

Mexborough Sure Start (Doncaster)

The Baseline 'User Satisfaction' Survey

Final Report: March 2004



Mexborough

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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, ideally in the first three months of operation, and then to carry out the survey again 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 changed. Guidance from NESS (the National Evaluation of Sure Start)¹ indicates that the survey needs to include both registered and non-registered families in the Sure Start area.

In January 2004, Mexborough Sure Start commissioned the independent consultancy, Acton.Shapiro, to plan and carry out a baseline user satisfaction survey. The

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

questionnaire was distributed in mid-February 2004, with a deadline for return of 8 March 2004. Analysis was carried out during the remainder of March 2004.

1.2 Methodology

A draft questionnaire, based on those used in other areas, was designed and discussed in detail with the Programme Manager, and through her, with other Sure Start staff and wider partners (see Appendix A). A number of amendments were suggested and 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 or who had literacy difficulties.

The front page of the questionnaire explained the importance of completing the questionnaire, and highlighted that a completed form would give free entry to a Prize Draw. This incentive was designed to maximise the response rate.

The structure of the questionnaire was based on the three service categories underpinning the planned Children's Centre i.e..

- ❖ Early Education and Childcare (Qus. 1a, 1b, 1c and 1d)
- ❖ Child and Family Health Services (Qus. 2a, 2b, 2c and 2d)
- ❖ Family Support and Outreach to Parents (Qus. 3a, 3b, 3c and 3d)

An additional section focused on Support for Families with Children with Special Needs (Qus. 4a, 4b, 4c and 4d).

A final section asked two very general questions about overall satisfaction with local services (Qu. 5a) and knowledge of local services (Qu. 5b). Respondents were invited to include additional comments or suggestions (Qu. 5c), to say whether or not they were registered with Sure Start (Qu. 5d), and to give the ages of the children in their family (Qu. 5e).

It was agreed that the questionnaire would be posted out to all families with children under five in the Sure Start area. There was some discussion as to whether Sure Start staff could encourage parents to complete their questionnaires a) by distributing additional copies at activities and services and b) by offering to help with completion if needed. However, this option was rejected as it was felt that the approach could bias the survey results.

The consultants produced a checklist which outlined the tasks required to ensure the dissemination and collection of the questionnaires. A prize draw entry form (see Appendix B), a prepaid envelope, and a free Sure Start pen accompanied the questionnaires. Sure Start staff packed and stamped the envelopes, and labelled them using a database made available to them by Doncaster West Primary Care Trust.

Completed questionnaires were returned to Sure Start in the 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 696 questionnaires. 203 questionnaires were completed and returned, giving a response rate of 29.2%.

Data from the questionnaires was entered into a spreadsheet for analysis. Graphs and pie charts were produced to illustrate the findings, and verbatim quotes added in speech and thought 'bubbles' to illustrate specific points or themes.

Chapter 2 Findings

2.1 Presentation of Data

All percentages cited in this chapter relate to responses received for 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 has been 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.

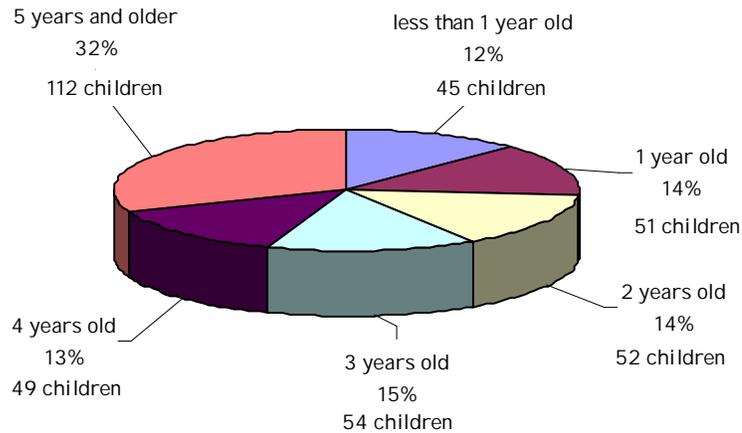
Finally, it should be stressed that, because it was often the case that only a small number of parents answered a specific question, each response could represent several percentage points. For this reason, it is essential that the findings are used mainly as pointers to issues which may require more detailed investigation.

2.2 The Families

Graph 1 below shows the percentage of children in the different age ranges from the families who responded; note that 2 respondents did not give their children's ages.

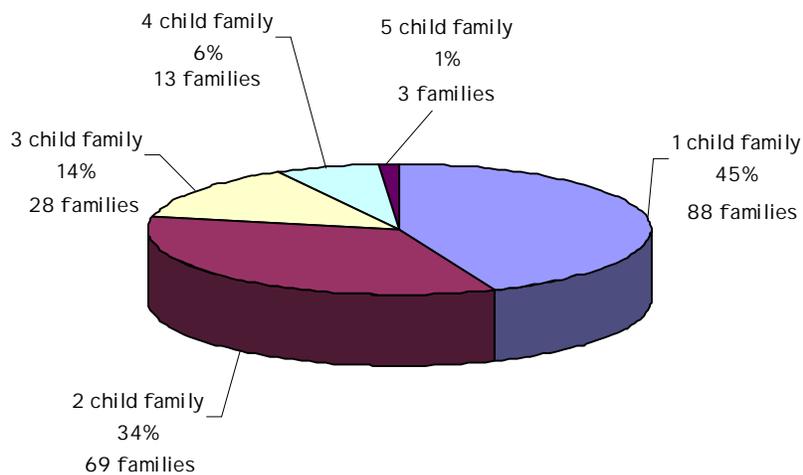
There were a total of 363 children in the 201 families who responded. 69% of these children were under 5 years old and over half (56%) were under 4 years old. In 60% of these families all the children were under 5 years old.

Graph 1 Children's ages



Graph 2 shows that 44% of the families had only one child, 34% had two children and 14% had three. Only 8% of those who responded had more than three children in the family, and no family had more than five children.

Graph 2 Number of children in the family



21 of the respondents responded to Question 4, indicating that 10% of the families had children under 5 with special needs.

2.3 Early Education and Childcare

172 (85%) respondents recorded responses in this section. Of these, 26% were very satisfied with Early Education and Childcare services in general, 49% were satisfied, 22% said 'some were good, some bad', 2% were dissatisfied and 1% were very dissatisfied. So the overall satisfaction rate with these services can be taken as 75%, and overall dissatisfaction as 3%.

The services which attracted high overall satisfaction rates i.e. 80% or more are shown in Table 1 (but please note that some had a very small number of responses and that we have excluded those with fewer than 5 responses from this table).

Table 1 Early Education and Childcare services attracting high overall satisfaction

Service	Overall satisfaction %	Number of responses
Park Road LEA Nursery School	95	19
Windhill LEA Nursery School	94	17
Cherry Tree Day Nursery	92	13
Mexborough Public Library	91	68
Baby Fun Groups	91	22
Pitt Street LEA Nursery School	86	22
Pippins Playgroup	82	22
Registered childminders	82	11
School libraries	80	15
Musical Minis Sessions	80	5

It is notable that there is a high level of overall satisfaction with all three LEA Nursery Schools.

In this section, there were only two services which attracted high levels of overall dissatisfaction (taken to be 20% and over). These are shown in Table 2.

Table 2 Early Education and Childcare services attracting high overall dissatisfaction

Service	Overall dissatisfaction %	Number of respondents
Outdoor playgrounds and parks	51	76
Holiday clubs	33	6

Again, please note the big difference in the number of responses for these two services, and note that we have excluded those with fewer than five responses from this table.

Respondents named a number of services they had used which had not been listed in the questionnaire (and which have not been mentioned in the previous analysis as the number of responses was fewer than five in each case). These were:

- ❖ 4 Day Nurseries: Dearne Valley, Rother Valley, Fenwood (Swinton) and Granby House (Parkgate)
- ❖ 4 play facilities: Playzone Parent and Toddler Group (based at the Old Library), Say and Play, Playworld (Parkgate), and Playmates (Pitt Street Pre-nursery)

No respondent expressed dissatisfaction with any of these services.

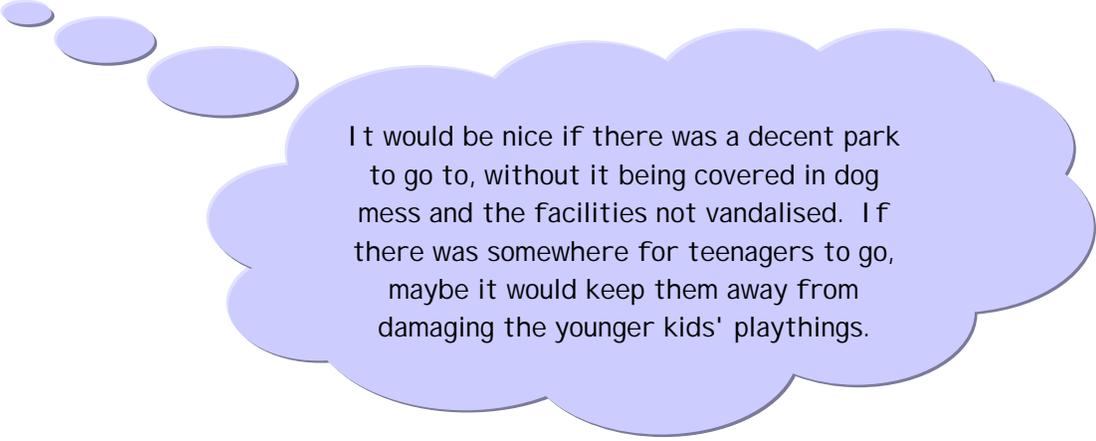
Full details of satisfaction rates for all services in this section attracting five or more responses can be found in Appendix D (Graph 3).

Problems and suggestions

The main issues raised with regard to Early Education and Childcare services can be summarised as:

Information: Many respondents specifically raised the issue of information and awareness. They said they found it difficult to find out about the choices available to them (including specific information about costs and hours), and especially it seems regarding groups for younger children. More detailed publicity about all provision and activities would be welcomed. Parents suggested a directory or resource pack for all parents of children under five, combined with more systematic advertising of activities and services. Reliance on publicity by word-of-mouth was seen to exclude those who had recently moved into the area, those who were working and those who had a large age gap between their children.

Outdoor play areas/parks: Many respondents called for better outdoor play facilities for younger children. Existing parks were said to be unsuitable because of tatty and vandalised equipment, graffiti, litter, bottles, and dog mess. Parents would welcome more equipment for younger children, and, if possible, a warden to supervise their play areas .



I t would be nice if there was a decent park to go to, without it being covered in dog mess and the facilities not vandalised. I f there was somewhere for teenagers to go, maybe it would keep them away from damaging the younger kids' playthings.

There was a call for a toddler play area nearer to the Doncaster Road Junior School, and for more outdoor activities in general.

Availability: overall there was a feeling that choices in childcare and preschool provision were limited, and again, it was not always easy to find out about the range of choices available. Parents called for:

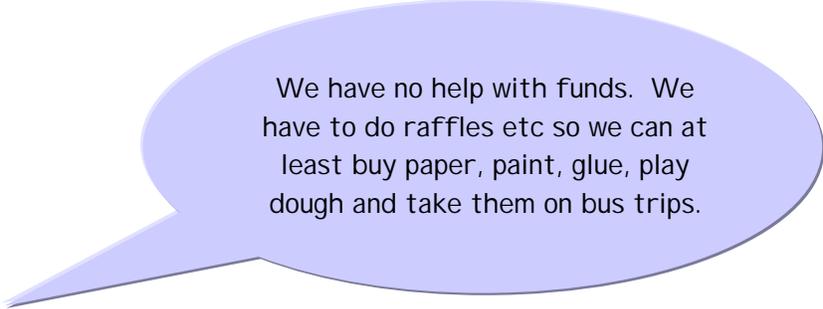
- ❖ More breakfast and out-of-school clubs
- ❖ More holiday activities

- ❖ More activities and places for mothers to get together (including in the evenings for parents who are working)
- ❖ More childminders who can collect children from school

Affordability: A number of respondents stressed the high costs of day nurseries and crèches (several naming Pippins and Carousel) particularly for those on low wages and/or benefits, but also for those just above this level who received no help. Some found it hard to find the money to pay nurseries in advance.



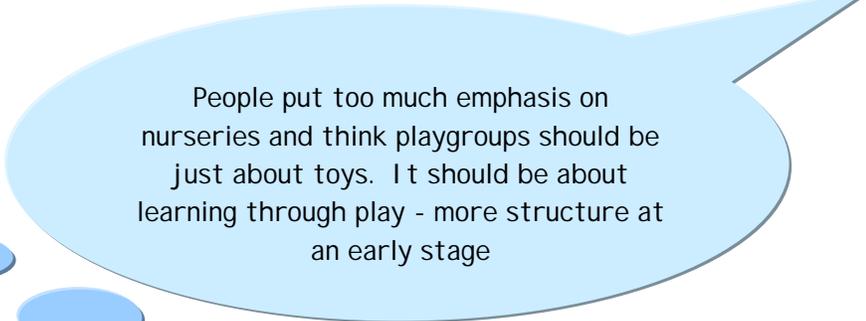
Quality of care: Several respondents drew attention to the lack of basic resources available to some of the toddler groups. Two called for more funding and support from Sure Start for toddler groups and playgroups, some of which (such as Pippins Playgroup and St John's) were said to need urgent help with equipment, refurbishment or relocation.



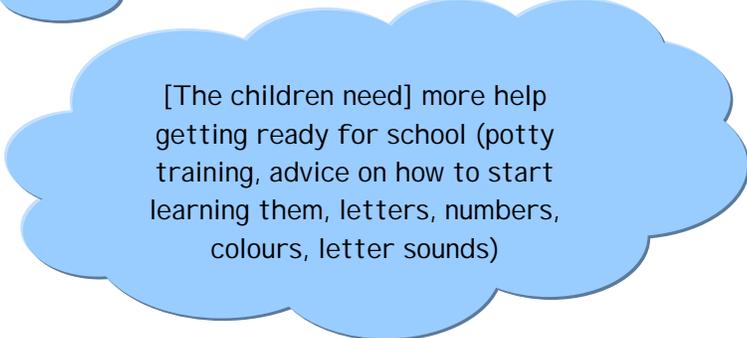
We have no help with funds. We have to do raffles etc so we can at least buy paper, paint, glue, play dough and take them on bus trips.

It was pointed out that, at another parent and toddler group (Bank Street), there is no facility for changing babies, so this has to be done on the toilet floor.

Some parents also called for more structured activity for toddlers, and also for help for older children in preparing for school:

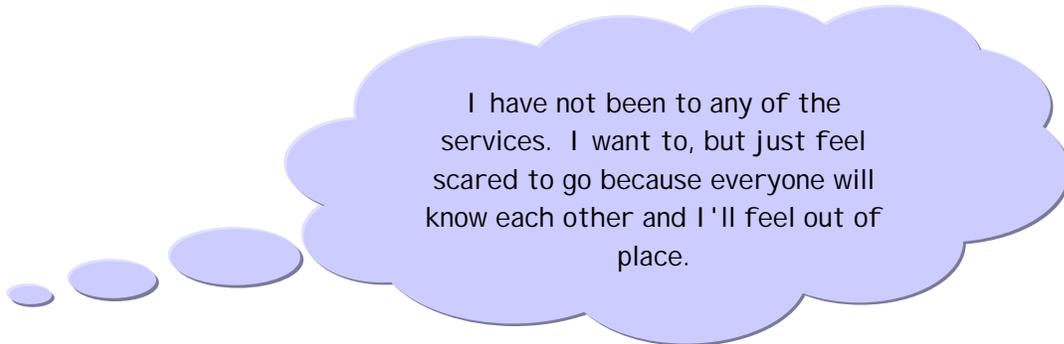


People put too much emphasis on nurseries and think playgroups should be just about toys. It should be about learning through play - more structure at an early stage

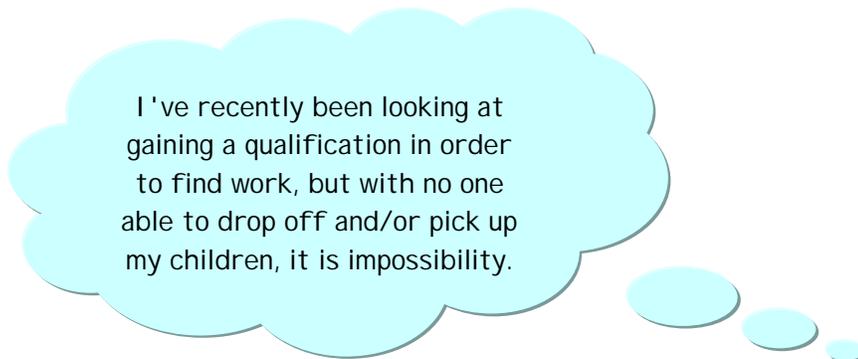


[The children need] more help getting ready for school (potty training, advice on how to start learning them, letters, numbers, colours, letter sounds)

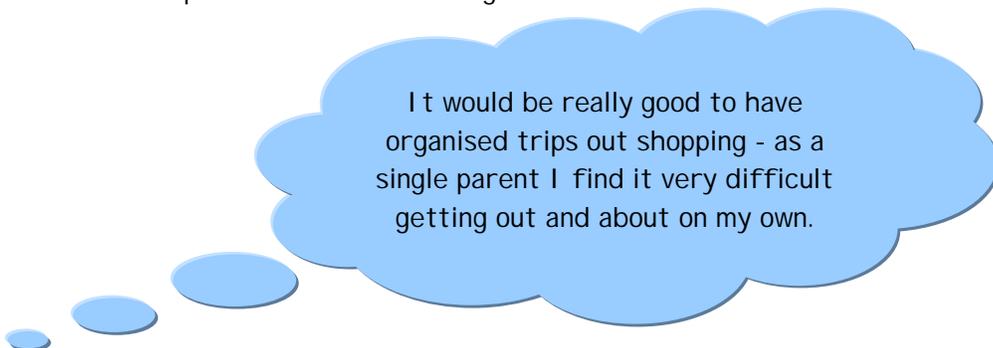
Several respondents commented that play/toddler groups could be 'cliquey' and unfriendly (St John's was named twice) and suggested that staff should put in more effort to making parents and children feel welcome:



Flexibility: Several parents called for childcare which would cover a full working day (or day at college) and include lunch and tea for the children.



Some respondents regretted that age limits for some activities/services were inflexible, and that their child had been too young to take advantage of a particular activity. One parent also called for more weekend activities for parents who worked. There was also a call for more preschool activities/playgroups in the afternoons, so that parents who work part-time in the mornings can involve their children.



Transport: Several respondents raised the issue of transport, pointing out that the lack of a car could severely restrict access to activities and services. For some parents it is hard to get their children to morning activities if they have to use public transport. One parent suggested a car pool, and several others called for more organised trips for families, for example locally to the Dearne Valley Leisure Centre and further afield to places such as the Deep in Hull.

2.4 Child and Family Health Services

187 (92%) of the respondents recorded responses in this section. 20% of these were very satisfied with Child and Family Health Services in general, 49% were satisfied, 24% said 'some were good, some bad', 5% were dissatisfied and fewer than 2% were very dissatisfied. The overall satisfaction rate with Child and Family Health Services can be taken as 69%, and overall dissatisfaction as 7%.

A large number of services achieved over 80% overall satisfaction rate; these are shown in Table 3 (but please note that we have excluded those with fewer than 5 responses from this table).

Table 3 Child and Family Health Services attracting high overall satisfaction

Service	Overall satisfaction %	Number of responses
Sure Start low-cost Safety Scheme	97	34
Baby Massage groups	96	25
Health Centre Baby Clinic	90	39
Advice on contraception/sexual health	89	27
Advice/support from a midwife	87	89
Postnatal care and advice	87	46
Adwick Road Baby Clinic	85	33
Advice/support on weaning	84	49
Advice on preventing accidents/ minor injuries	83	24
White Rose Surgery	82	11

In this section, there were only three services which attracted high levels of overall dissatisfaction (taken to be 20% and over). These are shown in Table 4.

Table 4 Child and Family Health Services attracting high overall dissatisfaction

Service	Overall dissatisfaction %	Number of respondents
Advice/support on postnatal depression	33	27
Advice/support on mental health	27	22
Advice/support on giving up smoking	20	20

Respondents named a number of services they had used which had not been listed in the questionnaire. These included Primecare Healthcall (out-of-hours service) and several other out-of-area surgeries and hospital units.

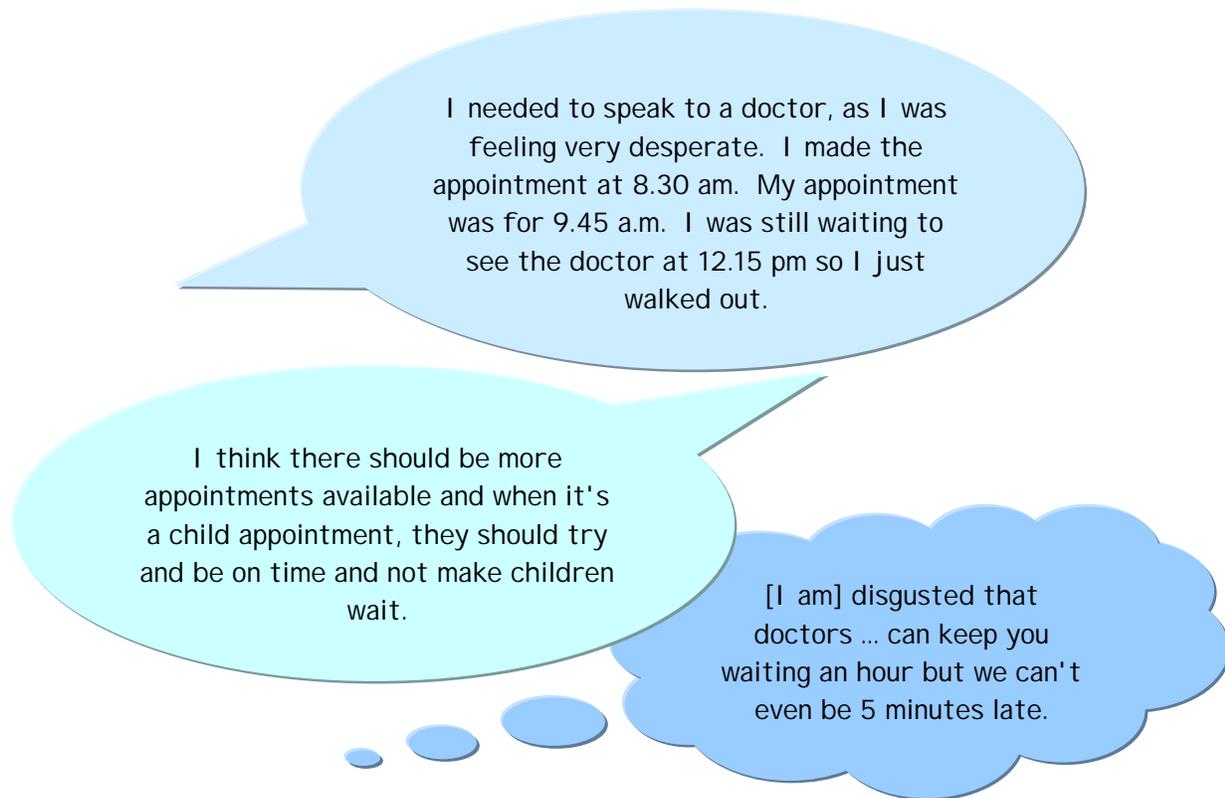
Full details of satisfaction rates for all services in this section attracting five or more responses can be found in Appendix D (Graph 4).

Problems and suggestions

A number of respondents did point out that they were very satisfied with their services and had nothing but praise for individual members of staff – including doctors and health visitors. However, the main criticisms and suggestions regarding Child and Family Health Services were as follows:

Difficulties with appointments: Many parents expressed frustration at the difficulties of getting an appointment with a doctor. At one surgery, it was said that the wait for an appointment could be up to a week, while at another, appointments can only be booked on the day, and are often gone within a quarter of an hour - which is particularly difficult for parents who go out to work. Respondents also complained about long waits

even when an appointment had been made; these could be exacerbated by the lack of toys for children to play with.



One respondent said they had waited eight weeks to be seen by a midwife for the first booking appointment.

Attitudes of professionals to parents and children:

A number of respondents were very critical of their GP's attitude, using words such as *rude, arrogant, unfriendly, unsupportive, ridiculing, abrupt* and *patronising*. One respondent said that *"in most cases, you get the impression you are wasting their time"* and another that *"they make you feel like you worry for no reason"*. The attitudes of some receptionists also came in for criticism. Another respondent claimed that her midwife had not been very informative and was insensitive to her past experience.

Two parents drew attention to the need for more privacy for parents to speak in confidence with the health visitor: *"By having to ask to speak in private, I feel from*

personal experience that you are less likely to confide your problems.” Another had not found her health visitor very supportive. There was a further complaint that “You’re just left to get on with things. Health visitors swap all the time and you never meet them”

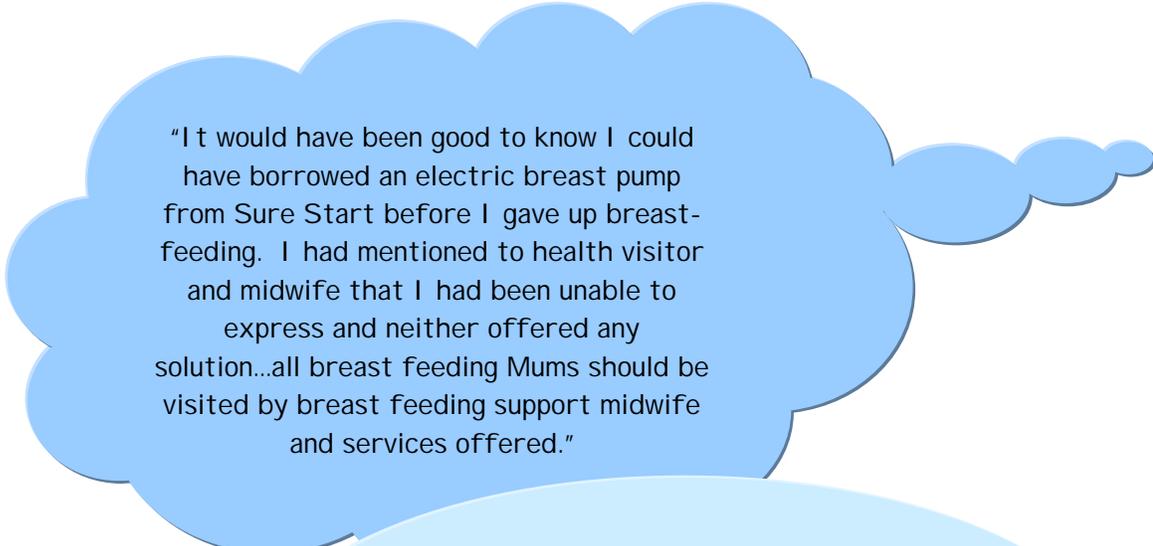
These comments contrasted with a few that were very positive:



One respondent objected to having no choices as to which doctor she was allocated when she registered. Several believed that their child had a wrong diagnosis or treatment.

Specialists for minor injuries: Two respondents felt there should be a children's specialist available at the Montague Minor Injuries Unit - the nearest place out-of-hours is at Doncaster.

Breast-feeding: Several parents called for more support for breastfeeding and weaning:

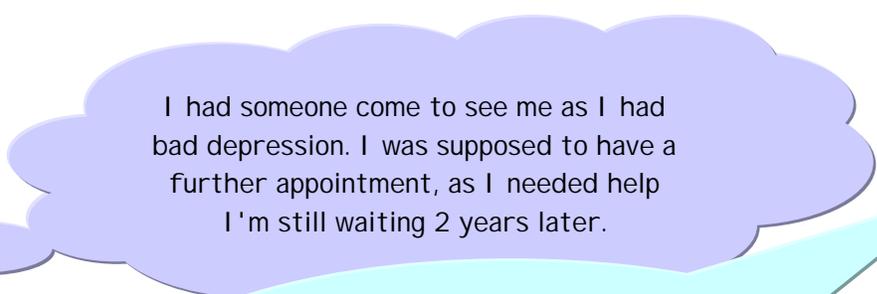


"It would have been good to know I could have borrowed an electric breast pump from Sure Start before I gave up breast-feeding. I had mentioned to health visitor and midwife that I had been unable to express and neither offered any solution...all breast feeding Mums should be visited by breast feeding support midwife and services offered."

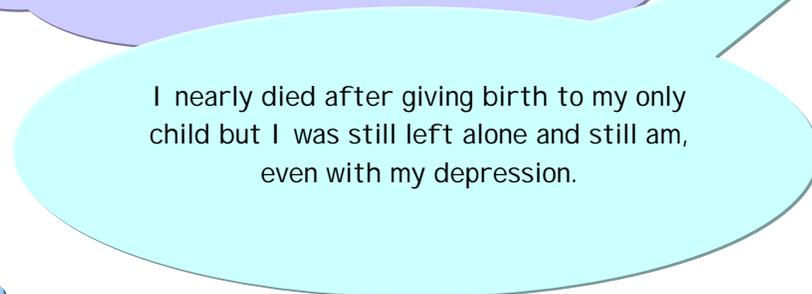


Breast feeding support - I received none but in Sheffield, if you breast feed, you have a breast feeding support worker that pops round/phones up to check if all OK. I would have liked someone to talk to that knew what they were talking about.

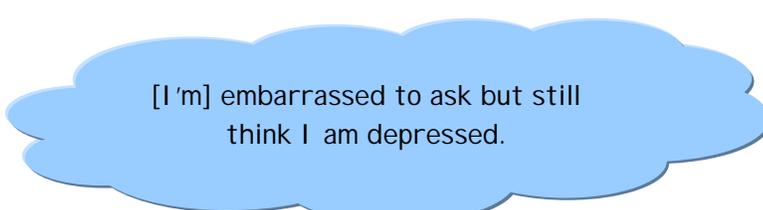
Mental Health: Several respondents called for better support for parents with depression.



I had someone come to see me as I had bad depression. I was supposed to have a further appointment, as I needed help I'm still waiting 2 years later.



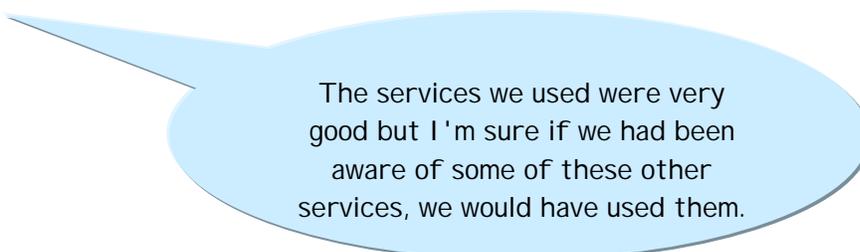
I nearly died after giving birth to my only child but I was still left alone and still am, even with my depression.



[I'm] embarrassed to ask but still think I am depressed.

Other suggestions included:

- ❖ More health education in schools regarding nutrition, smoking and drugs
- ❖ First aid courses for parents
- ❖ Help on behavioural issues, including over-fives
- ❖ An 'injection day' at the Health Centre to avoid long waits at the baby clinics
- ❖ Times of baby clinics to fit around school hours
- ❖ More information generally about what support is available



The services we used were very good but I'm sure if we had been aware of some of these other services, we would have used them.

2.5 Family Support and Outreach to Parents

114 (56%) respondents recorded responses in this section but many services had been used by only a few of the respondents; 11 of the 20 individual services in this section received fewer than 10 responses. Overall, 15% of respondents were very satisfied with Family Support and Outreach to Parents in general, 54% were satisfied, 20% said 'some were good, some bad', 6% were dissatisfied and 4% were very dissatisfied. Thus the overall satisfaction rate for these services can be taken as 69% and dissatisfaction as 10%.

The services which attracted high overall satisfaction rates i.e. 80% or more are shown in Table 5 (but please note that some had a very small number of responses and that we have excluded those with fewer than 5 responses from this table).

Table 5 Family Support and Outreach to Parents attracting high overall satisfaction

Service	Overall satisfaction	Number of responses
Drop-in sessions - Rockleigh Family Centre	87%	39
Parenting classes	86%	7
Social worker support	86%	7
Hallgate crèche sessions	84%	19
Other training classes/courses	82%	17

Only one person responded to 'Support for parents who themselves have special needs/disabilities' and this person was very satisfied with the service. There was also a single response to 'advice/support on drugs/alcohol addiction', recorded as 'some good, some bad'. Finally, no respondent recorded a response to 'help with English as a second language'.

In this section there were 7 services which attracted high overall dissatisfaction rates i.e. 20% or more (though again please note that most only attracted a small number of

responses and that we have excluded that service which attracted fewer than 5 responses from this table). These are shown in Table 6.

Table 6 Family Support and Outreach to Parents attracting high overall dissatisfaction

Service	Overall dissatisfaction %	Number of responses
Advice/support on domestic violence	40	5
Advice/support on relationship problems	40	5
Information about services for parents	38	8
Highwoods Base crèche sessions	33	9
Advice/support on money/debt	33	15
Advice/support with basic skills	20	10
Advice/support on benefits/tax credits	20	25

Full details of satisfaction rates for all services in this section attracting five or more responses can be found in Appendix D (Graph 5).

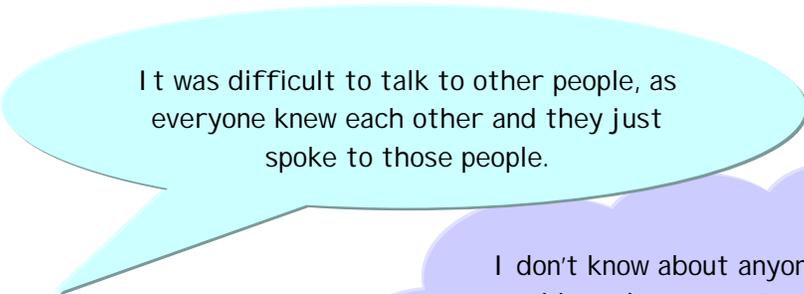
Problems and suggestions

Several respondents felt that this area of service was well provided. However, many others highlighted areas of concern:

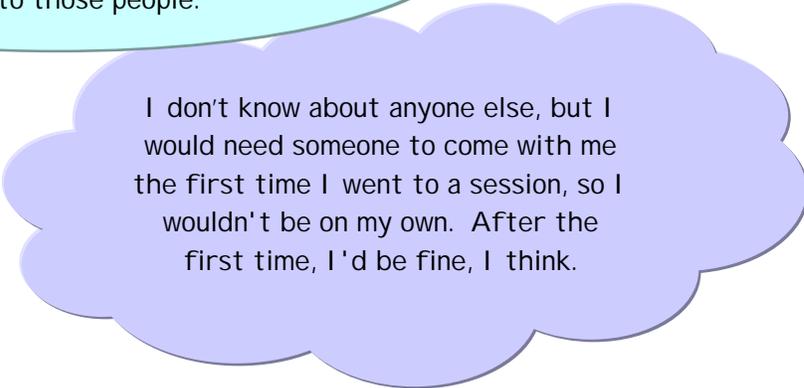
Information and awareness: the over-riding complaint was that parents had not heard about many of the services listed and did not know where to get information and support. Several respondents indicated that information about these services should be offered much more proactively e.g. through regular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

Crèches and drop-ins: while some parents expressed great satisfaction with these services (particularly Rockleigh) and found them a useful source of support and social

interaction, some complained about a lack of organisation (for example at Bank Street Baptist and Rockleigh), lack of toys (at Baptist) or inadequate safety equipment (at Rockleigh), and several felt excluded by their perceived 'cliqueyness' (Hallgate Centre and Rockleigh were both mentioned here):



It was difficult to talk to other people, as everyone knew each other and they just spoke to those people.



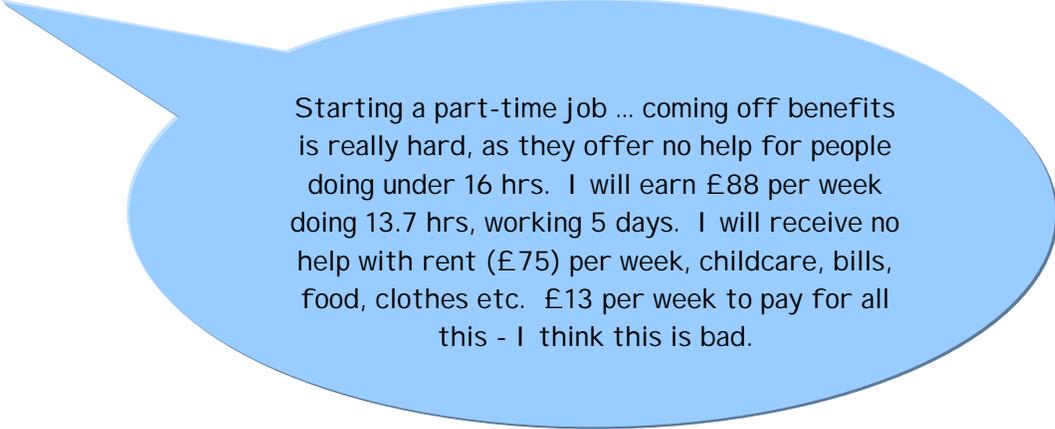
I don't know about anyone else, but I would need someone to come with me the first time I went to a session, so I wouldn't be on my own. After the first time, I'd be fine, I think.

Two respondents suggested there should be a crèche for babies and younger children where parents could leave children for up to 2½ hours so that they had time to get jobs done while the child was still 'having a good time'. It was stressed that the cost would need to be reasonable (£6 per session was suggested).

Training: suggestions included courses on:

- ❖ Childminding and play work
- ❖ More short courses leading to a qualification (not just basic Maths, English and beginners IT)
- ❖ First aid

There was a call for more courses with childcare provided and for the option of local assessment of courses taken at the library (to avoid trainees having to travel outside the area). Respondents also highlighted the importance of help for young parents (and especially single parents) trying to return to work, with one providing detailed costings to illustrate her dilemma:



Starting a part-time job ... coming off benefits is really hard, as they offer no help for people doing under 16 hrs. I will earn £88 per week doing 13.7 hrs, working 5 days. I will receive no help with rent (£75) per week, childcare, bills, food, clothes etc. £13 per week to pay for all this - I think this is bad.

Other suggestions included:

- ❖ Greater efforts to involve fathers
- ❖ A centre in the Arnold Crescent area
- ❖ More meetings for single parents
- ❖ A toy library
- ❖ Exercise sessions for mothers

2.6 Support for Families with Children with Special Needs

Only 21 respondents recorded responses to this group of services. 19% of respondents were very satisfied with Support for Families with Children with Special Needs in general, 33% were satisfied, 29% said 'some were good, some bad', 10% dissatisfied and a further 10% very dissatisfied. The overall satisfaction rate can be taken as 52%, and dissatisfaction as 20%.

Only 33 responses were received in total for all the individual services. Nearly half (15) of all the responses were for the Speech Therapy service; this service attracted 60% overall satisfaction and 13% overall dissatisfaction. The remaining 15 responses were shared between Portage (the home visiting preschool service), Advice on Disability Benefits, Special Schools, Support for the Parent on the Child's Disability and Support for Brothers and Sisters of a Child with Special Needs.

Because of the small numbers involved, the responses have been detailed in table form instead of graphically – See Table 7.

Table 7 Support for Families with Children with Special Needs

Service	Very satisfied	Satisfied	Some good, some bad	Dissatisfied	Very dissatisfied
Physiotherapy	0	0	0	0	0
Speech therapy	3	6	4	1	1
Occupational therapy (OT)	0	0	0	0	0
Portage (home visiting preschool service)	3	1	1	0	0
Social Services Disability Team	1	0	0	0	0
Early Years Inclusion Services	1	0	0	0	0
Specialised equipment	0	0	0	0	0
Local support groups	0	0	0	0	0
Advice on disability benefits	2	1	0	1	0
Special schools	0	1	1	1	0

Support for the parent on the child's disability	1	1	0	1	0
Support for brothers and sisters of a child with special needs	0	0	0	1	0
Support from Child and Adolescent Mental Health Services (CAMHS)	0	0	0	0	0

Problems and suggestions

Information: Once again, the majority of comments related to the need for more information about what services are available and how to access them, with the information needs of working parents specifically highlighted.

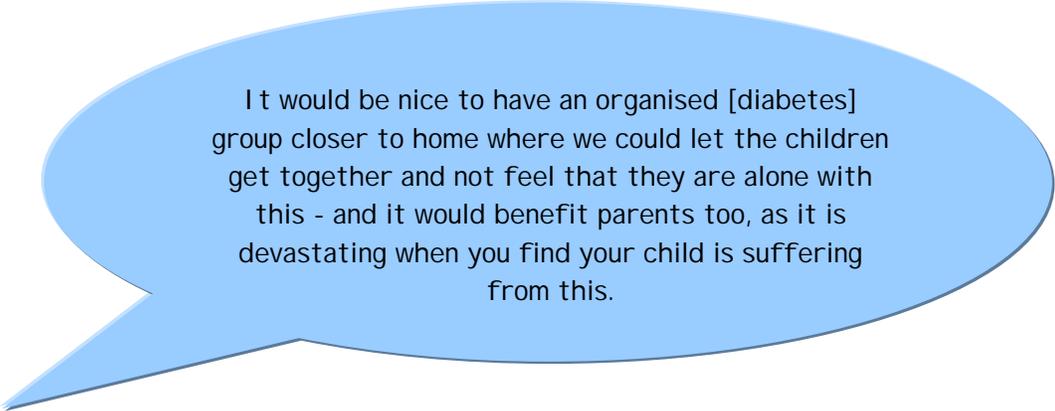
Speech and language therapy: Several parents complained about the long waiting list for this service, some also saying that appointments are regularly cancelled. Parents regretted the lack of cover when staff are sick and the consequent lack of continuity to their child's support.

Portage: One respondent said that staff were sometimes too busy to return calls, and that parents do not always see copies of reports on their child's progress.

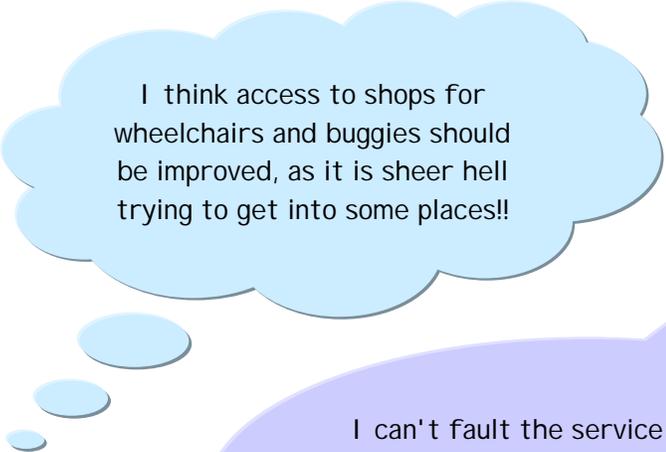
Benefits advice: One respondent complained that she had had no advice on benefits to which she and her disabled child might be entitled, even though they were regularly in touch with hospital staff.

Other suggestions included:

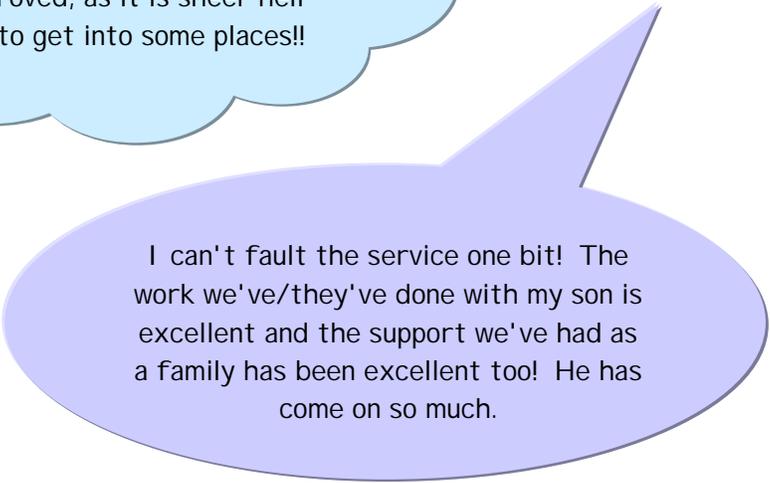
- ❖ Access to counselling for parents who have a child with a disability
- ❖ Access to public facilities
- ❖ A local group for families coping with diabetes



It would be nice to have an organised [diabetes] group closer to home where we could let the children get together and not feel that they are alone with this - and it would benefit parents too, as it is devastating when you find your child is suffering from this.



I think access to shops for wheelchairs and buggies should be improved, as it is sheer hell trying to get into some places!!



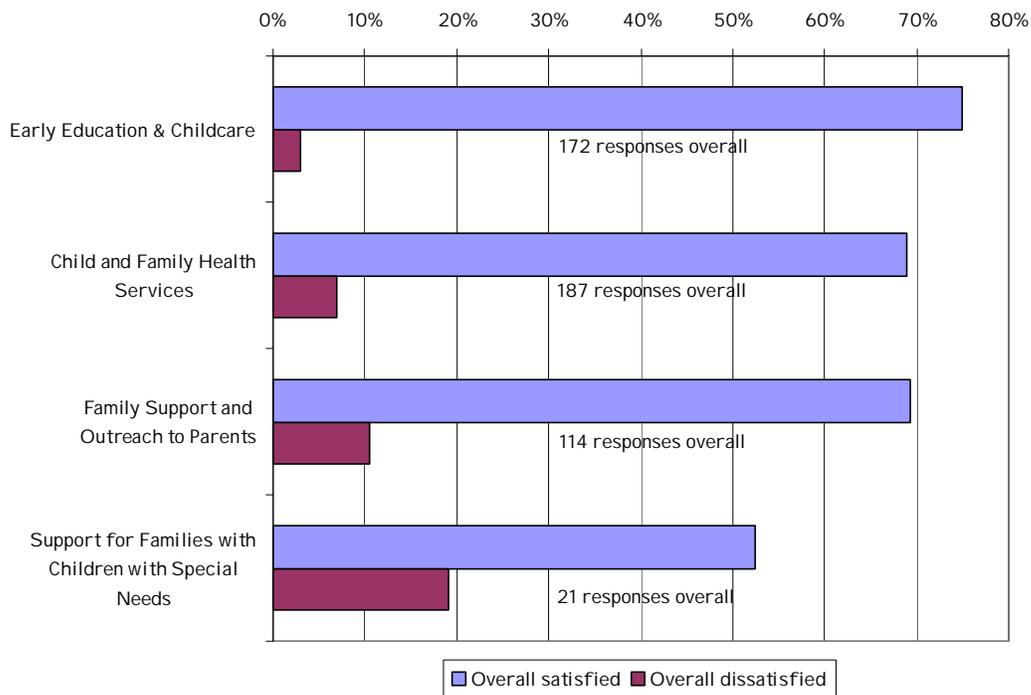
I can't fault the service one bit! The work we've/they've done with my son is excellent and the support we've had as a family has been excellent too! He has come on so much.

2.7 Overall and Comparative Satisfaction

The survey shows the differences in levels of overall satisfaction and overall dissatisfaction between the four categories of services listed (see Graph 6). Early Education and Child Care was top for overall satisfaction (75%), but there was no difference between the overall satisfaction rates for the other two main categories i.e. Child and Family Health Services and Family Support and Outreach to Parents (both at 69%). Overall satisfaction with Support for Families with Children with Special Needs was considerably lower (52%).

The overall dissatisfaction rates were: 3% for Early Education and Child Care, 7% for Child and Family Health Services, 11% for services in Family Support and Outreach to Parents, and 20% for Support for Families with Children with Special Needs.

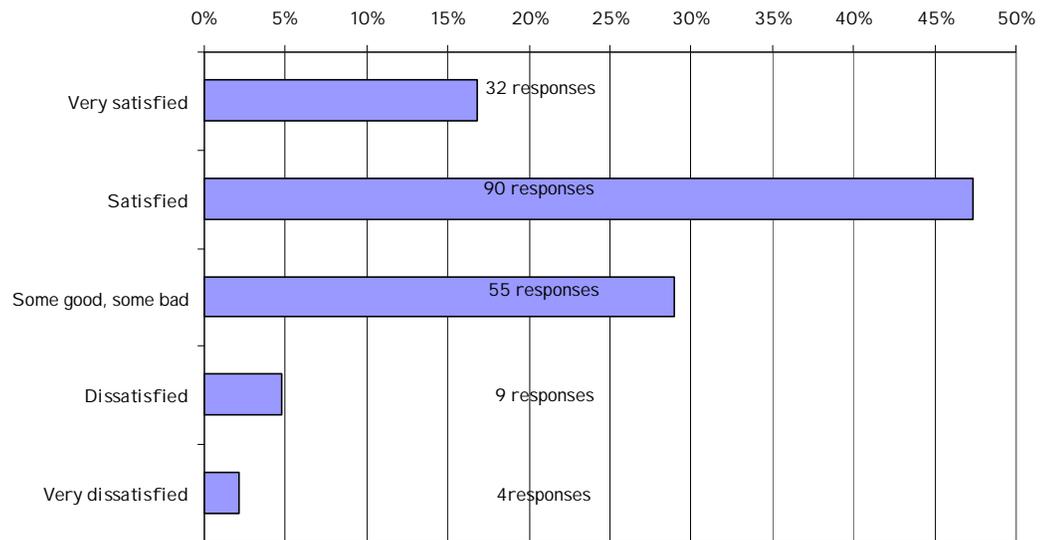
Graph 6 Overall satisfaction and dissatisfaction with services



With regard to satisfaction with services for families with young children *in general*, 17% of respondents were very satisfied overall, 47% were satisfied, 29% said 'some were good, some bad', 5% were dissatisfied and 2% were very dissatisfied. The overall

satisfaction rate with all services for families with young children can be taken as 64% with overall dissatisfaction at 7% (see Graph 7).

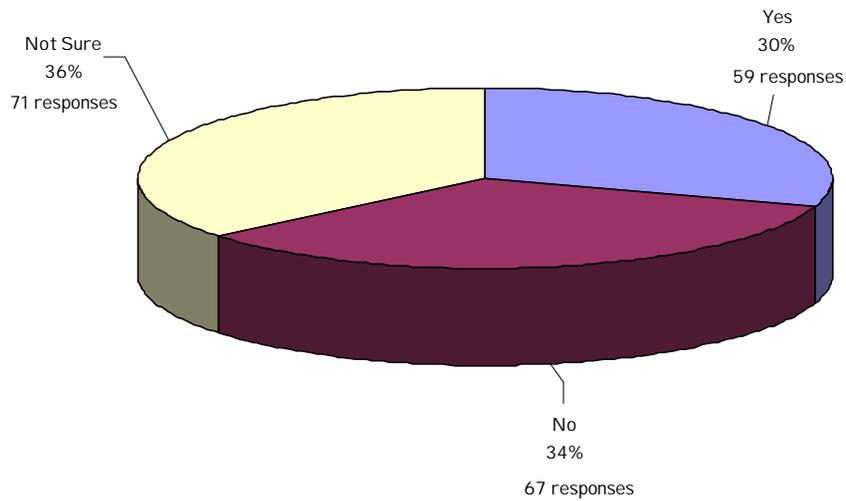
Graph 7 Satisfaction rates with services in general



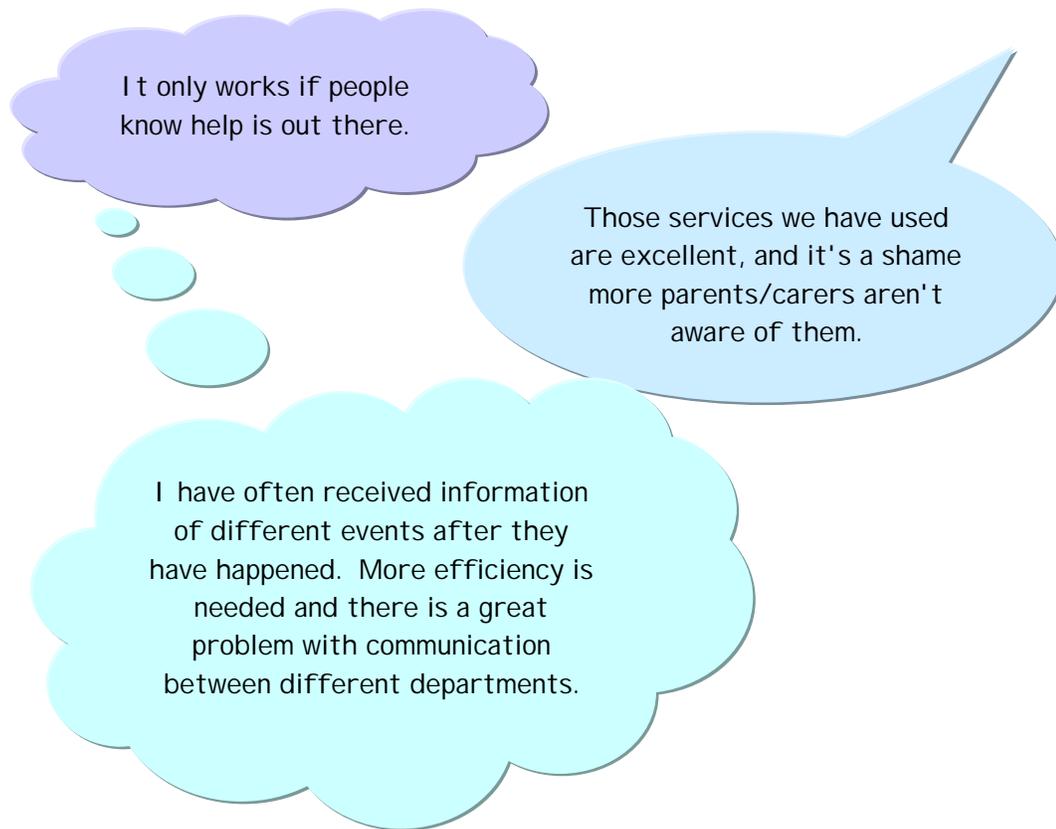
2.8 Knowledge of Local Services

The survey has highlighted widespread lack of knowledge about local services. Only 30% of respondents to this question said they knew what was available locally for families with young children, while 34% said they did not know, and 36% were not sure (see Graph 8). 6 respondents did not answer this question.

Graph 8 Do you feel that you know what is available locally for families with young children?



Three typical comments illustrate the pressing need for better circulation and targeting of information:



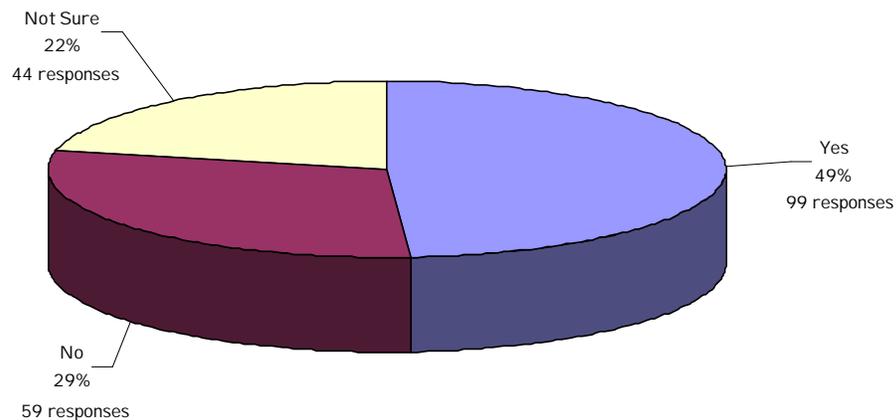
There was some feeling that information is targeted mainly at parents who are not working, and excludes those who are. Many respondents suggested ways in which Sure Start should publicise local services. These included:

- ❖ Regular mailings through the post: this was felt to be especially useful for working parents who might not pick leaflets up at playgroups or drop-ins, and might not hear about services by 'word-of-mouth'
- ❖ Advertisements in the local papers
- ❖ A handbook or resource pack

2.9 Involvement with Sure Start

Around half (49%) of the respondents said that they were already registered with Sure Start, 29% said they were not, and 22% were not sure (see Graph 11). Only one respondent did not answer this question.

Graph 11 Are you registered with Sure Start?

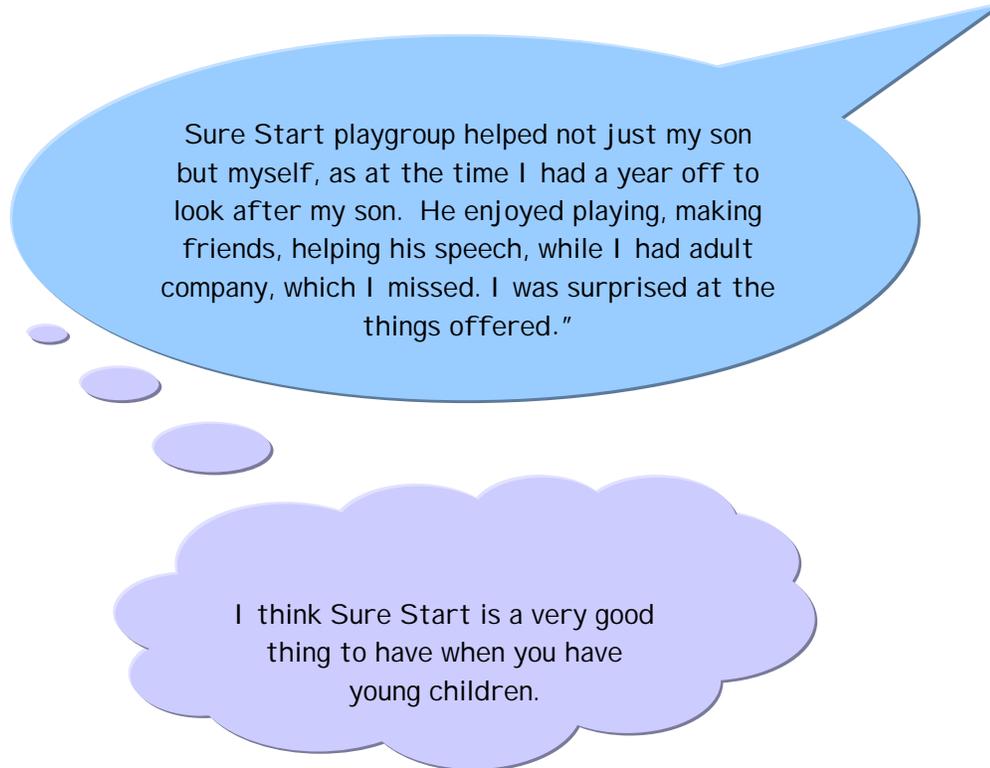


One respondent suggested that all children under five should automatically be registered.

Sure Start staff reported that over two-thirds (138) of the respondents requested, through the free Prize Draw entry forms, further information about Sure Start. These

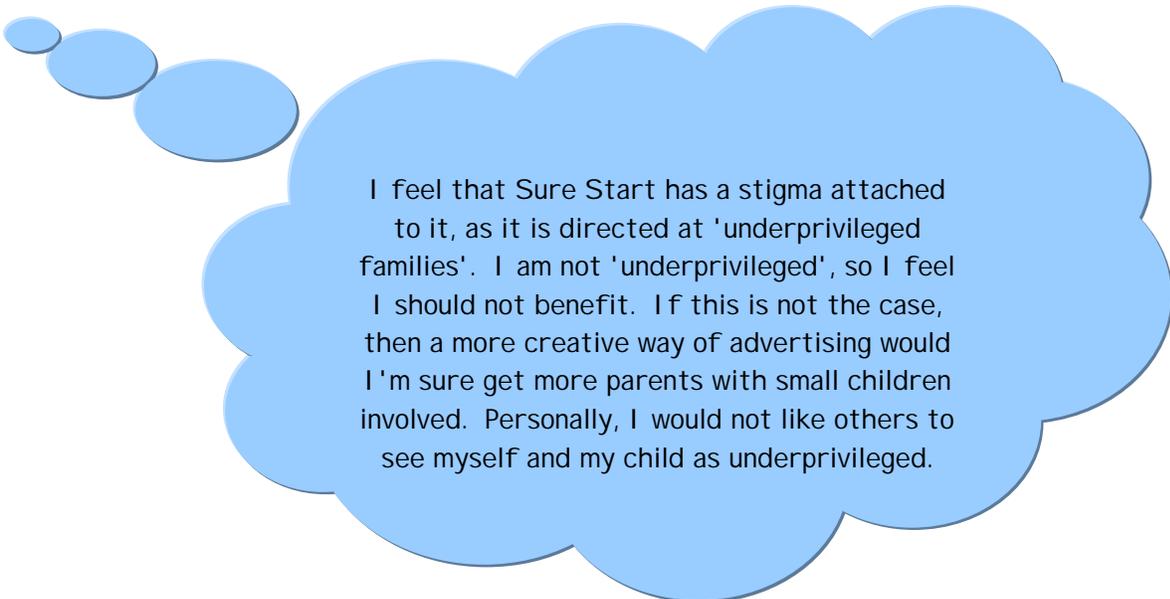
requests will be followed up with a letter and then a phone call from the Parent Development Workers.

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:



There were also a few criticisms of Sure Start. One parent claimed that her child had nearly had an accident when he 'escaped' due to staff being distracted by a mobile phone call. Another had been disappointed that, although she had indicated on her registration form that her partner required help around smoking, they had never been contacted.

Two respondents drew attention to a difficult issue for Sure Start i.e. whether or not it is - or should be - targeted at those in greatest need. If this is so, it can deter other families from using services and becoming involved.



I feel that Sure Start has a stigma attached to it, as it is directed at 'underprivileged families'. I am not 'underprivileged', so I feel I should not benefit. If this is not the case, then a more creative way of advertising would I'm sure get more parents with small children involved. Personally, I would not like others to see myself and my child as underprivileged.

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.

Themes

There are 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 are:

- ❖ Information about services and awareness of the opportunities available
- ❖ The needs of working parents (both fathers and mothers) to access services, support and contact out of core hours (e.g. at evenings and weekends) and to access childcare spanning across their working hours
- ❖ The needs of single parents for support (social, emotional and financial)
- ❖ Attitudes of professionals to parents and young children
- ❖ Affordability of services (particularly childcare)
- ❖ The difficulties of getting health-related appointments
- ❖ Whether services should be targeted at the most ‘needy’ families – or whether all families in the area should be welcomed
- ❖ Perceived ‘cliquiness’ of some services

Key issues in services

So what does this survey tell us about individual local services? It is probably sensible to focus on those which attracted a considerable number of responses – let us say at least 20 i.e. at least 10% of the total number of respondents. We should celebrate therefore the 15 individual services in this group which are associated with the highest levels of satisfaction (taken to be 80% and over). These are:

Sure Start low cost Safety Scheme

Baby massage

Mexborough Public Library

Baby fun groups

Health Centre Baby Clinic

Advice on contraception/sexual health

Postnatal care and advice

Advice /support from a midwife

Advice/support on speech and language

Pitt Street LEA Nursery school

Adwick Road Baby Clinic

Drop-in sessions – Rockleigh Family Centre

Advice/support on weaning

Advice on preventing accidents/minor injuries

Pippins playgroup

If we again focus on those services which attracted at least 20 responses, we find that there are only five which are associated with the highest levels of dissatisfaction (taken to be 20% and over). These are:

Outdoor playgrounds/parks

Advice/support on postnatal depression

Advice/support on mental health

Advice/support on giving up smoking

Advice/support on benefits/tax credits

There may be a strong case for investigating these services more closely, perhaps with some more in-depth qualitative work that would seek to tease out the specific issues around these services.

With regard to dissatisfaction overall, Support for Families with Children with Special Needs attracts a much higher level of dissatisfaction than the other three categories of service provision. Caution must be exercised however, as the numbers responding to this section were much smaller (not unexpectedly, as it was only aimed at those with a child with special needs.) However, some in-depth qualitative work may again help to identify the key reasons for dissatisfaction with these services.

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:

Early Education and Childcare:

Detailed information about choices

Appropriateness of public parks/play areas for young children

Availability of places, particularly for babies/young children

Affordability

Quality of care/resource issues

Flexibility: hours, child's age

Transport

Child and Family Health Services:

Difficulties with appointments

Attitudes of professionals to parents and children

Specialists for minor injuries

Breast-feeding support

Support for mental health problems

Family Support and Outreach to Parents:

Information and awareness

Variations in crèches and drop-ins (friendliness, organisation, toys etc)

Ideas for training

Involvement of fathers

Support for Families with Children with Special Needs:

Information and awareness

Speech and language therapy (access and continuity)

Portage

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, and its plans for evaluation. 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. It is also fair to say that postal surveys such as these, while playing a useful role in raising issues, are not designed to explore issues in greater depth. However, the survey will, it is hoped, set a baseline for further, more detailed, qualitative work around specific services and themes.

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.

