

Sure Start Bridlington South

## Baseline User Satisfaction Survey

Final Report

May 2003

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## Chapter 1 Introduction

### i. Background

Local Sure Start programmes are expected to carry out a baseline user satisfaction survey in the first year of their life. 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<sup>1</sup>. NESS guidance indicates that the survey needs to include both registered and non-registered families of children under five in the Sure Start area.

There is also an expectation that a similar exercise should be repeated three years later, to re-visit the question of what parents think of services once Sure Start is established. This second survey should indicate where improvements have occurred and where more needs to be done, or adjustments are required, to 'fine tune' the local Sure Start programme. The update should aim to demonstrate: '75% of families reporting personal evidence of an improvement in the quality of services providing family support'. The commitment to achieving this is embodied in a Service Delivery Agreement (SDA) target, which is part of the contract between each local Sure Start Programme and the Sure Start Unit.

Sure Start Bridlington South, in partnership with Scarborough Sure Start, commissioned the consultancy, Acton.Shapiro, to plan and carry out a baseline user satisfaction survey, though for various reasons it had not been possible for these schemes to carry out their surveys during their first year of operation. Planning for the survey began in December 2002, and the questionnaire was distributed in mid-February, with a deadline for return of 17 March; the survey was therefore completed by the end of Year 2.

### ii. Methodology

The evaluators examined examples of other baseline surveys on the NESS website and also obtained further information and advice from the Regional Officer (Sarah Ellison) and Sure Start staff from Scarborough and Bridlington who attended a meeting with the steering-group. A draft questionnaire was designed and distributed to Sure Start staff in both areas: a number of amendments were suggested, and in the main incorporated. Parents involved in the training session for parent-evaluators (see below) also contributed their ideas to both the design and content of the questionnaire. 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.

The survey requested a small amount of information about the family and their relationship to Sure Start i.e. children's age, whether any under five had special needs, and whether they were registered with Sure Start and used Sure Start services. The services themselves were divided into five categories:

- Childcare services
- Play and learning

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<sup>1</sup> *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](http://www.ness.bbk.ac.uk/documents/GuidanceReports/GuidanceUserSatisfactionSurveys.pdf)

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

A final section asked three 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 five known to live in the Sure Start area. However, in order to maximise the response rate to the survey, it was agreed that parent-evaluators (and some staff) would be asked to encourage parents to fill it in and to offer to help those who wished to complete it. Following discussions with the Evaluation Officers from the two schemes, a training session was delivered in mid-January for parent-evaluators from both Scarborough and Bridlington in order to prepare them for assisting with administering the survey. Although only two parents from Bridlington were able to attend this first session, a similar session was subsequently delivered to ten parents in Bridlington (including these two) in mid-March as part of their training as Community Parents. 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. The questionnaires (see Appendix A) were accompanied by a Prize Draw Entry Form (see Appendix B), a covering letter explaining the purpose of the survey and confidentiality (see Appendix C), and a prepaid envelope. Although Sure Start staff packed and stamped the envelopes, these were then labelled and sent out by Yorkshire Wolds and Coast PCT in order to protect the confidentiality of parents. The PCT used the Exeter system to identify the postcodes of all families with children under five. (NB this is unlikely to be necessary in future as a protocol for information sharing has now been agreed.)

In addition to the postal dissemination, a number of questionnaires were distributed face-to-face by the Evaluation Officer, some of the parent-evaluators and 'Community Parents', and Sure Start staff. They took advantage of existing activities to meet with parents and encourage them to complete the questionnaire. These included nursery school and toddlers' sessions, parents' and breast-feeding groups, toy libraries and 'Books for Babies'. Questionnaires were also left in the Medical Centre and the Sure Start shop. Some of the parents accessed in this way said they had not received a questionnaire through the post (in some cases they had only recently moved house and may not have been on the PCT database).

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, 667 questionnaires were sent out by the PCT and a number (unrecorded) of others were distributed by staff and community parents. A total of 150 completed questionnaires were returned. Although 25 of these gave a postcode outside the Sure Start area, it was agreed that they should be included in the analysis because a) they provided valuable additional information and b) they were completed by people who lived only just outside the Sure Start area and/or used services within that area.

Consequently the response rate cannot be calculated exactly but it is estimated at around 20%.

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

## Chapter 2 Findings

### i. 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 (e.g. when comparing Graph 8 values with the corresponding values in Graphs 3 to 7)
- The bar sizes on graphs may be slightly different but have the same percentage values

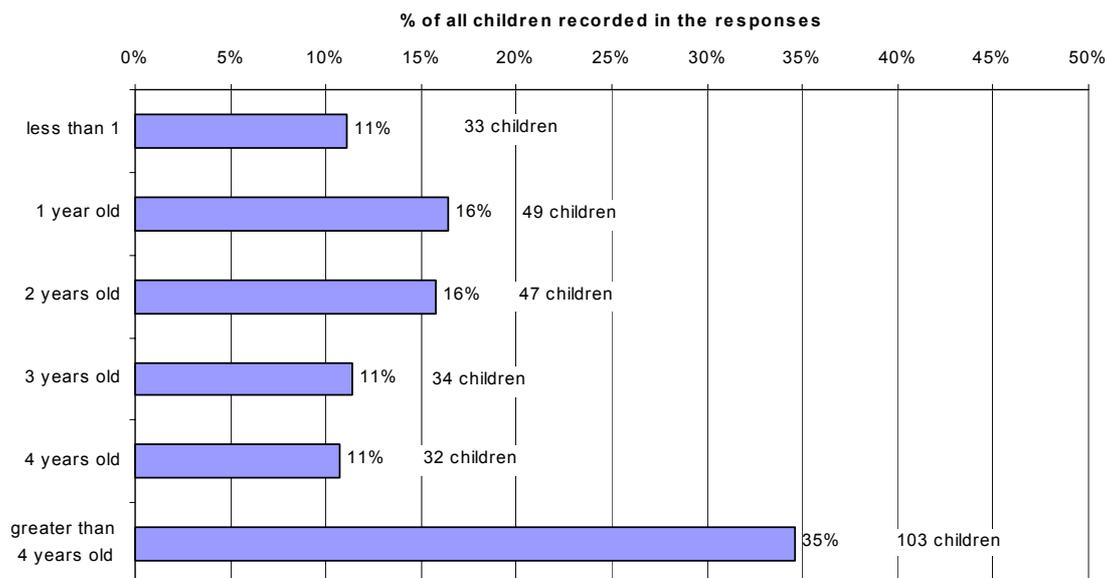
Where 'overall satisfaction' is cited, it was decided to calculate this by combining percentages of respondents who were either 'satisfied' or 'very satisfied'. Likewise, 'overall dissatisfaction' has been reached by combining percentages of respondents who were either 'dissatisfied' or very 'dissatisfied'.

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 the majority of services.

### ii. The families

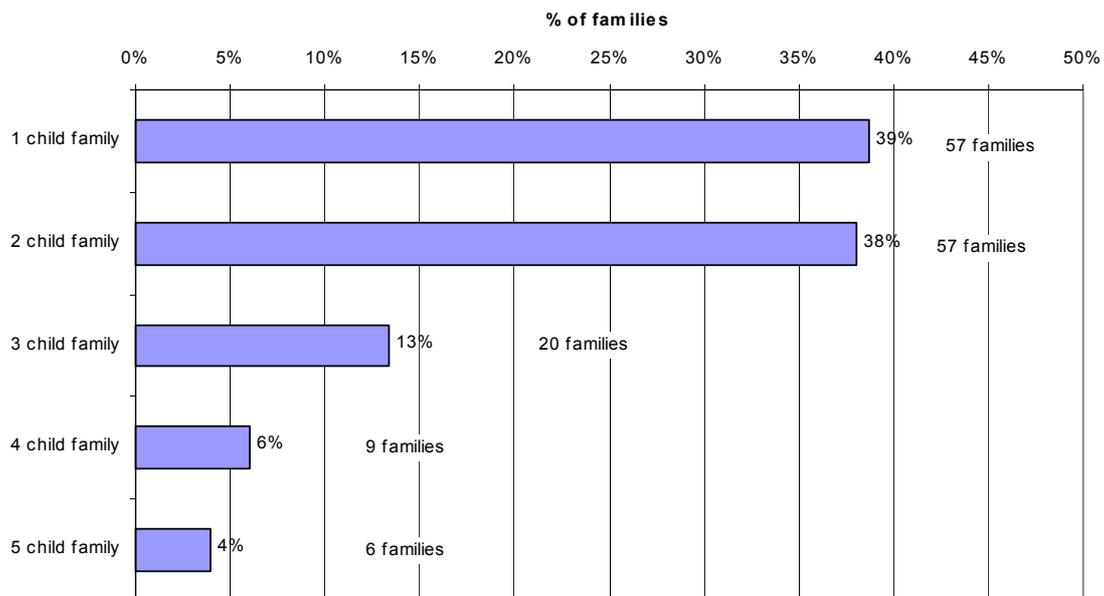
Graph 1 below shows the percentage of children in the different age ranges from the 150 families who responded to the question.

*Graph 1 Children's ages*



Graph 2 shows that just over a third (38%) of the families had only one child, the same number had two children and 13% had three. Only 10% of those who responded had more than three children in the family.

*Graph 2 No of children in the family*



11 (7%) of the families responding to the survey said they had one or more children under the age of five with special needs or disabilities.

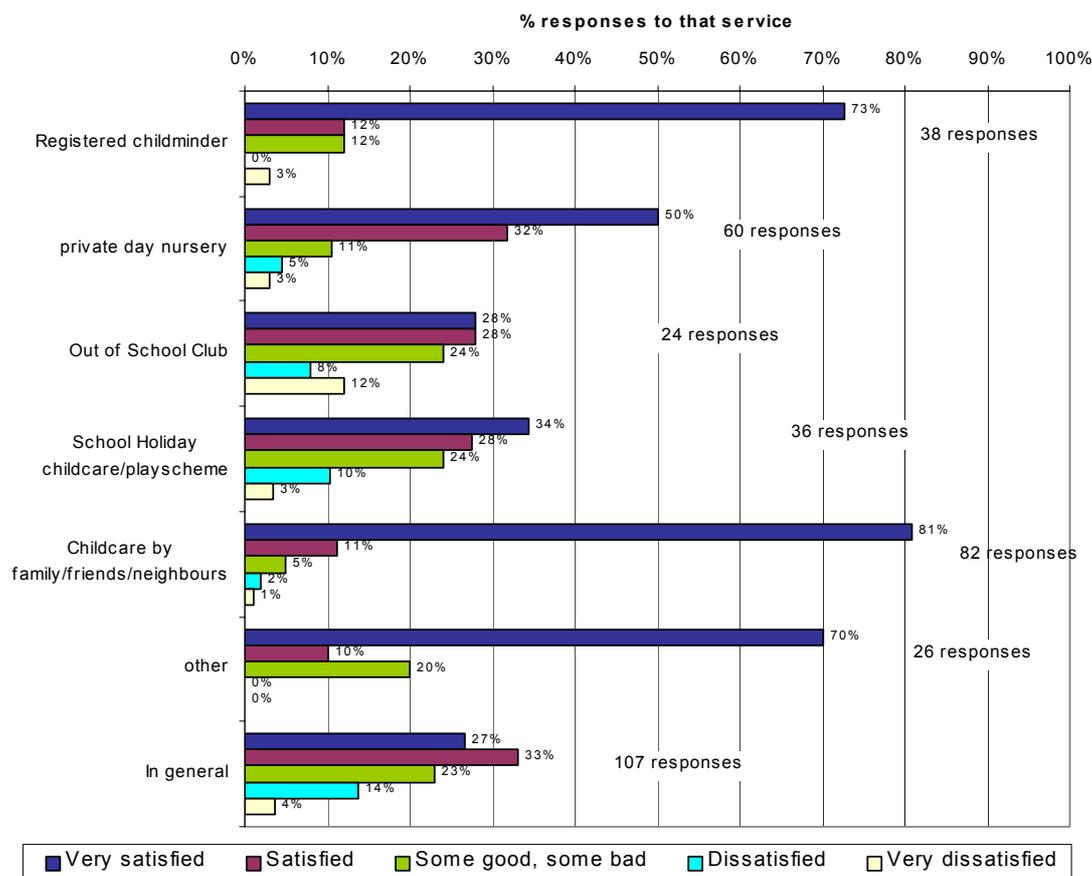
**iii. Childcare services**

27% of respondents were very satisfied with childcare services in general, 33% were satisfied, 23% said 'some were good, some bad', 14% were dissatisfied and 4% were very dissatisfied. Thus the overall satisfaction rate with childcare services can be taken as 60%, and overall dissatisfaction as 18% (the highest of all categories).

The highest levels of overall satisfaction with a service were from those who used informal childcare i.e. provided by family, friends or neighbours (92%) and those who used registered childminders (85%).

The highest levels of overall dissatisfaction with a service were from those who used out-of-school clubs (20%) and school holiday childcare/play schemes (13%).

Graph 3 Satisfaction rates with childcare services



### Problems and suggestions

Interestingly, given the levels of satisfaction and dissatisfaction cited above, the vast majority of problems identified related to private day nurseries (29) and registered childminders (12), although comments were also made about many other services.

The main issues raised were:

**Affordability:** this related most frequently to private day nurseries, but the point was also made in general about all childcare services. Some respondents stressed the particular difficulties faced by those on low wages and/or benefits, though others felt that those working full time but not on benefits should also receive help and perhaps have priority for places. One working mother with two young children pointed out that a recent 30 p increase in the childminders' rates would mean an additional £1,000 a year for her to find. Affording childcare was also very difficult for those with two children needing childcare at the same time. In some cases respondents had had to give up offers of work or training places because they could not afford childcare. Respondents pointed out that subsidised childcare at the college crèche was only available if the child was at least two years old. They also highlighted the apparent inequities in government funding for nursery places for three-year olds; some parents in Bridlington were having to pay in full for their child's place, while others received at least some hours free of charge through the voucher scheme.

**Information:** many respondents said they found it difficult to find out about the choices available to them, including specific information about charges, hours and qualifications of staff. Several suggested that a compact guide to all the different providers would be very useful. More publicity for all provision and activities would be very welcome.

**Availability:** overall there was a feeling that choices in childcare were very limited. This seemed to be particularly true for babies/toddlers, with some parents having to look outside Bridlington. Vacancies were hard to come by when parents needed to start work or training.

**Flexibility:** parents who needed childcare out of 'normal' hours (e.g. early mornings, evenings, weekends and Christmas) seemed to have considerable difficulties. It was also commented that few childminders were able to pick up children from school or nursery class. Finding appropriate childcare for children with special needs was also a problem.

**Quality of care:** some parents had concerns about the quality of some childcare services. Two commented that childminders could be unfriendly and even rude. One was concerned that a registered childminder was said to have her own children on the Child Protection Register. One felt that the nursery had "made my child's development go backwards".

**Holiday play schemes/out-of-school activities:** a number of parents would like to see more activities in the holidays, including appropriate activities for older children (both 3-7 year olds, and 8-14 year olds), which should not be attached to nurseries. Existing play schemes were said to need booking well in advance (sometimes a term ahead) or to operate for only a few days in the whole holiday period. Some said they had no out-of-school clubs in their area, and one suggestion was for an out-of-school facility based at the New Pasture community centre.

Several respondents commented that they preferred to use relatives for childcare, and one suggested that the Government should pay grand-parents who took on this role.

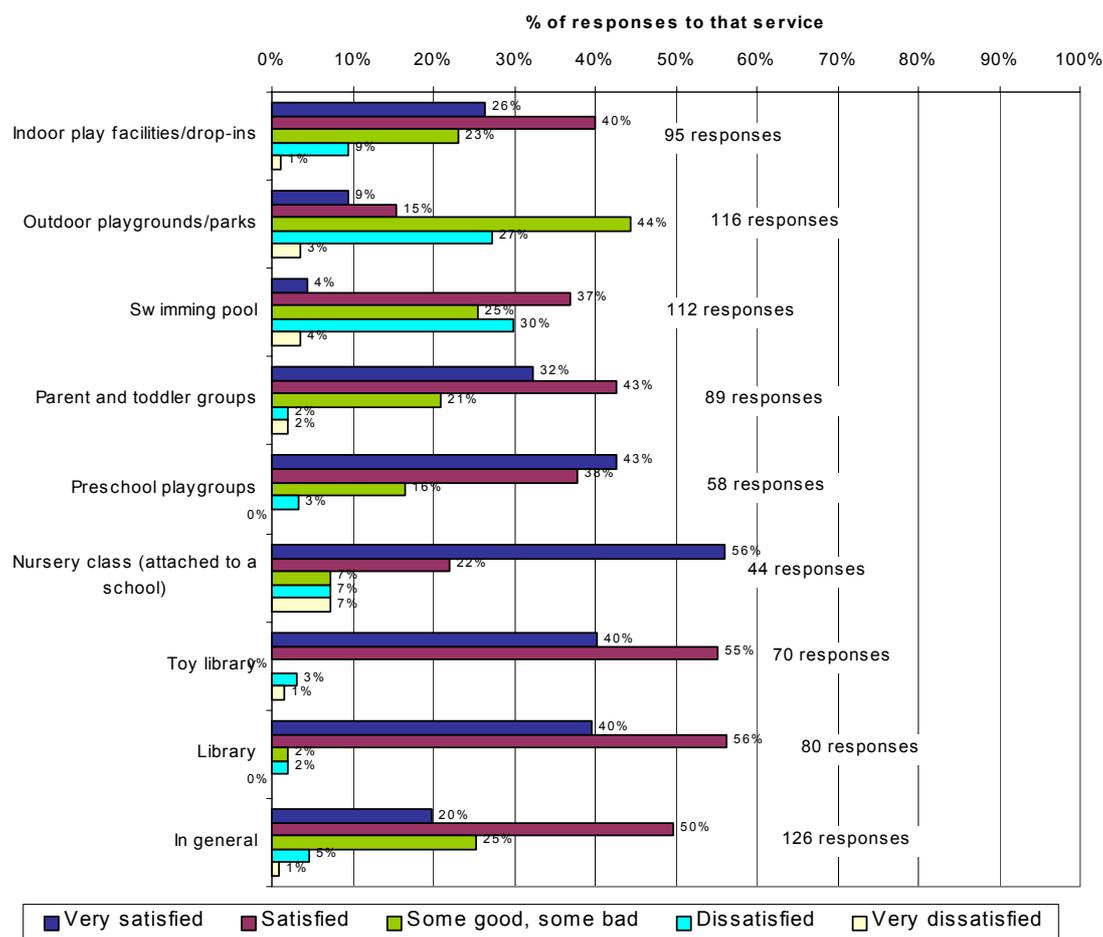
#### **iv. Play and learning**

20% of respondents were very satisfied with play and learning services in general, 50% were satisfied, 23% said 'some were good, some bad', 5% were dissatisfied and only 1% were very dissatisfied. Thus the overall satisfaction rate with play and learning can be taken as 70% (the highest for all categories), and overall dissatisfaction as 6%.

The highest levels of overall satisfaction with a service were from those who used the library (96%) and the toy library (95%). Other services associated with high levels of overall satisfaction were preschool playgroups (81%), nursery classes attached to a school (78%), and parent and toddler groups (75%).

The highest levels of overall dissatisfaction with a service were from those who used the swimming pool (34%) and outdoor playgrounds/parks (30%).

Graph 4 Satisfaction rates with play and learning facilities



### Problems and suggestions

General comments related to the perceived high cost of most play and learning activities apart from outdoor play areas (but see comments below). There was also a strong call for more publicity about what actually is available in the area. It was suggested that this could take the form of regular mailings, or of information handed to expectant or new parents. Parents would like to see more informal activities which they can do with their children, such as picnics and trips to other venues, as well as more creative sessions for young children involving music, singing, art or dance. Comments from a number of working parents suggested that they would support these if they were put on at times they could attend: "Please change the times of some of the activities because my partner is complaining that he can't take the little one to anything".

**Swimming pool:** this service (at Leisure World) attracted by the far the greatest number of comments (32), indicating very strong feelings among the parents of young children! In general it was felt that the pool was prohibitively expensive. There were numerous complaints about the quality of the water (cold, dirty), and the changing facilities (small family rooms, broken locks, unprotected sockets). One parent commented: "My son only wanted to stay in the pool for five minutes as he was frozen, his lips went blue and he was shivering, so we soon left and have never been a second time". There were said to be few activities for young children, and long

waiting lists for lessons. Staff were described as unhelpful, and the main pool was felt to be too busy for young children – however, the learner pool had been out of order for months. Some parents were voting with their feet and choosing to travel instead to Skipsea to use the pool at Far Grange Park.

**Outdoor playgrounds/parks:** again there were very strong feelings about these facilities, with 15 respondents raising issues. They complained that some areas had no nearby parks (including the Shepherd and Barratt estates) although there were plenty of grassy areas which could provide potential sites (such as the one dividing Avocet Way and Georgian Way). Where parks were available, they could be dangerous places for young children, with broken, vandalised or out-of-date equipment, dog dirt, broken glass, used needles, and holes in fences near to fast roads. Much of the equipment was felt to be inappropriate and therefore possibly dangerous for young children. Play areas were often dominated by older children, which could intimidate the younger ones.

It was suggested that the beach could be used much more for group activities for young children.

**Indoor play areas:** parents were disappointed that the Bonkers area had closed as this had been much valued. They would like to see something similar, perhaps with a baby gym/soft play area. Gym clubs would also be welcomed, particularly for boys who needed to let off steam.

**Nursery schools:** two respondents complained that their children had not learnt very much in nursery school. Some schools such as Hilderthorpe and St Mary's were reported as not having a nursery class at all.

**Toddler groups:** one parent suggested that afternoon sessions would be useful for parents who worked in the morning. Another called for longer sessions to take account of different sleep routines. One parent also felt strongly that it was unfair that her childminder was not allowed to take her child to the toddler group. Several respondents also raised the issue of the different needs of different age groups; children aged one to two were too old to attend baby groups but could be intimidated by 'unsupervised' older children on the toys who tended to be boisterous.

**Preschool playgroups:** there appeared to be an issue about lack of funding, with long waits for places. There was also a call for "more playgroups with more motivation behind them" – with the suggestion of a "learning with your child scheme" at which parents could interact with their child in activities such as baking or painting.

**Library:** there was a feeling that the library could be made more exciting for young children, with more story-times and activities, particularly in the school holidays, and more CD Roms for the under-tens. Children were not allowed to use the toilets, and there were no baby-changing facilities. Longer opening hours, including lunchtimes, would also be appreciated.

**Toy library:** two parents said they were unaware this existed (in fact there are three toy library sessions in the town). One suggested it could also be open in the afternoon (for parents who worked in the morning) and that there should be better access/storage for double buggies. Another complained that the monthly list of times arrived too late.

**Sure Start activities:** one parent complained that she had been told to put her child on a waiting list but had never been recontacted. Stay and Play could have more activities, instead of parents just sitting round the table. There was also a need for a

less structured, drop-in facility for working parents who could not always get to timetabled events.

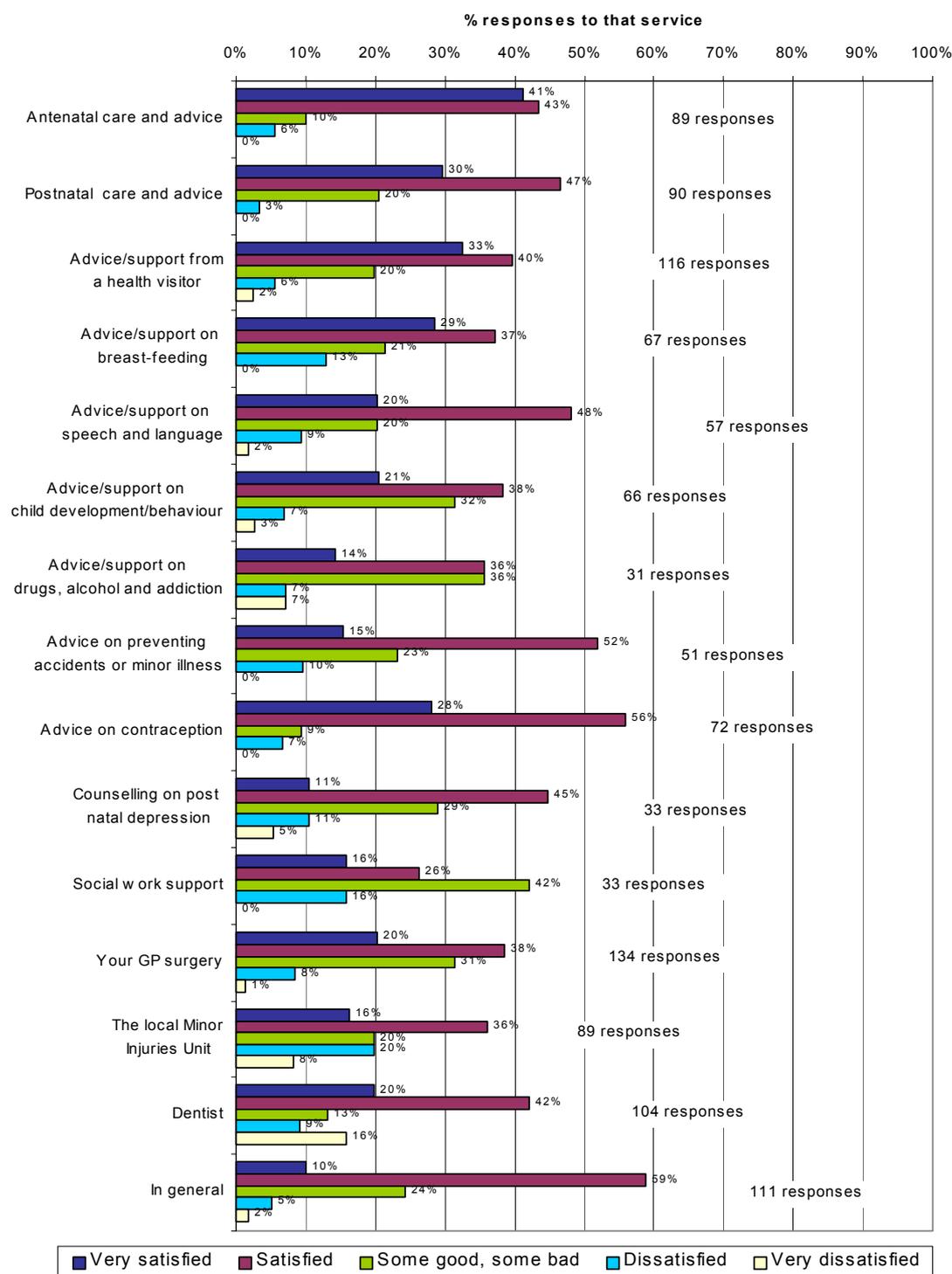
**v. Health and child development services**

10% of respondents were very satisfied with health and child development services in general, 59% were satisfied, 24% said 'some were good, some bad', 5% were dissatisfied and 2% were very dissatisfied. The overall satisfaction rate with health and child development services can be taken as 69%, and overall dissatisfaction as 7%.

The highest levels of overall satisfaction with a service were from those who used antenatal care and advice, and advice on contraception (both at 84%). Other services associated with high levels of overall satisfaction were postnatal care and advice (77%) and advice/support from health visitors (73%).

The services associated with the highest levels of overall dissatisfaction were the local Minor Injuries Unit (28%) and dentists (25%).

Graph 5 Satisfaction rates with health and child development services



### Problems and suggestions

**Dentists:** this service attracted by far the most comments (33). Respondents complained that it was almost impossible to register children with a dentist in Bridlington, unless the parents agreed to go private (which many could not afford).

Consequently, some children had never seen a dentist, while other families had to travel to Scarborough, York or Driffield. Some had registered their children at the hospital, but even then there was a long wait for appointments, which could then be cancelled at the last minute. Even those who had a dentist complained that they were not interested in, or friendly to, children.

**GPs:** again, many (21) parents identified a number of common dissatisfactions with this service. Many said they had had difficulties making appointments for a sick child, often having to wait for up to five days (or "up to two weeks to see a doctor of your choice"). One suggested that patients who did not keep their appointments should be fined. Waits in the surgery could also be long (up to one and a half hours) which could be very stressful for a parent with young children, particularly as there were few toys or play areas. One parent commented: "I find it a nightmare waiting in the waiting-room, with my children being tearaways because they are bored". Doctors were said to be very reluctant to offer home visits even when a child was quite seriously ill. Parents also complained about the attitude and manners of some individual doctors, and the high turnover of staff.

**Minor Injuries Unit:** this service also attracted many (13) complaints, mainly related to the fact that it is not open at night. As out-of-hours GPs were said to be reluctant to come out at night, this meant that parents had had to take their child (or children) across to Scarborough in the middle of the night. For those attending in the daytime, there were commonly long waits to be seen and the few staff were perceived as being very busy. Staff were also criticised for being unfriendly, unsupportive and even judgmental to parents.

**Health visitors:** parents said they would like more opportunities to talk through their concerns, both by having longer appointment times, or by having access to informal drop-ins where they could obtain advice on "those minor concerns you do not wish to trouble your GP with". Those who went to the clinic complained that they could not make an appointment and therefore often had a long wait, which could be very difficult for those who had had to take time off work. Working parents, and also parents of twins, would greatly appreciate the offer of home visits (which some had had).

**Breast-feeding:** one respondent complained that "although the advice was helpful, I found the advisors very pushy. I tried breast-feeding but my baby began to have feeding problems so I switched to using a bottle. I found myself having to justify this to others", and another said "they attempted to force me into it." Another called for more facilities to breast-feed or change babies (though this was said to have improved since Sure Start). More support for breastfeeding mothers from maternity staff at Scarborough Hospital, and also from local GPs, was also requested.

**Other suggestions on health and child development services included:**

- More advice and support for children who are developmentally advanced e.g. information evenings, book reviews and good parenting guides
- Safety advice for parents about the dangers of drugs, smoking and paedophiles
- A drop-in crèche for parents to use in emergencies or for short periods
- Easier access for mothers collecting free milk supplies (currently upstairs)

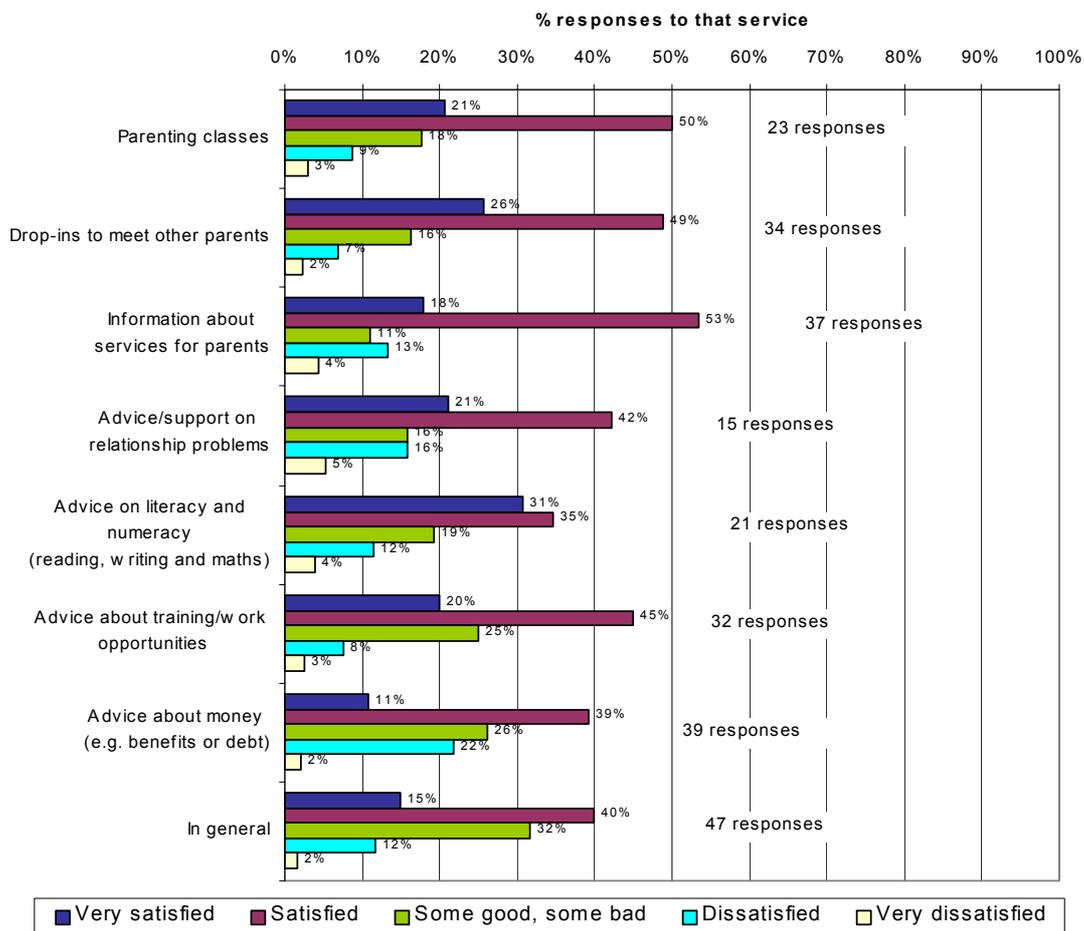
## vi. Support for parents/carers

15% of respondents were very satisfied with services to support parents/carers in general, 40% were satisfied, 32% said 'some were good, some bad', 12% were dissatisfied and 2% were very dissatisfied. Thus the overall satisfaction rate for these services can be taken as 55% (the lowest for all categories) and dissatisfaction as 13%.

The levels of respondents who were very satisfied with any individual service were relatively low. The highest levels of overall satisfaction with a service were from those who used drop-ins to meet other parents (75%), and parenting classes and information about services for parents (both at 71%).

The highest levels of overall dissatisfaction with a service were from those who received advice about money (e.g. benefits or debt) (24%) and advice or support on relationship problems (21%).

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.

**Information and support:** the most common comment (13) was that parents had not heard about many of the services listed and did not know where to get information. Several respondents indicated that information about these services

should be offered much more proactively: "nobody comes and asks you personally if you need any help with any of the above". One commented that it should not be assumed that only first-time parents needed advice or information, and another said she had waited two and half years before plucking up courage to ask for help with her child's sleep problems. There was also a call from several parents for more informal drop-in facilities where advice could be sought and obtained in a low-key way, and where parents could meet others in similar situations. These should be welcoming to fathers as well as mothers.

**Training:** three parents commented on the problems they had had accessing training. For two this was an issue of cost, with childcare being unaffordable, in one case because her partner was working and she was therefore not eligible for financial help, and in two cases because their child was under two. One would have liked more information about college courses.

**Benefits advice:** three parents had been given wrong advice or forms for certain benefits. Another would have liked advice on benefits while she was pregnant, and a fourth advice on benefits for her disabled partner.

### **vii. Support for families with children with special needs**

Although only 11 respondents said that they had a child under 5 years with special needs, and 2 more saying they possibly had, 2 of these respondents did not then answer any of the questions in this section. However, a further 12 respondents answered questions within this category.

23% of respondents were very satisfied with services for families with children with special needs in general, 45% were satisfied, 27% said 'some were good, some bad', 5% were dissatisfied and none were very dissatisfied. However, it should be noted that there were only 18 responses to this question. The overall satisfaction rate can be taken as 68%, and dissatisfaction as 5% (the lowest for all categories).

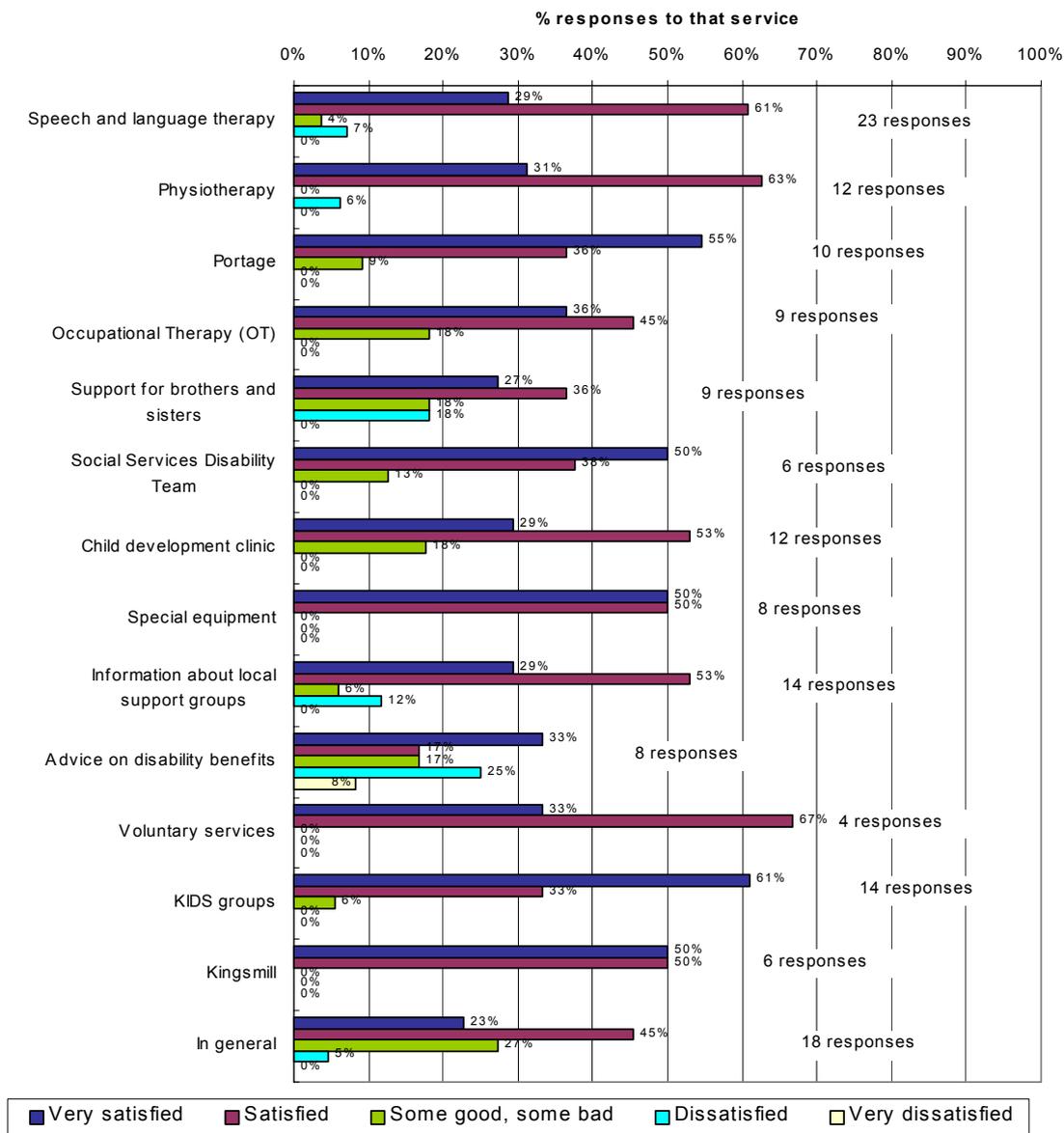
Only one service (advice on disability benefits at 50%) showed less than 80% overall satisfaction. Three services achieved 100% overall satisfaction i.e. Kingsmill, voluntary services, and special equipment.

Although levels of dissatisfaction with services in this category were overall extremely low, the highest levels of overall dissatisfaction with a service were from those who used advice on disability benefits (33%) and support for brothers and sisters of children with special needs (18%).

It is worth noting that many of the services in this category had *no* respondents who were either dissatisfied or very dissatisfied. These were; Portage; Occupational Therapy, Social Services Disability team; child development clinic; special equipment; voluntary services; KIDS groups and Kingsmill.

It is worth noting that there is an apparent contradiction between the high satisfaction rates with the individual services and the lower rates of satisfaction in general with this category.

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



### Problems and suggestions

Again, there were relatively few of these, though several parents said they were unaware of many of the services listed in this category and called for more information about what is available. One commented that she had had “no help whatsoever even though I struggle with a very ill child”. Another said that it was “very difficult for parents with children who have special needs to receive a supportive, consistent and funded service”. A third commented: “I do not use Sure Start as it is not set up for disabled/special needs children”.

### viii. Other general comments and suggestions

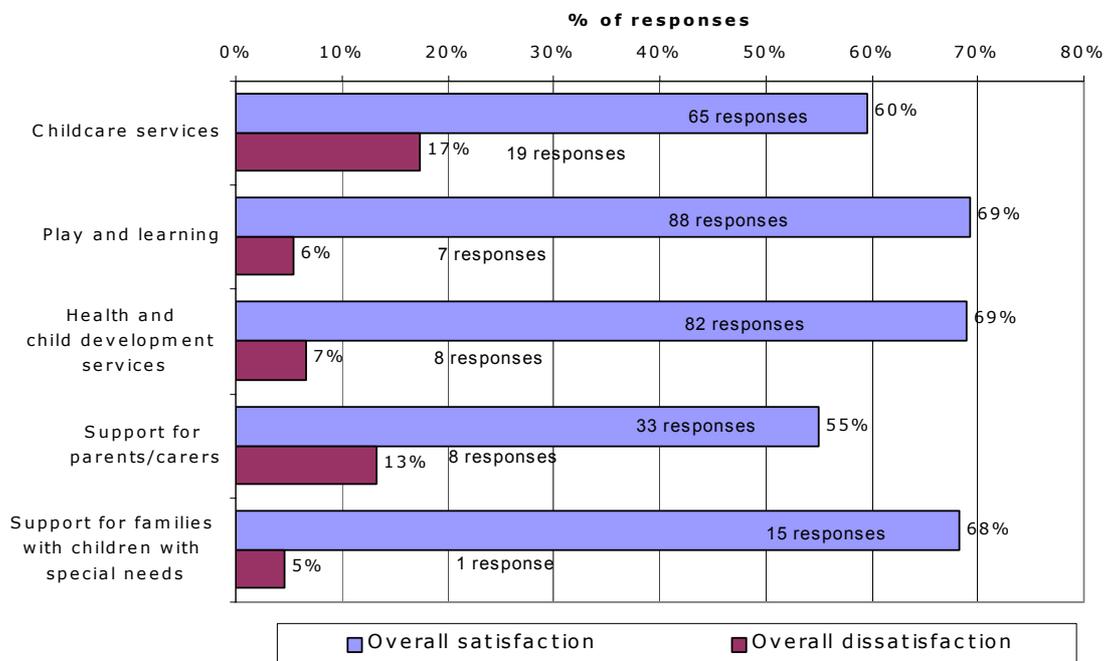
There were a few comments from respondents not directly relating to any of the categories. In particular, several respondents complained about the lack of toilets in town that could adequately accommodate toddlers and a buggy.

Other specific comments have been passed on to Sure Start.

### ix. Overall and comparative satisfaction

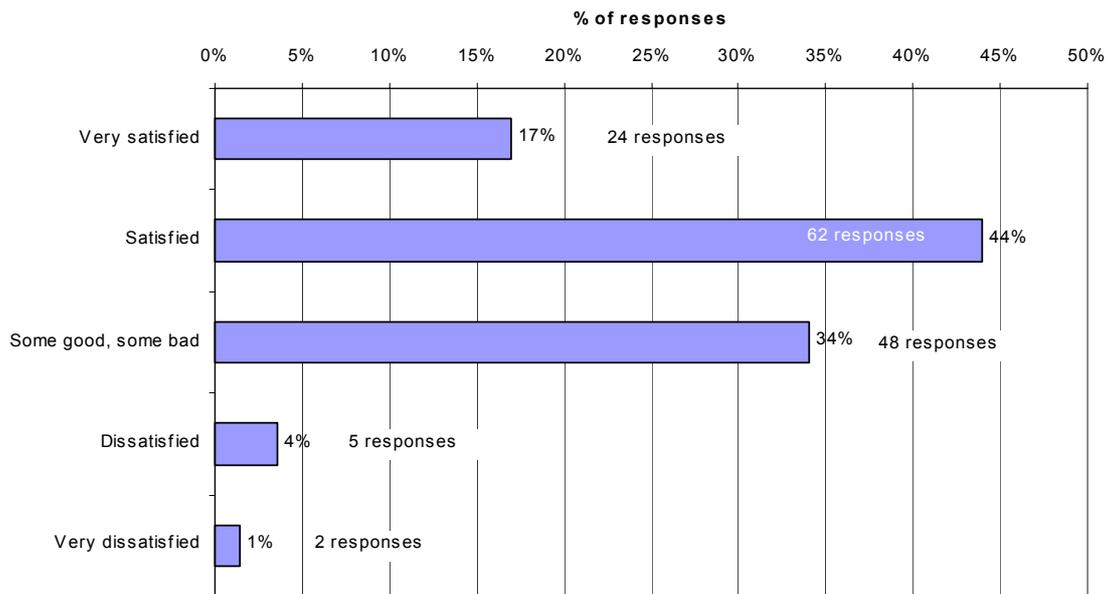
The survey shows the differences in levels of satisfaction between the various categories of services listed. Top for overall satisfaction were play and learning services and health and child development services (both at 69%) and support for families with children with special needs (68%), whereas top for overall dissatisfaction were childcare (17%) and support for parents/carers (13%).

Graph 8 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, 44% were satisfied, 34% said 'some were good, some bad', 4% were dissatisfied and 1% were very dissatisfied. The overall satisfaction rate with all services for families with young children can be taken as 61%, with overall dissatisfaction very low at 5%.

Graph 9 Satisfaction rates with services in general



**x. Knowledge of local services**

45% of respondents said they knew what was available locally for families with young children, 16% said they did not know, and 38% were not sure. Two comments illustrate the need for better circulation of information:

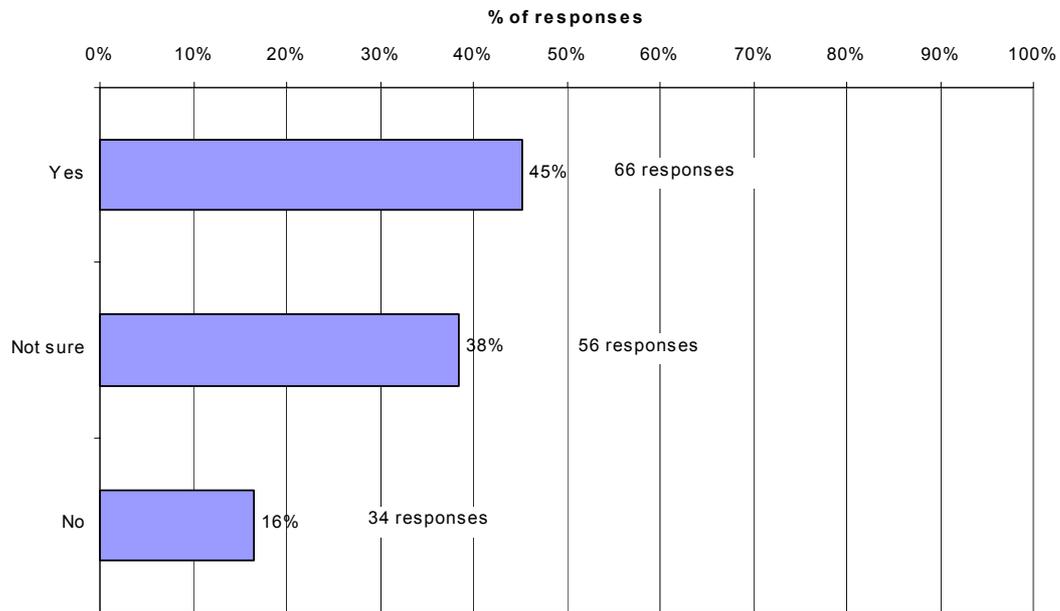
“I have lived here for one year and only know of one parent and toddler group and one private nursery. If you are new to a town it is difficult to set up a network of friends/acquaintances who can help you – leading to possible isolation which can lead your child to not taking advantage of services merely through lack of knowledge of their existence.”

“I am a working mother (part-time). I do not get any information unless by word of mouth on any activities for my children in the area. I do think that these things should be advertised more and feel most activities are for mothers with their children who do not work...if activities were advertised more I would attend with my children.”

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

- distribution with the Bounty Pack, which is handed to new mothers while they are in the maternity ward
- antenatal and postnatal services and health visitors
- chemists
- regular mailings

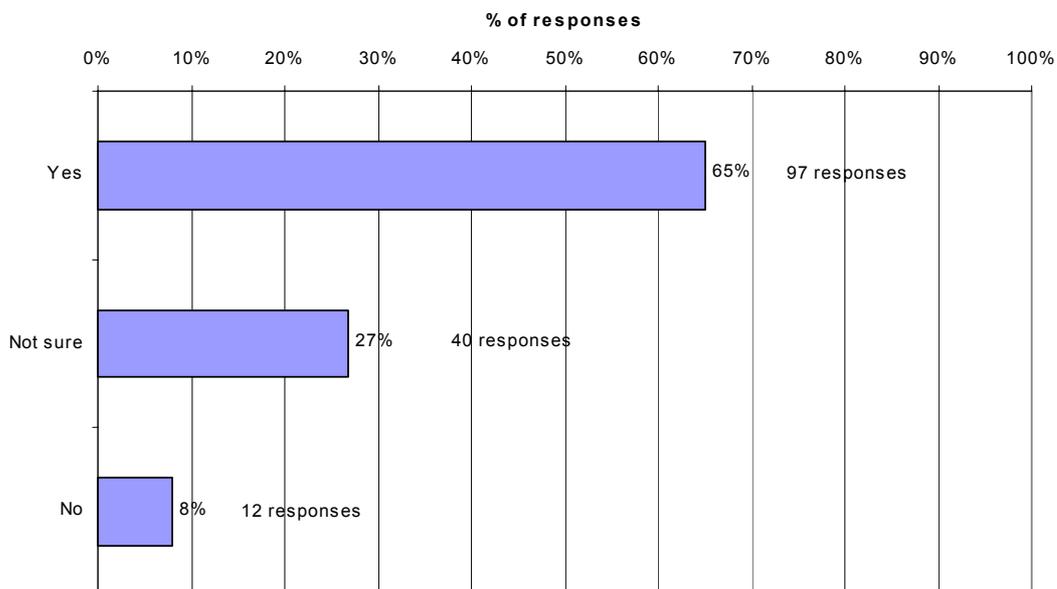
*Graph 10 Do you feel that you know what is available locally for families with young children?*



**xi. Involvement with Sure Start**

65% of respondents said that they were already registered with Sure Start, 8% were not, and a surprising 27% were not sure.

*Graph 11 Are you registered with Sure Start?*



Sure Start staff estimated that the survey resulted in 57 requests for further information about Sure Start (several from those already registered) and (to date) in 17 new registrations.

58% of respondents said they were already making use of Sure Start services, 9% were not and 33% were not sure.

Although the survey did not specifically seek respondents' views about Sure Start services, many respondents did make comments and we have included a few below:

"I'm really pleased both with my daughter's pre-school and with Sure Start".

"Well done Sure Start for raising awareness of children's (and parents') needs and initiating services."

"Full of praise for the Sure Start team, very, very good organisation and seem to have plenty of activities for children. Unfortunately many are in the afternoon when a few mothers work and miss out."

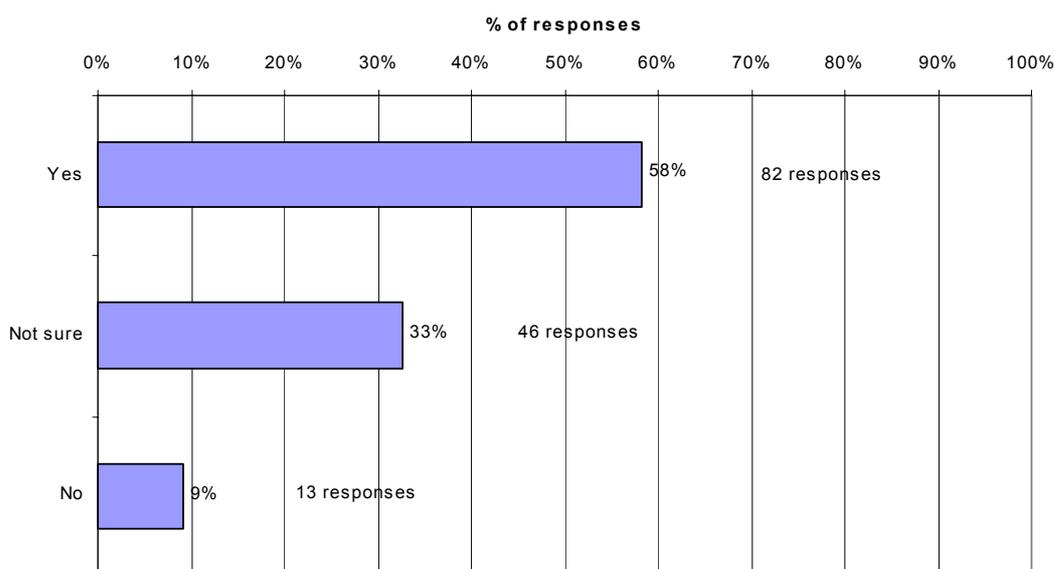
"I feel that these services are growing and developing all the time. Please keep us updated and informed of new services."

"I haven't used any of them because I didn't know about them."

"I haven't lived in Bridlington long, but Sure Start is excellent, you have made me very welcome and helped me settle in."

"I think Sure Start is a great opportunity for parents with young children to get out, meet other people and the children to learn and develop new skills, where before they didn't really get a chance. Keep up the good work!"

Graph 12 Do you make use of Sure Start services?



### Chapter 3 Conclusions

Although the survey suggests that levels of satisfaction with many services are already relatively high, this is not unusual with satisfaction surveys of this kind. The fact that large percentages of respondents felt that services in a particular category were 'some good, some bad' suggests that there are many areas which will need particular 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, those categories of services with the highest levels of dissatisfaction were **childcare** (17%) and **support for parents/carers** (13%).

If we look at individual services, those which were associated with the highest levels of dissatisfaction (taken to be any over 20%) were:

<b>Service</b>	<b>% overall dissatisfaction</b>	<b>number of respondents</b>
Swimming pool	34%	112
Advice on disability benefits	33%	8
Outdoor playgrounds and parks	30%	116
Minor Injuries Unit	28%	89
Dentists	25%	104
Advice about money (e.g. benefits and debt)	24%	39
Advice on relationship problems	21%	15

However, this information should be treated with a large degree of caution as each percentage is drawn from a different sample size i.e. those who chose to respond to the specific question about the specific service. To illustrate the point, while over 100 gave a view on dentists, outdoor playgrounds and parks, and the swimming pool, only 8 respondents gave their views on advice on disability benefits. There may be a strong case for investigating these latter concerns more closely, perhaps with some more in-depth qualitative work that would seek to tease out the specific issues around 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:

**Childcare:**

- More information about choices
- Greater availability of places, particularly for babies/young children
- More flexible hours, including early mornings and evenings
- More appropriate services for children with special needs
- Greater availability of holiday play schemes and out-of-school clubs, including some for older children

**Play and learning:**

- More affordable services (particularly day nurseries)
- More family-friendly swimming facilities
- Outdoor play areas that are safe and suitable for young children
- More indoor play areas (soft play/baby gym)
- Greater availability of nursery classes, playgroups and toddler groups
- More family-friendly library facilities
- More flexible hours, to ensure working parents can participate

**Health and child development services:**

- Greater availability of NHS dental services for families
- GP services which recognise the needs of young families (e.g. by offering quicker appointments, home visits, toys and play areas, more empathy to parents)
- Improved access to treatment of minor injuries at night time
- Improved opportunities for accessing health advice informally

**Support for parents/carers:**

- Improved access to advice on money
- Improved access to advice on relationships
- Easier access to information about what help is available
- More informal drop-in facilities for accessing advice and meeting parents
- More information about, and help with costs of, training

**Support for families with children with special needs:**

- Improved access to advice on disability benefits
- More support for brothers and sisters of children with special needs
- Easier access to information about what is available locally
- More integration of children with special needs within mainstream services

## **Themes**

There were a number of themes running through many of the comments and suggestions which can usefully inform the development of services in all categories. The most obvious of these were:

- Affordability
- Information and awareness
- Need for informal sources of support/advice
- Additional difficulties for parents who have twins or two young children (such as costs of childcare and activities, access to changing rooms and groups with double buggy)
- The needs of working parents to access services, support and contact out of core hours (e.g. at evenings and weekends)

The survey has highlighted a relatively high level of lack of knowledge about local services. It has also shown that many parents are not clear whether or not they are registered with Sure Start. It is not clear exactly why this should be so, given that all registered parents receive a membership card, but this issue may merit further examination. If the Sure Start programme wishes to specifically evaluate parents' satisfaction with its own services in the future, it may also be important to ensure that parents are clear about which services do or do not come under its umbrella.

## **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 wide 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.