

Sure Start Myton & St Andrews (Hull)

The Baseline User Satisfaction Survey

Final Report

September 2003

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Chapter 1 Introduction

1.1 Background

Local Sure Start programmes are expected to carry out a baseline user satisfaction survey in the first year of their life. Guidance from the Sure Start Unit issued in May 2003 states that "the purpose of programmes undertaking a user satisfaction survey is two fold:

- (1) to provide data for the Unit to be able to report on the (2001-04) SDA target that 'seventy five per cent of families report personal evidence of an improvement in the quality of services providing family support'
- (2) to provide evidence on satisfaction with services, and improvement in the levels of satisfaction reported, which is fundamental to local evaluation (although not a requirement).

Programmes have been instructed in Annex 5 of the Sixth Wave guidance to undertake a baseline ('start point') survey in the first three months of operation, and then to carry out the survey after three years. The baseline provides information against which improvement three years later can be judged.

The baseline survey should provide a clear picture of current issues and strengths in the area, show what parents think of existing services and help to identify what needs to be changed¹. NESS guidance indicates that the survey needs to include both registered and non-registered families in the Sure Start area.

Sure Start Myton & St Andrews commissioned the consultancy, Acton.Shapiro, to plan and carry out a baseline user satisfaction survey. Planning for the survey began at the end of April 2003, and the questionnaire was distributed in mid-May 2003, with a deadline for return of 27 June 2003.

¹ *How was it for you? - a brief guide to conducting user satisfaction surveys for local sure start programmes'* (Mog Ball, July 2002) on www.ness.bbk.ac.uk/documents/GuidanceReports/GuidanceUserSatisfactionSurveys.pdf

1.2 Methodology

The approach selected was a questionnaire which would a) be posted to all families on Sure Start's database and b) be personally distributed to families in the course of the completion period. A draft questionnaire based on those used in other areas was designed and discussed in detail with several Sure Start staff and parents (see Appendix A). A number of amendments were suggested, and in the main incorporated. The main challenge was to design a questionnaire that was simple, attractive and non-intimidating while at the same time including enough questions to generate useful information. An additional challenge was to make the survey as accessible as possible to parents whose first language was not English. After discussion it was agreed that both the covering letter and the front page of the questionnaire itself would include a paragraph in Arabic (the main ethnic community language in these wards) offering the assistance of an interpreter and providing a contact number.

The covering letter (see Appendix B) explained the importance of completing the questionnaire and also publicised the forthcoming Fun Day which had been planned to launch the programme.

The questionnaire requested a small amount of information about the family and their relationship to Sure Start i.e. postcode area; children's ages; whether any parent/carers or children under four had special needs; and how the questionnaire had been received. The services themselves were divided into the four categories of relevance to the aims of Sure Start i.e.

- Childcare, play and learning
- Health and child development services
- Support for parents/carers
- Support for families with children with special needs

A final section asked four very general questions about services.

The survey was designed as a postal, self-completion survey that would be sent to all parents of children under four known to live in the Sure Start area. However, in order to maximise the response rate to the survey, it was agreed that staff and community friends/parent volunteers would be asked to encourage parents to fill it in and to offer

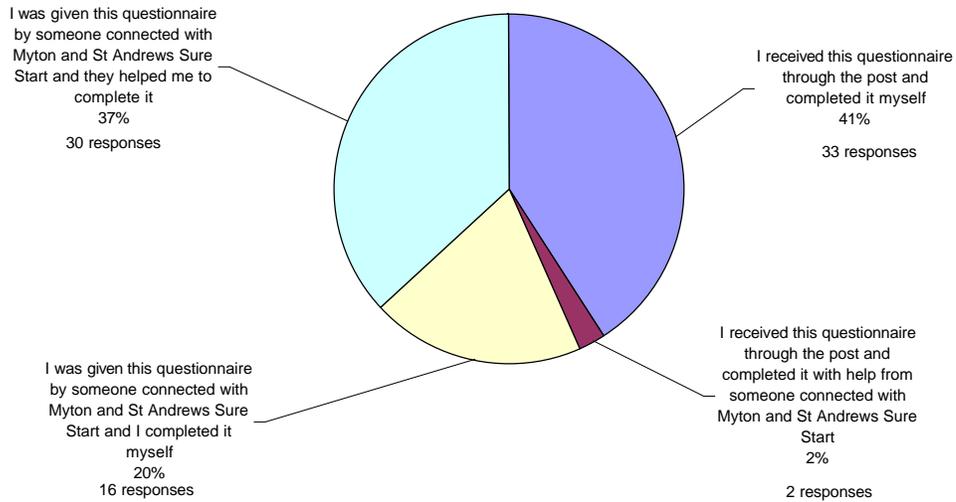
to help those who wished to complete it. A training session was delivered in mid-May for these individuals to prepare them for assisting with administering the survey. Approximately twelve community friends and Sure Start staff attended this session. The focus was on the skills required in the delivery of questionnaires, and covered such issues as confidentiality, qualitative/quantitative information and different types of question.

It was also agreed, again in order to maximise the response rate, that those returning the questionnaire would automatically be entered into a prize draw. At the same time they would be able to request more information about the local Sure Start programme.

The consultants produced a checklist which outlined the tasks required to ensure the dissemination and collection of the questionnaires. A prize draw entry form, a covering letter explaining the purpose of the survey and confidentiality, and a prepaid envelope, accompanied the questionnaires. Sure Start staff packed and stamped the envelopes, and labelled them using a database previously made available to them by the local Primary Care Trust according to the Operational Procedure for Information Sharing agreed in February 2003. Completed questionnaires were returned to Sure Start in prepaid envelopes. Sure Start staff separated out the prize draw forms and requests for further information, and then forwarded the questionnaires to Acton.Shapiro.

In total, Sure Start sent out 950 questionnaires and a total of 82 questionnaires were completed and returned, giving a response rate of 8.6%. Fewer than half (43 %) of those who returned the questionnaire said they had received it in the post; all but two of these had completed it without help and returned it themselves. 57% had been given the questionnaires by some-one connected with the Programme; the majority of these (65%) had been helped to complete it, though some had completed it themselves. No requests were made for assistance from an interpreter.

Graph 1 Completion of Questionnaires



Data from the questionnaires was entered into a spreadsheet for analysis. Graphs were produced to illustrate the findings.

Chapter 2 Findings

2.1 Explanations

All percentages given below relate to responses to that specific question (not to the overall number of returned questionnaires).

Please note that, due to rounding up and down:

- There may be differences in values of up to 1% between graphs for the same dataset
- The bar sizes on graphs may be slightly different but have the same percentage values

Where 'overall satisfaction' is cited, this was calculated by combining percentages of respondents who were either 'satisfied' or 'very satisfied'. Likewise, 'overall dissatisfaction' has been reached by combining percentages of respondents who were either 'dissatisfied' or 'very dissatisfied'.

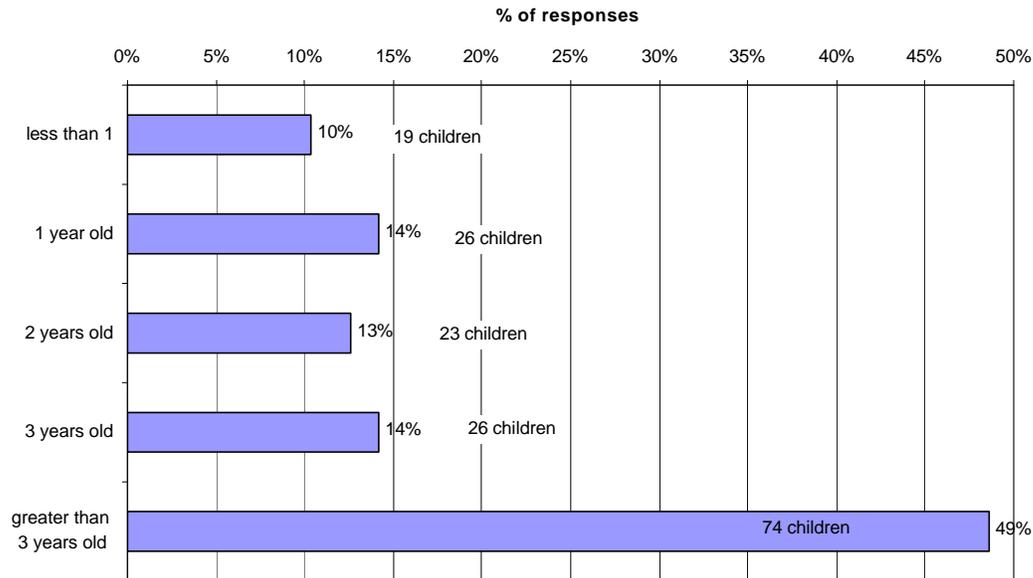
It should be noted that, for reasons of space, the questions in the survey focused more on eliciting information on problems and suggestions for improvement than on commendations of services. For this reason the report may seem rather negative in tone. However it is hoped that the concerns described will be set against the relatively high levels of satisfaction expressed with many services.

Finally, it should be stressed that the relatively low response rate and the low absolute number of responses do mean that great care should be taken in interpreting the data described below. In many cases only a small number of parents answered a specific question, meaning that one additional response could skew the results by several percentage points. For this reason, it is essential that the findings are used as pointers to issues which may require further more detailed investigation.

2.2 The families

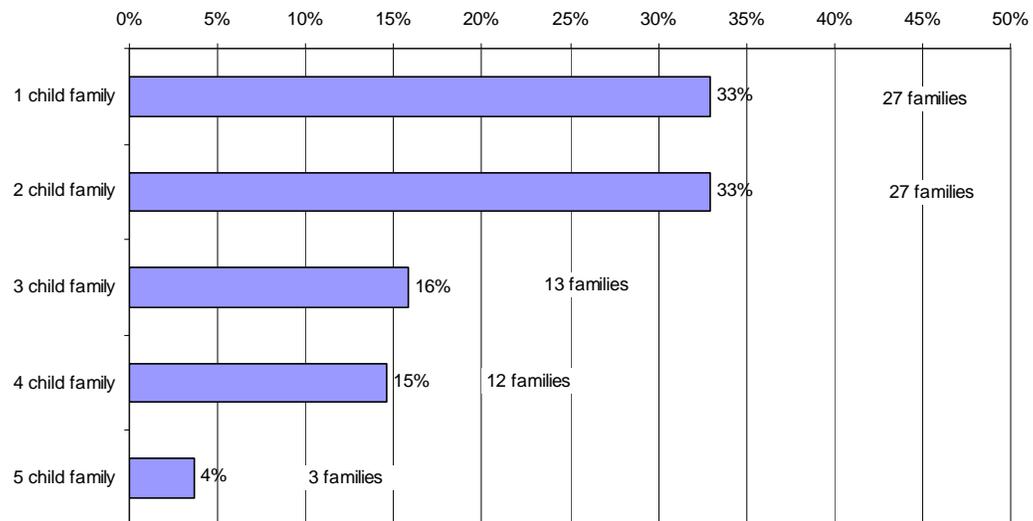
Graph 1 below shows the percentage of children in the different age ranges from the 82 families who responded. 51% of the children in the families who responded were 3 years old or under and 36% of the families only had children under 3 years.

Graph 2 Children's ages



Graph 2 shows that a third (33%) of the families had only one child, 33% had two children and 16% had three. Almost one fifth (19%) of those who responded had more than three children in the family, though no family had more than five children.

Graph 3 No of children in the family



Only 2 (2.4%) of the families responding to the survey said they had one or more children under the age of four with special needs or disabilities. Additionally, 7 (9%) of the respondents indicated that they, their partners or another carer in the family had special needs or disabilities.

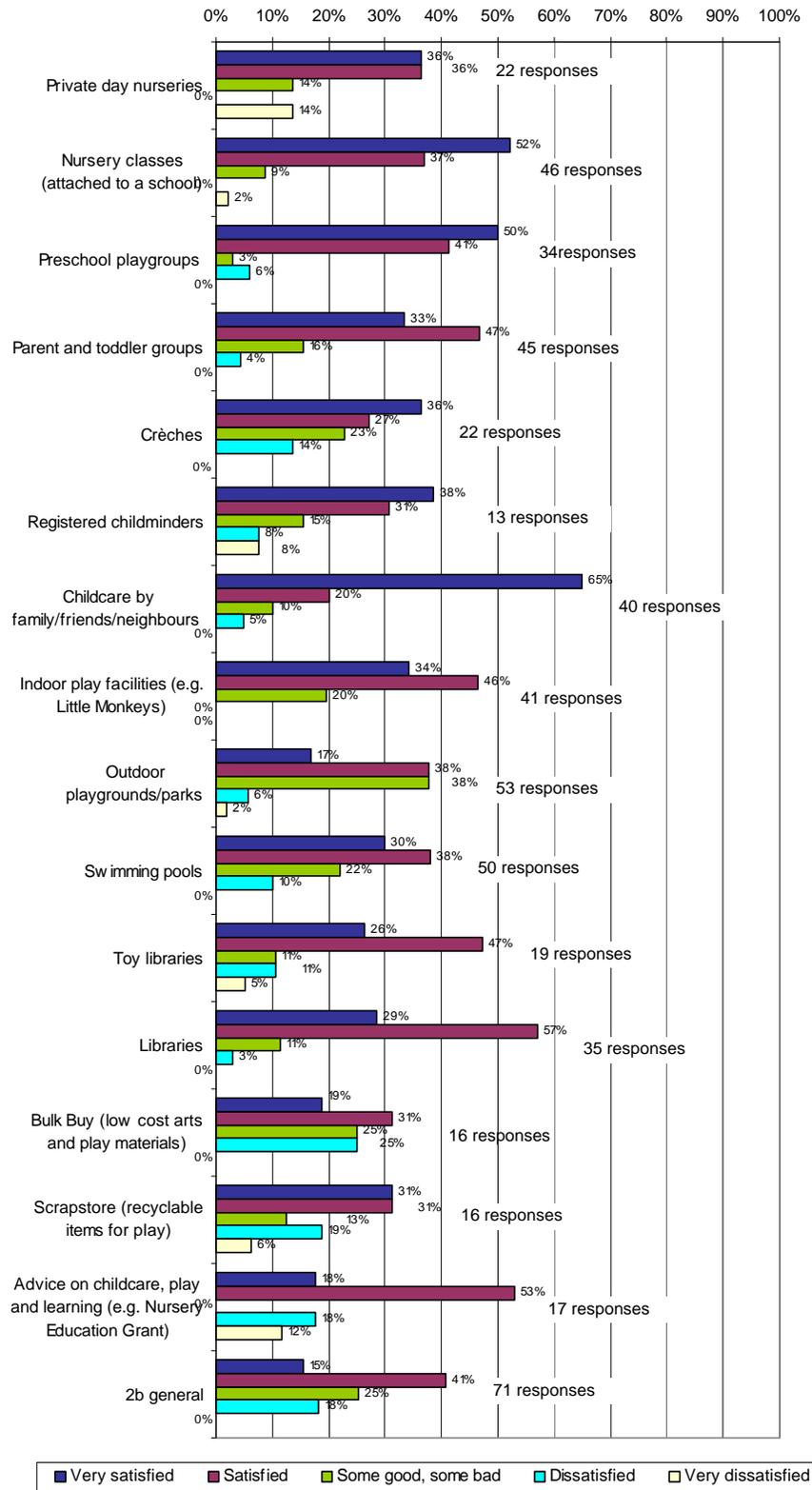
2.3 Childcare, play and learning services

15% of respondents were very satisfied with childcare services in general, 41% were satisfied, 25% said 'some were good, some bad', 18% were dissatisfied but none were very dissatisfied. Thus the overall satisfaction rate with these services can be taken as 56%, and overall dissatisfaction as 18%.

In spite of this, overall levels of satisfaction with some individual services were very high, the highest being from those who used preschool playgroups (91%), with a further five services having overall satisfaction rates of over 80% (i.e. nursery classes attached to a school, libraries, childcare by family, friends or neighbours, parent-toddler groups, and indoor play facilities).

The highest levels of overall dissatisfaction with a named service related to advice on childcare, play and learning (30%), followed by Bulk Buy and Scrapstore (both at 25%).

Graph 4 Satisfaction rates with childcare, play and learning services



Problems and suggestions

The main issues raised can be summarised as:

Information: many respondents said they found it difficult to find out about the choices available to them, including specific information about costs and hours. More detailed publicity about all provision and activities would be welcomed, and preferred to a simple contact number.

Availability: overall there was a feeling that choices in childcare and preschool provision were limited, with long waiting lists at some facilities. It seemed particularly difficult to find childcare for babies and for toddlers under the age of two or three. Again, it was not always easy to find out about the range of choices available. There was a suggestion that more activities should be located in the Goodwin Centre or the Scout Hut instead of at Spring Bank. However, although several parents called for 'more' activities generally, one did point out that those already available seemed under-used, for example the library and mother and toddler swimming.

Quality of care: a small number of parents had concerns about the quality of some childcare services. One described a toddler group held in a dirty and cold venue, with old toys not appropriate to the children's' ages. Another said that older children tended to throw toys, which made the babies vulnerable.

Affordability: respondents stressed the particular difficulties faced by those on low wages and/or benefits, many of whom were single parents. Affording childcare was also said to be very difficult for those with two or more children needing childcare. One parent cited the (Sure Start) playgroup at Edinburgh Street as an example of affordable care: it charges £1 a day for two to four year-olds.

Flexibility: One parent had found it hard to find childcare for her daughter which would extend from before school until 4 pm, and include picking her up at dinnertime. Some respondents regretted that age limits were inflexible, and that their child had been too young to take advantage of a particular activity e.g. dance classes, nursery classes, computer course, crèche, and 'Fun Junction'. One parent also called for more weekend activities for parents who worked or who only had weekend access to their child(ren).

Outdoor play areas/parks: a number of the respondents called for better park facilities for younger children. Existing parks were criticised as being vandalised, dirty

and full of litter such as beer cans and bottles. They could be dominated by older children and teenagers, making younger children feel intimidated. Parents suggested that toddler areas should be fenced off, and that parks should be patrolled by security companies.

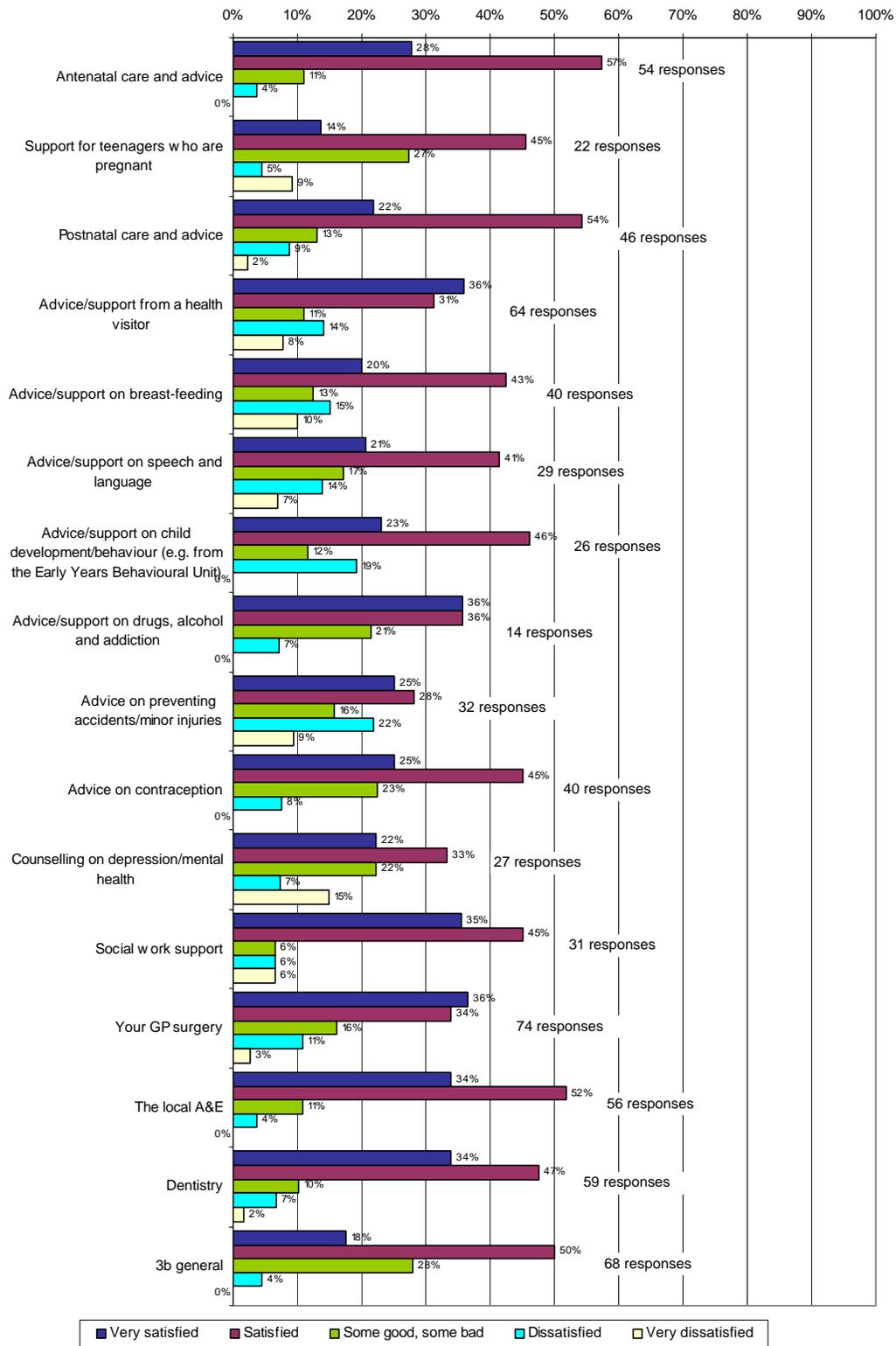
2.4 Health and child development services

18% of respondents were very satisfied with health and child development services in general, 50% were satisfied, 28% said 'some were good, some bad', 4% were dissatisfied and none were very dissatisfied. The overall satisfaction rate with health and child development services can be taken as 68%, and overall dissatisfaction as 4%.

The highest levels of overall satisfaction with a service were from those who used the local A&E (86%), followed by three other services rated over 80% i.e. antenatal care and advice, dentistry, and social work support.

The services associated with the highest levels of overall dissatisfaction related to advice on preventing accidents and minor injuries (31%), followed by advice and support on breast-feeding, advice/support from a health visitor, counselling on depression/mental health, and advice/support on speech and language.

Graph 5 Satisfaction rates with health and child development services



Problems and suggestions

The main criticisms and suggestions were as follows:

Health visitors: several respondents called for health visitors to be more accessible. Statutory check-ups at milestones tended to run late. Although one said her health visitor had “really let me down”, another said “they are already very good, although they can be improved more”. One suggested that Sure Start should have its own health visitor.

Breast-feeding: there was a call for more support groups, and a suggestion that health visitors could “do more” to promote breast-feeding on their home visits

Antenatal care: one mother had not understood all the information by the midwife, but had been too nervous to say she talked too fast. One teenage mother had felt that “some midwives have a problem with [teenage pregnancy]”.

GPs: One parent strongly criticised her previous GP surgery, describing staff and doctors as “unfriendly and unprofessional”, poor at listening and even misdiagnosing. S/he felt it should be easier to change doctors. Another said the GP had “no bedside manners and looks down on you as if you are nobody”. A third complained that they had waited over eight hours for a home visit in an emergency. Another said she had been refused counselling help and given medication she did not want in her pregnancy. One respondent had been sent erroneous information and had travelled across Hull to the wrong venue for immunisations.

Dentists: one parent said her dentist was not “child-friendly” and failed to include the children in conversations and decisions. Another said the dentist had twice postponed an appointment.

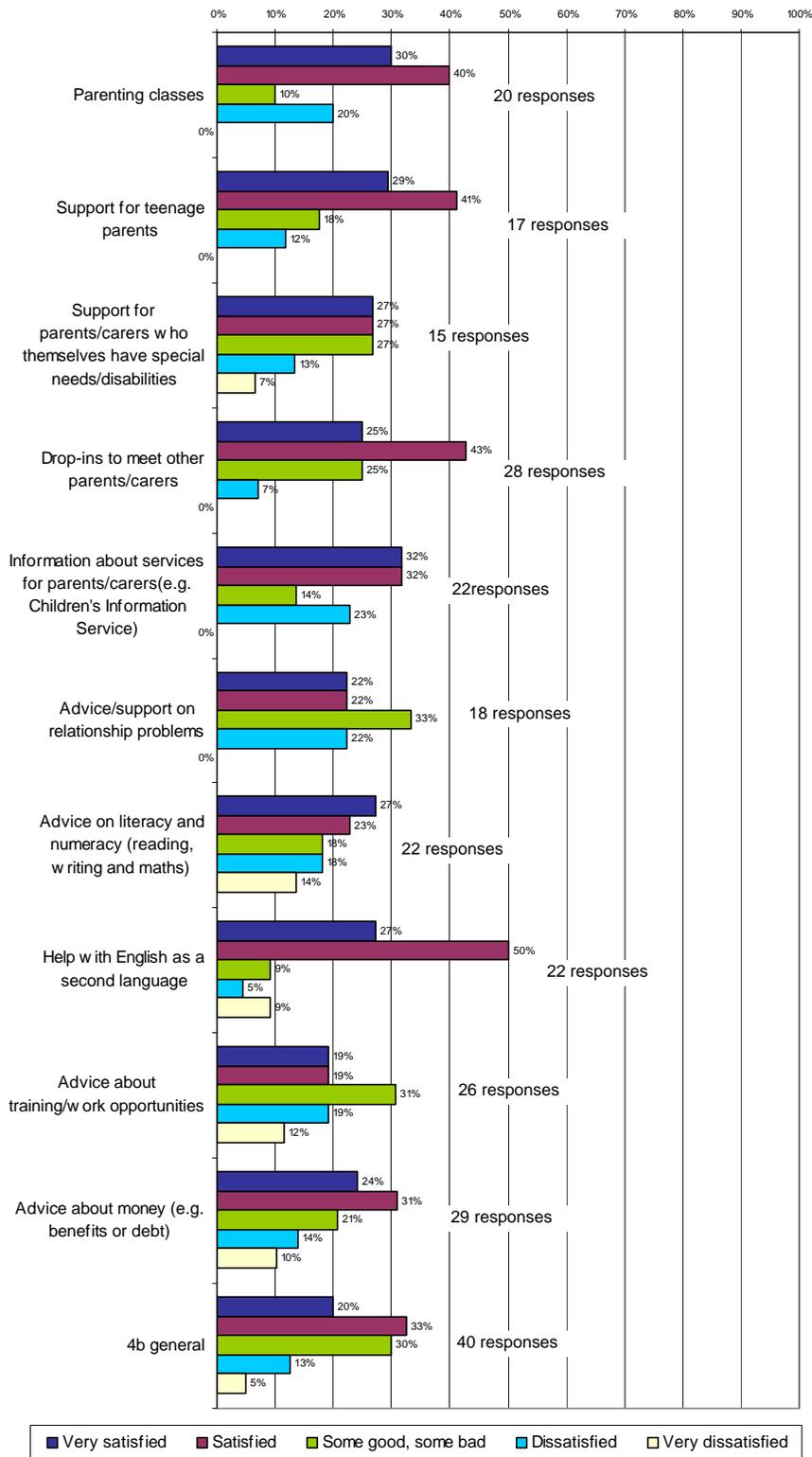
Mental Health Team (Westlands): one parent who suffered from depression had been on a long waiting-list.

2.5 Support for parents/carers

20% of respondents were very satisfied with services to support parents/carers in general, 33% were satisfied, 30% said ‘some were good, some bad’, 13% were dissatisfied and 5% were very dissatisfied. Thus the overall satisfaction rate for these services can be taken as 53% and dissatisfaction as 18%.

The highest levels of overall satisfaction with a service were from those who needed help with English as a second language (77%), followed by parenting classes, and support for teenage parents (both at 70%).

The highest levels of overall dissatisfaction with a service related to advice on literacy and numeracy (32%), followed by advice on training/work opportunities (31%). All but three services had levels of dissatisfaction of 20% or over.



Graph 6 Satisfaction rates for support services to parents/carers

Problems and suggestions

There were far fewer comments and suggestions about this category of services. The main areas of concern were:

Information and support: the over-riding complaint was that parents had not heard about many of the services listed and did not know where to get information and support. Several respondents indicated that information about these services should be offered much more proactively e.g. through regular mailings or by visits from Community Friends.

Training: one respondent would like to be learning maths and English at home while her child played, but “nobody does it anymore”.

Benefits advice: “no-one wants to know, support or listen to you.”

Parenting classes: one respondent found it hard to get to classes because she had to travel some distance to put her child in childcare to attend them. Another said there are not enough such classes.

Language: respondents called for more support for children and adults wanting to learn English. There was felt to be a need for more information about such opportunities. One respondent suggested a centre for ethnic community families.

2.6 Support for families with children with special needs

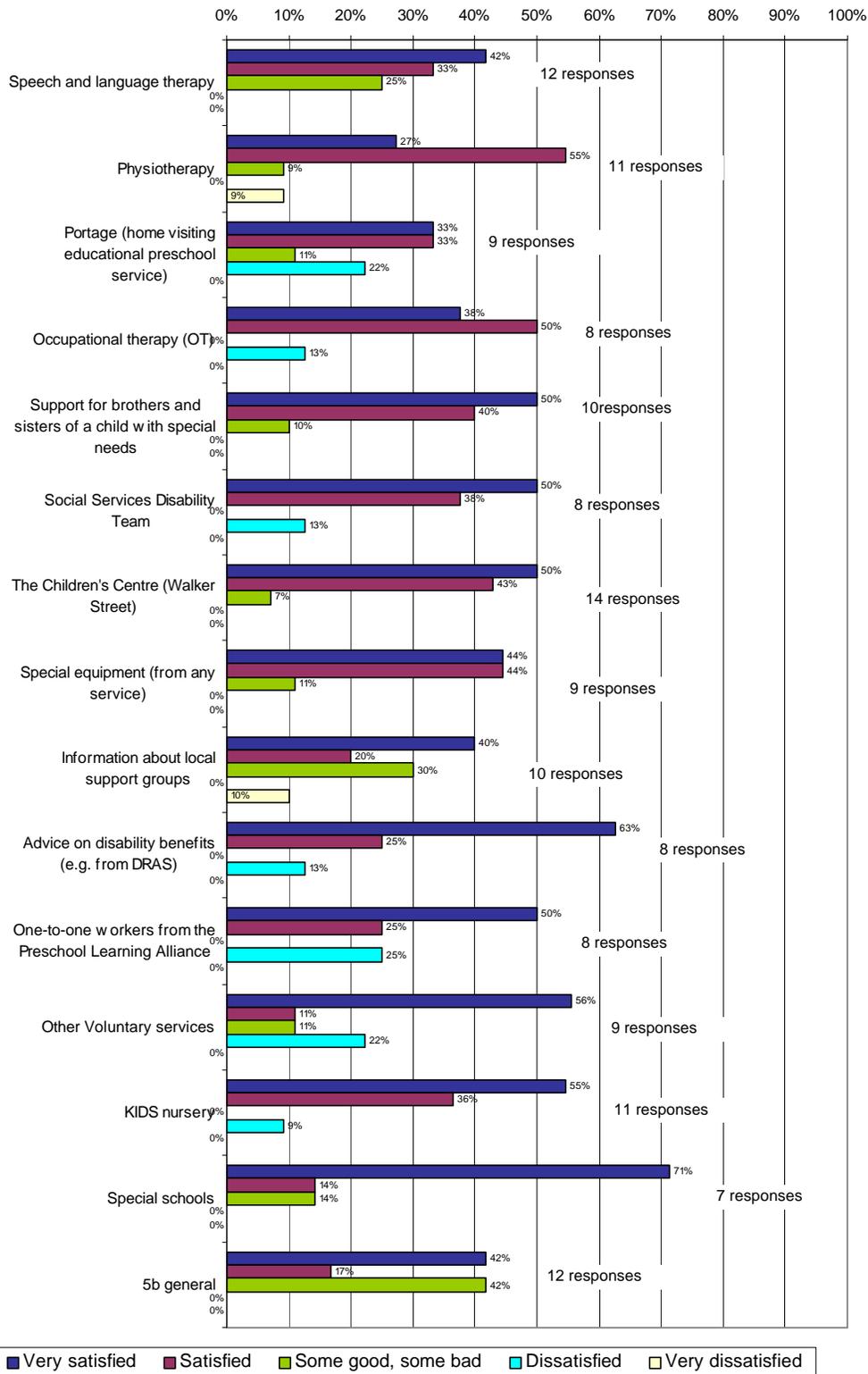
Although only 2 respondents said that they had a child under 4 years with special needs, a further 18 respondents who had said they did *not* have a child under 4 years with special needs also answered questions within this category (in spite of instructions to the contrary!) This, combined with the small absolute number of responses, does mean that the results in this section must be viewed with particular caution.

42% of respondents were very satisfied with services for families with children with special needs in general, 17% were satisfied, 42% said ‘some were good, some bad’, and none were either dissatisfied or very dissatisfied. The overall satisfaction rate can be taken as 59%, and dissatisfaction as zero.

The highest levels of overall satisfaction with a service related to the Children's Centre (93%), followed by a further seven services with 80% or higher satisfaction.

The highest levels of overall dissatisfaction with a service related to one-to-one workers from the Preschool Learning Alliance (25%), followed by other voluntary services and portage (both at 22%).

Graph 7 Satisfaction rates for services to families with children with special needs



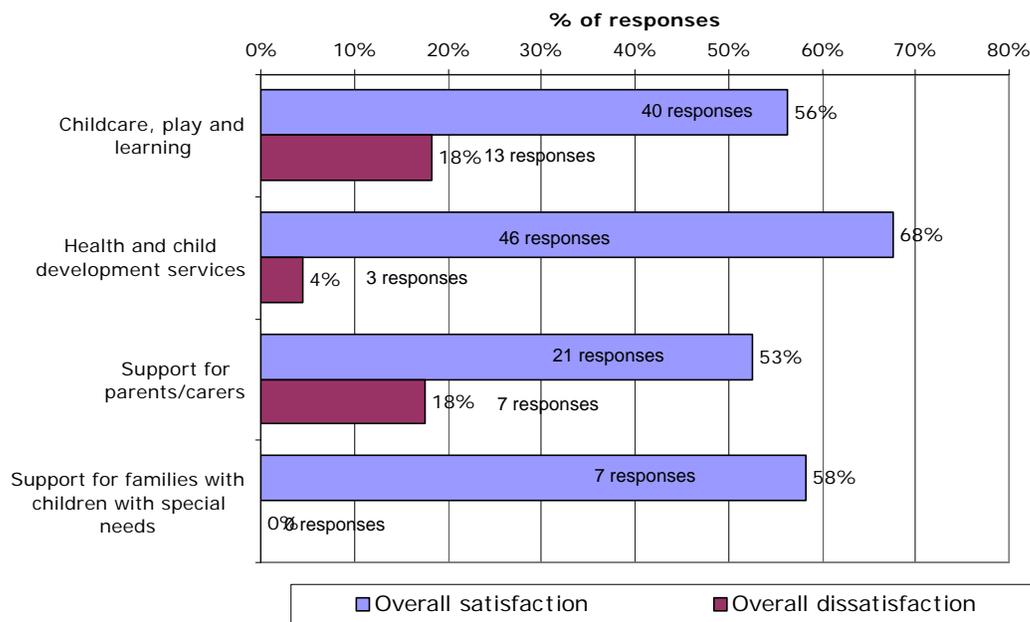
Problems and suggestions

There were very few additional comments in this section, although one respondent raised the need for advice on risks of comas/hypos for parents with diabetes.

2.7 Overall and comparative satisfaction

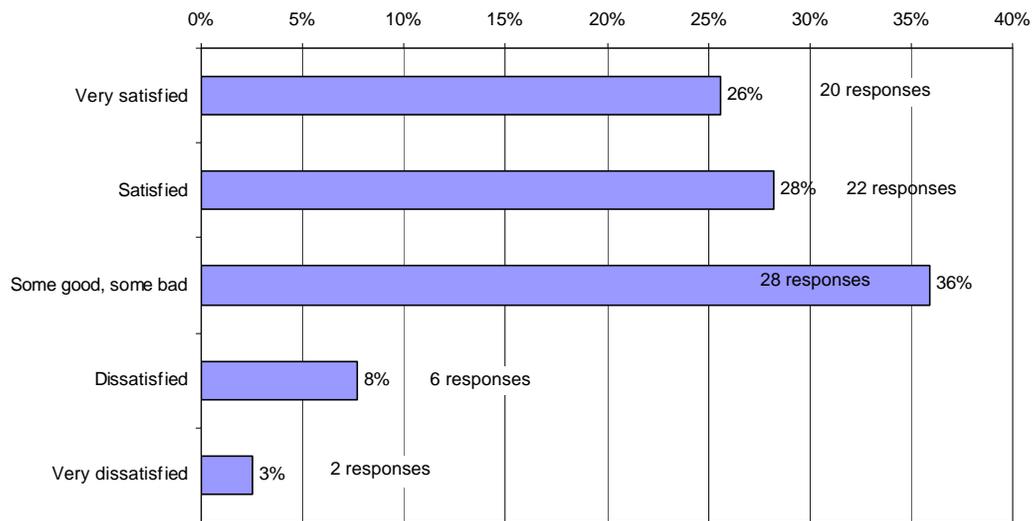
The survey shows the differences in levels of satisfaction between the various categories of services listed. Top for overall satisfaction was health and child development services (68%), but there was little difference between the overall satisfaction rates for the other categories i.e. support for families with children with special needs (58%), childcare, play and learning services (56%), and support for parents and carers (53%). Overall dissatisfaction rates were highest for childcare, play and learning, and support for parents/carers (both at 18%).

Graph 8 Overall satisfaction and dissatisfaction with services



With regard to satisfaction with services for families with young children *in general*, 26% of respondents were very satisfied overall, 28% were satisfied, 36% said 'some were good, some bad', 8% were dissatisfied and 3% were very dissatisfied. The overall satisfaction rate with all services for families with young children can be taken as 54% with overall dissatisfaction at 11%.

Graph 9 Satisfaction rates with services in general



2.8 Knowledge of local services

The survey has highlighted widespread lack of knowledge about local services. Only 39% of respondents said they knew what was available locally for families with young children, while 30% said they did not know, and 30% were not sure. Three typical comments illustrate the pressing need for better circulation of information:

“I have come across several people and myself who didn’t know what actually is on offer”

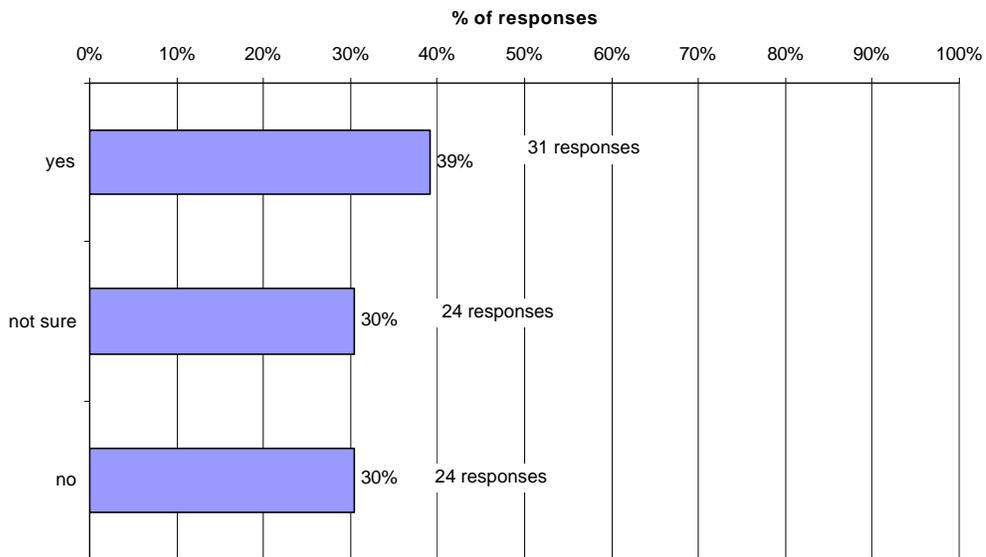
“Most parents don’t know about half the services available”

“More publicity is need to engage parents into activities”

Many respondents suggested ways in which Sure Start should publicise local services. These included:

- regular mailings through the post: this was felt to be especially useful for working parents who might not pick leaflets up at nurseries etc
- advertisements in the local papers
- visits from Community Friends to explain what was available

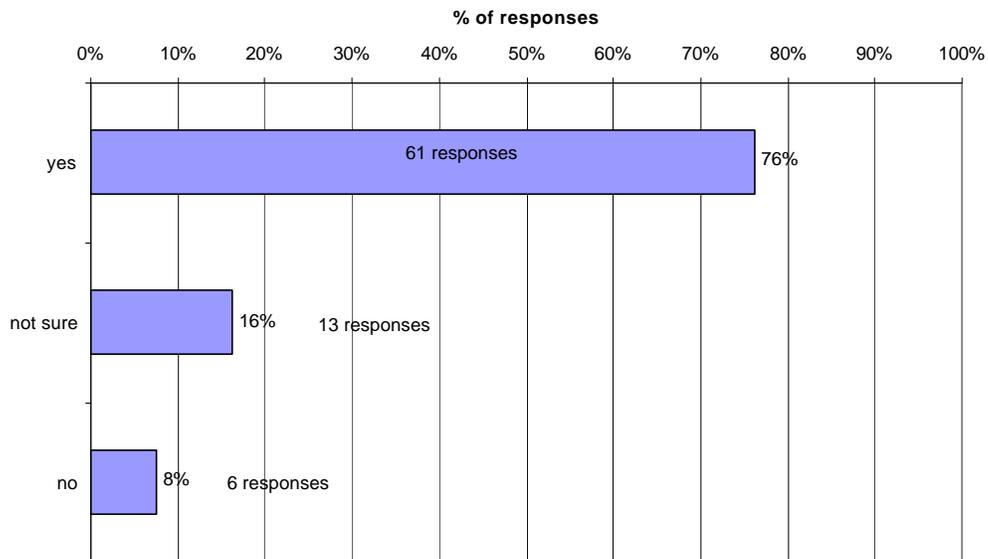
Graph 10 Do you feel that you know what is available locally for families?



2.9 Involvement with Sure Start

76% of respondents said that they were already registered with Sure Start, 8% said they were not, and 16% were not sure.

Graph 11 Are you registered with Sure Start?



Sure Start staff reported that the survey resulted in 50 requests for further information about Sure Start (many from families who were already members) and, to date, in 12 new registrations.

Although the survey did not specifically seek respondents' views about Sure Start services, several respondents did make comments. We have included these below as they will doubtless be of interest to readers of this report:

“You are all doing marvellous jobs and [we] couldn't ask for better friendly advice or service”

“Since Sure Start started there are more well-organised facilities and more opportunities for parents i.e. courses with crèche”

“Since Sure Start began, services have improved”

“Sure Start is beginning to improve services at a time when we really need it. Previously there was nothing at all for families and young children”

Chapter 3 Conclusions

Although the survey suggests that levels of satisfaction with some services are already relatively high, this is not unusual with satisfaction surveys of this kind. The results do suggest that there are many areas which will need attention during the life of Sure Start – particularly if the three-year target of ‘75% of families reporting personal evidence of an improvement in the quality of services providing family support’ is to be met.

So what does this survey tell us about dissatisfaction with local services? Overall, two categories of services had much higher levels of dissatisfaction i.e. childcare, play and learning, and support for parents/carers (both at 18%). These contrast with health and child development (4%) and support for families with children with special needs (0%).

If we look at individual services, those which were associated with the highest levels of dissatisfaction (taken to be any over 30%) were:

| Service | % overall dissatisfaction | number of respondents |
|-----------------------------------------------|----------------------------------|------------------------------|
| Advice on literacy/numeracy | 32 | 22 |
| Advice about training/work opportunities | 31 | 26 |
| Advice on preventing accidents/minor injuries | 31 | 32 |
| Advice on childcare, play and learning | 30 | 17 |

However, this information should be treated with a *large* degree of caution as the percentage for each service is drawn from a different sample size i.e. those who chose to respond to the specific question about the specific service. There may be a strong case for investigating more closely those services attracting comment from

only small numbers of respondents, perhaps with some more in-depth qualitative work that would seek to tease out the specific issues around these services.

Themes

There were a number of themes running through many of the comments and suggestions that can usefully inform the development of services in all categories.

The most obvious of these were:

- Affordability
- Information and awareness
- Additional difficulties for parents who have twins or two young children
- The needs of working parents to access services, support and contact out of core hours (e.g. at evenings and weekends)
- The difficulty of learning English when caring for young children

Key issues in individual service categories

The survey has also given some clear pointers as to which particular issues should be addressed within each category of service. These are summarised below:

Childcare, play and learning:

Detailed information about choices

Appropriateness of public parks for young children

Availability of places, particularly for babies/young children

Quality of care

Affordability

Flexibility: hours, child's age

Health and child development services:

NHS dental services for families

GP services which recognise the needs of young families (e.g. by offering quicker appointments, shorter waiting-times, home visits, more empathy to parents)

Mental health services: waiting-list

More frequent contact with health visitors

Promotion of breast-feeding

Ante-natal care

Support for parents/carers:

Information about support available

Access to training and language tuition

Access to benefits advice

Finally...

The Sure Start Board will wish to consider the findings of this baseline user satisfaction survey within the broader context of its overall aims and objectives. While the survey raises a range of concerns and suggestions for improvement, the programme will obviously need to prioritise those that are most likely to help it to meet its targets over the coming years, and those on which it is able to exert the most influence.

As many parents and staff have assisted with the survey, it will be important to provide appropriate feedback on the findings and on any related decisions.