (18.6% and 18.2% respectively, were referred). In contrast 13.8% of respondents from the Sandhill area were referred.

Those respondents who were referred to a service by a Sure Start service were asked which service they were referred to. The results are set out in the table below.

Table 11: Services Referred On Towards

<table>
<thead>
<tr>
<th>Service referred on towards</th>
<th>Number of citations</th>
<th>Percentage of survey population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech therapist</td>
<td>5</td>
<td>3.6%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>4</td>
<td>2.9%</td>
</tr>
<tr>
<td>Skin clinic</td>
<td>3</td>
<td>2.2%</td>
</tr>
<tr>
<td>Playgroup</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Play ‘n’ learn group</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Toy Library</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Busy Bees</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Chatterbox</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Mums and Dads to-be</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Bumps ‘n’ Babes</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Toddler Group</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Orthoptic Department</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Tots and Two’s</td>
<td>1</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

The single most frequent service referred to by a Sure Start service was the Speech therapist (5 citations), followed by physiotherapy (4 citations).
• In comparison to the 2003 survey, the referral results are very similar. The 2003 results also showed that the top two most frequent service referrals were to the physiotherapist (4.5% of survey population 2003) and Speech therapist (4.0% of survey population 2003).
Respondents were additionally asked which organisation/professional had made the referral. The results are set out in the table below.

Table 12: Service Which Made Referrals

<table>
<thead>
<tr>
<th>Service which made the referral</th>
<th>Number of citations</th>
<th>Percentage of survey population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Visitor</td>
<td>10</td>
<td>7.2%</td>
</tr>
<tr>
<td>Chatterbox</td>
<td>2</td>
<td>1.4%</td>
</tr>
<tr>
<td>Toy Library</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Busy Bees</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Sure Start Support Worker</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Midwife</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Sure Start Letter</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Parent</td>
<td>1</td>
<td>0.7%</td>
</tr>
<tr>
<td>Self Referral</td>
<td>1</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

The service which most frequently refers clients on to other services is the Health Visiting service (10 citations).

- In comparison to the 2003 survey the trend is the same. In 2003 the health visitor was also referring clients on to other services much more frequently than other services (21 citations or 10.6% of survey population in 2003)

The questionnaire asked the respondents who had been referred to another service to express their level of satisfaction with the time they had to wait to see the service they were referred on to. Results show that the majority were very happy with the time they waited. Results are shown in figure 10 below.
The key observation comparing the two years of survey data is that the levels of satisfaction have remained very similar from 2003 to 2004.
Effect of Sure Start Rawmarsh Programme and Services upon Parents

Respondents were asked to rate a series of statements relating to the impact of Sure Start upon the quality of their lives as parents/carers. Results are shown in figure 11 below in comparison to the results from the 2003 survey.

Figure 11: Sure Start Services Effect Upon Parents

The most striking overall trend is the lack of difference between the results of the previous year 2003 evaluation and this year 2004 evaluation.

- There were very few responses stating that Sure Start made aspects of the parents live worse.
- The most positive set of responses was for the statement that Sure Start Rawmarsh had made a positive difference to the community (60% A Lot of Impact, 25% A Little Impact, 15% Not Really)
- Respondents in 2004 thought that the Programme had the least impact upon improving their relationship with their child(ren) (20% A Lot of Impact, 25% A Little Impact, 55% Not Really).
**Effect of Sure Start Rawmarsh Programme and Services upon Children**

Respondents were asked to rate a series of statements relating to the impact of Sure Start upon the quality of their children’s lives. Results are shown in figure 12 below in comparison to the results from the 2003 survey.

**Figure 12: Sure Start Services Effect Upon Children**

- Data from the 2004 survey was similar to the 2003 data, revealing a trend which is demonstrated in figure 12.

- In comparing the results from the impact upon the parents and then the children, we can observe that respondents thought the impact of Sure Start upon the child was more tangible than the effect of Sure Start upon the parents.

- The most perceived impact from the 2004 survey was upon children and helping them to get on better with other children (44% A lot of Impact, 36% A Little Impact, 19% Not Really Making an Impact. In contrast, the least impact was perceived to be upon helping children’s behaviour (eating/sleeping).
Respondents were given the opportunity to state any final comments they would like to make. They are shown below in themed areas:

**Suggestions for New Services**

- Potty training advice/service (X 2 citations)
- A newsletter would be helpful which had details of how you pay over the phone by Debit/Credit card for tickets (1 citation)
- It would be helpful for tickets to be posted out rather than having to collect them in person (1 citation)
- Sure Start needs to tackle bullying (1 citation)
- Make a timetable available and put it in local chemists/shops/doctors (1 citation)

**More Services**

- We need more playgroups in the afternoon (1 citation)
- If there were more groups / courses in Sandhill I would attend and my child might benefit (1 citation)
- I would like more active projects (e.g swimming/ sports for children) (1 citation)

**Positive Affirmations of Sure Start Rawmarsh**

- It is very good, I enjoy coming to sessions (X 2 citations)
- I don’t know what I would do with my time if there was no Sure Start (1 citation)
- Groups have helped my child to mix with other children (1 citation)
- It is great that there is somewhere to go when you are at the end of your tether (1 citation)
- Well done Sure Start Rawmarsh as other areas don’t have anything like Sure Start (1 citation)
- I would be lost without these services for myself and my child (1 citation)
- Sohie’s breastfeeding support was invaluable as was her care towards both me and my baby (1 citation)
- Sure Start has made a positive difference to Rawmarsh (1 citation)
- Sure Start has always been there to support me when I needed it (1 citation)

**Improvements to make services more accessible**

- Very little information is fed to parents who work full-time (X 2 citations)
- The drop-in room should not be booked out, especially throughout lunchtime (X 2 citations) (1 citation)
- Chatterbox two sessions are in the morning so is inaccessible to children at morning nurseries (1 citation)
Engaging dads may need for services to be accessible outside of 9 – 5 office hours (1 citation)
Asylum seekers in the area do not attend services (1 citation)
I can’t access services because I work full-time (1 citation)

Other Improvements to Services
Rules and regulations being introduced may disengage parents (1 citation)
People are suspicious of the motives of family support workers (1 citation)
**Demographics**

In total 138 carers answered the questionnaire. This represents X% of the Sure Start Rawmarsh population. The large majority (83% or 115 respondents) were female. In contrast 17% (or 23 respondents) were male.

**Age**

The large majority of respondents were aged between 25 and 44. 

Figure 13: Age Groups of Respondents

Large numbers of respondents cared for one child, or were expecting (57, or 41% of respondents) or two children (55, or 39.6% of respondents).
Figure 14: Numbers of Children Cared For By Respondents

![Chart showing the number of children cared for by respondents.](chart.png)

**Ethnic/ Cultural background**

The populations’ ethnic/ cultural background was very homogenously White British (131, or 97% of respondents). In contrast 1 respondent was White Irish, 1 was Other Black, 1 French and 1 Chinese.

Figure 15: Ethnic/cultural Background of Respondents

![Chart showing the ethnic/cultural background of respondents.](chart.png)
Parenting Status
When asked about their parenting status, 23 respondents (or 17%) stated that they were part of a lone – parent household, whilst 112 respondents (or 83%) stated that they were in a dual – parent household.

Length of Time Resident In The Sure Start Rawmarsh Area
Data indicated that population residency in the area was quite stable because 97% of respondents had lived in the area for more than 2 years.

- The largest number (69 or 50% of respondents) had lived in the area for more than 10 years.

Figure 16: Length of Time Respondents Have Resided In Rawmarsh Area
Working Status

When asked about their working status, the single largest response was Full Time Parent (71 responses or 51% of the total survey population).

Taken collectively 40% of the total population of respondents were engaged in some form of paid work. In comparison to the 2003 survey, the percentage of persons engaged in some form of paid work is similar at 43% of respondents.

The results are shown in full in the graph below (please note that respondents could give more than one response, so the percentage is configured from the total number of respondents).

Figure 17: Working Status of Respondents
Area of residence within Sure Start Rawmarsh

The survey population reside in areas throughout the Sure Start Rawmarsh area. The largest single number of respondents (61 or 45% of respondents) come from the Central Rawmarsh area. In contrast 44 (or 33%) come from the Monkwood area and 30 respondents (or 22%) come from the Sandhill area. These results are shown in the graph below.

Figure 18: Area of Residence Within Rawmarsh
Respondents area of residence within Rawmarsh

Central Rawmarsh
Monkwood
Sandhill

Actual number (percentage)

0 10 20 30 40 50 60 70