

Intake & Belle Vue

SureStart

**Intake SureStart User Satisfaction Report
- A Baseline Survey**

Arc Research and Consultancy Limited

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1. Introduction

- 1.1 This report provides a summary of a series of consultation reports relating to work undertaken by Intake SureStart during 2002. Each of these reports offered a profile of services relating to family support within the local community, the extent of uptake of these services, local people's perceptions about these services and the extent of unmet needs. Accordingly this report presents a picture of services and service users during this period and a firm baseline from which to measure the impact of Intake SureStart over the coming years. Due to restrictions of time and resources the survey has been conducted predominantly with local users of existing groups and services. All the data in this report relates to the year 2002.

The data in the report is drawn from three sources:

- SureStart Intake Delivery Plan (2002) (henceforth referred to as IDP)
 - SureStart Intake & Belle Vue Consultation (October 2002) (henceforth referred to as IBV)
 - Belle Vue Consultation Report and Analysis (November 2002) (henceforth referred to as BVC)
- 1.2 The report begins by providing a very general profile of the main demographics of the local community. In the next four sections the report presents the character of services and perceptions of professionals relating to, in turn, social and emotional development, health, education and families and communities. The report concludes with a summary of the main findings.

2. The local community and local services

- 2.1 Intake is an urban residential area to the immediate north east of Doncaster town centre. Fifty-three per cent of homes are council owned, twice the national rate, though a significant proportion of the council stock was purchased from the council.
- 2.2 Intake is the fourth most deprived ward in the Borough, with some of the highest unemployment, lowest skill levels and per capita income. One third of all households are in receipt of some form of income support, 5.3 per cent of adults are unemployed, 34 per cent of residents are in receipt of housing benefit while 55.5 per cent of children are in households receiving income support.

- 2.3 There is a large leisure complex near to the community offering a variety of facilities and activities, but many local families are unable to access these due to cost restrictions. Aside from the leisure centre and local pubs there is little in the way of leisure activities.
- 2.4 Intake, like Doncaster as a whole, does not have a significant ethnic population, though in recent years there has been an increase in asylum seekers.

3. Improving social and emotional development

- 3.1 Thirty per cent of mothers in the area experience post-natal depression in the first year of their babies' life. Of these, 82 per cent receive appropriate care.
 - 3.2 There is no community service for pregnant women to meet in groups and provide much needed social contact that will provide support following birth. The midwife provides the majority of antenatal contact both on an individual basis and in the local GP surgery. The room is limited in space and clinical environment and there is little support for attending children.
 - 3.3 Health visitor contact is undertaken on an individual basis but within the home environment. A growing problem is the arrangement of appointments that suit workingwomen and the late notification of pregnant women registered with the practise. The midwife and the health visitors have little opportunity to work together and share expertise.
 - 3.4 *Ardeen Together* is a community service that is run by health professionals and parents in partnership offering a 'drop-in' provision for parents in the early months of parenting. The service is provided in the local community hall and invites other service support in response to identified need. Parents played a leading role in developing the service when they recognised the need for a group that offered support and signposting to future support from local parents and toddler groups for parents with children up to one year old. Parents take responsibility to welcome new attendees, while further support is provided by the health visitor and community nursery nurse.
- Professional views**
- 3.5 Health visitors and the midwife are very concerned at the incidence of post-natal depression and the need to increase the choice of support. For various reasons, many related to poverty, some women do not utilise the available support. There is a need to identify those additional stress

factors which, in the antenatal period, may accentuate the onset of postnatal depression. There is also a need in the antenatal period to increase contact with women and their partners to improve the emotional preparation for parenting. The health visitors were aware that the present baby clinic did not provide social support or a confidential service.

Parental views

- 3.6 Parents recognise the need for more contact with professionals during the antenatal period in order to improve emotional preparation for parenting (IDP p. 48). There is a desire for more contact at home and in the form of a drop-in service outside the home (IDP p. 49). The community consultation (IBV, p5) identifies a desire on the part of parents for a family drop-in service offering parenting support (28 per cent of responses) and support for families who experience depression (18 per cent) and help with postnatal depression (13 per cent).
- 3.7 The community consultation (IBV, pp.5-7) also reveals a desire for a safe environment in which to explore issues about domestic violence, mental health issues and alcohol abuse (18 per cent of responses), advice and help in terms of crisis (8 per cent) and a general advice and help service (8 per cent).

'The children of Intake have nowhere to play, so I think this is a really big problem. It would be a really good idea to have a play area for all ages to be able to go rather than hanging out on the street.'

- Local resident

3.8 Parents suggest that emotional and social development is particularly important for those children aged five to thirteen (BVC p. 3). There is a recognition amongst parents of the value of music, dance and drama in ensuring positive development of

children in this age bracket and the wider community. Additionally, local residents suggest a need for greater awareness of religious and cultural differences.

- 3.9 Respondents argue for age specific clubs that prioritise more 'holistic' approaches to social and emotional development. The clubs suggested are

- Breakfast clubs
- Informal 'friends' club
- A lunch club
- After school club
- Homework club
- Holiday club
- Various sports clubs

- 3.10 Parents suggest a number of other activities which they feel would be advantageous and relevant to children in the 5-13 age group. These include
- Aerobics classes
 - Yoga classes
 - Horse-riding
 - Discos
 - Martial arts
- 3.11 Parents are particularly concerned that any new facilities should be long-term initiatives available throughout the year including school holidays. Parents consider the gaining of 'life-skills' and preparation for adult life in general to be most important for children aged thirteen to sixteen.
- 3.12 Parents suggest the need for a range of resources and activities for the sixteen plus age group. Most of the suggestions centre around the need for a community centred model of care. For example, parents in the Belle Vue consultation argue for a strong local tenant and residents association. Although there is a flourishing association in Hyde Park no such service exists in the Belle Vue area.
- 3.13 Other suggestions for this age group include the need for advice in the form of
- Benefits advice
 - Housing advice
 - Representatives from the citizens Advice Bureau
 - Formal agency support (such as Gingerbread)
- 3.14 Parents also request a range of activities which might meet the emotional and social development of the sixteen plus age group. These include
- Blood donor sessions
 - Yoga
 - Complimentary care workshops/courses
 - Aerobics/line dancing/fitness sessions
 - Drop-in clinics
- 3.15 Respondents feel that there is a lack of services available for the older age groups, particularly OAPs, who would benefit from formally arranged coffee mornings, over 60s clubs, 'OAP' clubs and bingo sessions

4 Improving health

Intake has

- the highest conception rate amongst under 18-year-olds in the borough
- the highest incidence of coronary heart disease in the borough and the second highest incidence of reported hospital activity
- a mortality rate that is significantly above the national average
- one of the lowest levels of infant birth weight. The percentage of babies in the SureStart project area weighing less than 250g is 9.2 per cent

4.1 Sixty-one per cent of mothers in the area breastfeed at birth, while 57.5 per cent are breastfeeding

4.2 The percentage of women in the area who smoke during pregnancy is 47 per cent. Of the mothers who smoked prior to pregnancy 22.5 per cent stopped at pregnancy. The percentage of children under 2 years of age whose parents both smoke is 53.5 per cent.

4.3 There is a high incidence of dental caries in the SureStart project area and a requirement for increased education and advice on this issue.

4.4 Twenty seven per cent of children aged 0-3 years living in the SureStart project area were admitted to hospital with gastroenteritis (April 2001-March 2002, IDP, p32). During the same period sixty three per cent were admitted with respiratory infection and nine per cent with a severe injury.

Services

4.5 The local community has a health centre that offers the following services:

- Doctors surgery
- Practise nursing team
- District nursing team
- School nursing team
- Health visiting team
- Midwifery-led antenatal service
- Counselling
- Chiropody
- Phlebotomy

Health visitors

4.6 The two full-time health visitors who are attached to this practice have other communities to visit. Several other health visitors who are based in other parts of Doncaster also serve the area. Accordingly parents have experienced difficulties in contacting their health visitor and visiting them opportunistically.

Nursing services

4.7 The school nursing team offers a service to several schools in the area. The team has good relations with the health visitors who have jointly launched several initiatives. The nursing team provides a local young people's drop-in service offering support, activity learning, health advice, contraception and pregnancy testing with support.

4.8 A nursery nurse offers support to the health visiting team and is accepted by families. A language group offers support to children in the form of speech and social skills.

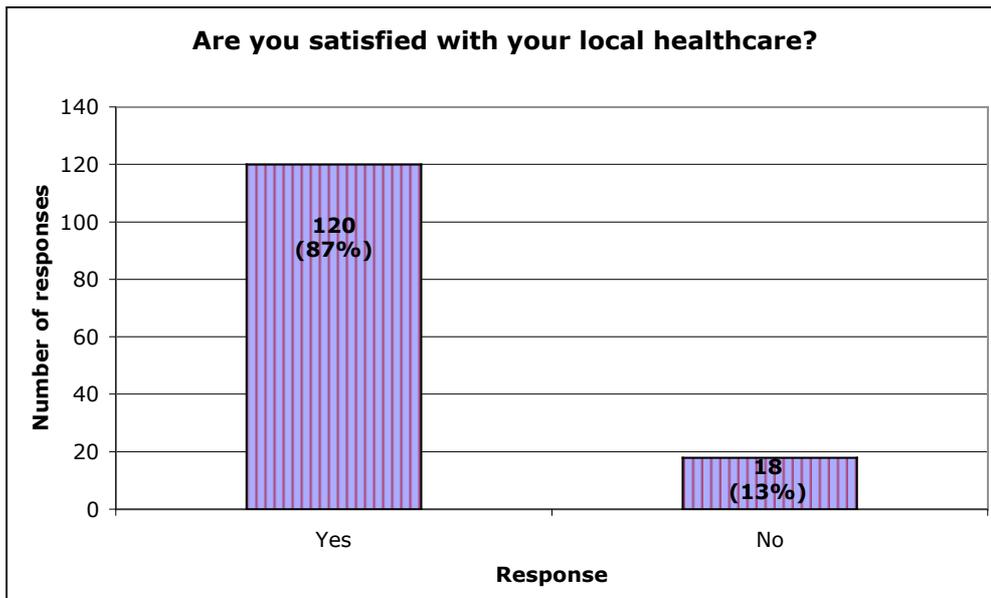
Midwifery

4.9 The midwife offers antenatal clinic support and communicates to the health visiting team any families requiring such services in the antenatal or postnatal period.

Parental views

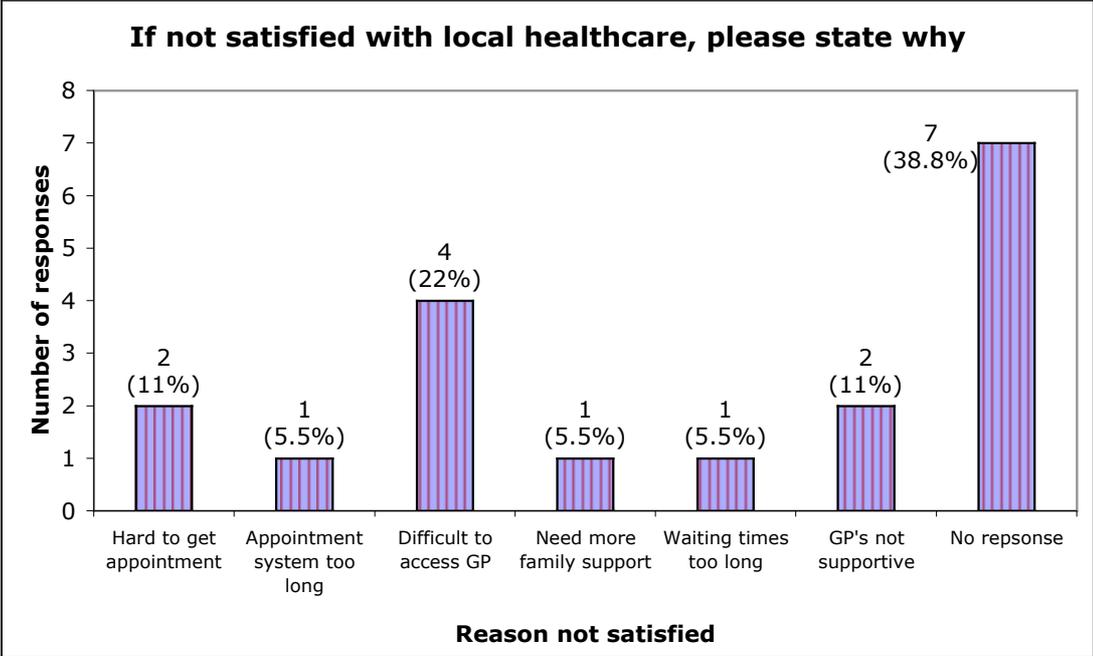
4.10 The great majority of those surveyed were happy with the level of care they received from local healthcare professionals. In response to the question, *Are you satisfied with your local healthcare?* 87 per cent responded affirmatively (see chart 4.10)

Chart 4.10



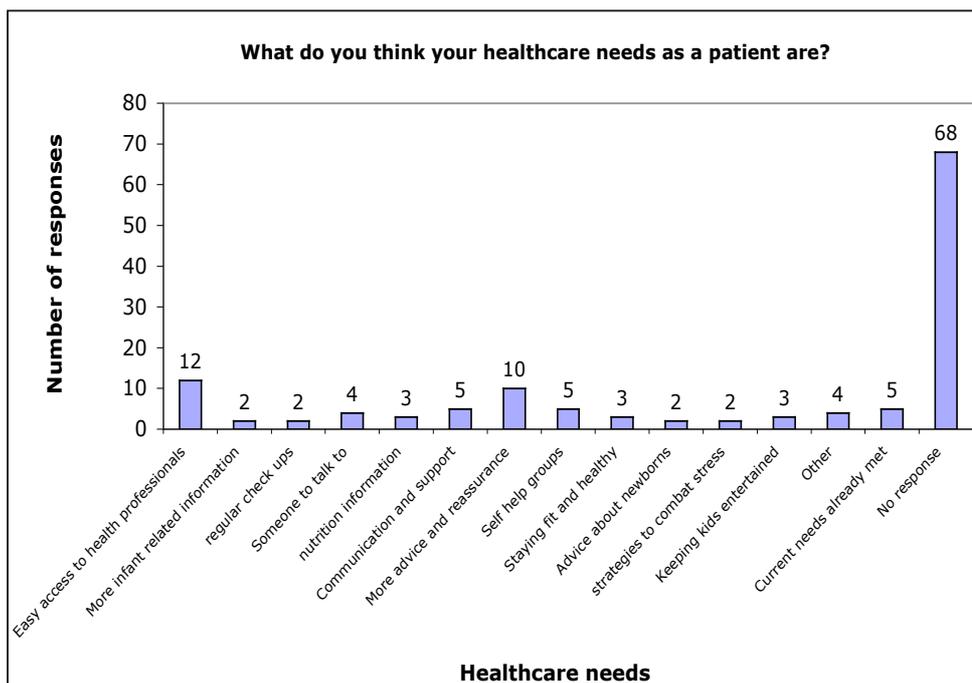
4.11 Problems encountered accessing their local GP predominated in the responses of those who were not satisfied with their local healthcare services. Of those who responded 22 per cent found it difficult to access a GP, 11 per cent experienced difficulty in getting an appointment and 11 per cent again believed that GP's were not supportive (See chart 4.11).

Chart 4.11



4.12 Of those who responded to the question *what do you think your healthcare needs as a patient are?* the two most frequent responses were for easy access to health professionals (nine per cent) and more advice and reassurance (approximately eight per cent) (see chart 4.12)

Chart 4.12



- 4.13 The community consultation reveals that, in the realm of prenatal services, parents give priority to having increased contact with midwives, health visitors and more information to be made available on pregnancy and related services (IDP p.110).
- 4.14 In the first three months following birth parents prioritise, again, ease of access to health visitors, and, to a lesser extent, support in the form of New Parent Groups and more home support and advice for parents (IDP p.111).
- 4.15 When asked about the range of health related services they desire, parents tend to prioritise advice relating to health in general (16 per cent of responses) and healthy eating and cooking in particular (15 per cent). Advice and help on drugs merited 8 per cent of responses. Advice on breastfeeding drew 6 per cent (IBV p.5). The community consultation reveals that ‘stop-smoking’ support services are relatively low on the priorities of parents (IDP p.113).

Gross motor skills

- 4.16 Many parents have concerns about their children’s development in walking (toe walking) and await referral to paediatricians who, in turn, often refer them to physiotherapy. For their part health visitors frequently see babies in baby walkers for extended periods of time.
- 4.17 Parents consider that health and well-being to be particularly important for children aged thirteen to sixteen. The provision of effective health advice, particularly relating to contraception and drugs awareness is viewed as

having real consequence for children of this age. Residents feel that drugs and sex education should be related to the experience of the locality, so that children have a realistic understanding of the consequences of such activity in their area. Many older residents believe that informal health sessions that include talking to young parents and former drug users will offer a useful experience for young people who are then able to make informed and responsible decisions (BVC p.4).

5 Improving the ability to learn

- 5.1 Within the SureStart project area there are five primary and one special needs school. Of these four provide a total of 280 half-day nursery places. (see parents comments on need for such places).

Speech and language development

- 5.2 The percentage of children with a speech and language development delay at age four is 14 per cent. The percentage of children aged 18-24 months referred to a speech therapist is 22 per cent.
- 5.3 The percentage of children aged seven meeting Key stage level two or above for literacy – reading, spelling and writing - is respectively 86 per cent, 74 per cent and 80 per cent.
- 5.4 Only ten per cent of children aged up to four are active members of a library.
- 5.5 Of the primary school population 2.6 per cent have been excluded for a fixed period. No children have been permanently excluded.
- 5.6 Of the adults in the community 25.5 per cent has a low level of numeracy, 21.2 per cent a low level of literacy, 63 per cent are not computer literate and 90 per cent are not participating in further education.
- 5.7 Support for children is provided when health visitors and parents identify speech delay at 18 months and who are revisited at two years to review the progress. Those children requiring further support are encouraged to attend the local language and speech group provided by the community nursery nurses. The service is seen as non-stigmatising and, because it involves parental participation, learning and stimulation is continued at home. The service offers quality play, and aims to reduce referrals to specialist support and prepare children for nursery (IDP p.59). Though well received by

parents the group is restricted in numbers and there is a long waiting list for the service (IDP p.54)

- 5.8 *Special Needs-Portage* provides support to families that are identified with children who have special needs. The service offers home and group work support. The support workers are also trained to provide parents with appropriate information and advice on care and children development with children with special needs.
- 5.9 Nursery staff report a growing level of immature development in children's social skills.
- 5.10 Health visitors and education staff registered concerns about the gap in support for preparing children adequately to enter nursery and the lack of social/interpersonal skills that would enable children to settle into a larger group.
- 5.11 A particular concern is the lack of take-up amongst hard-to-reach families of community support in preparing children for school.
- 5.12 All parents have the opportunity to have their child's developmental progress reviewed at three years by the health visitor either at home or in clinic. The child is seen on an individual basis with parents and therefore it is difficult to identify the child's ability to settle in a group situation (IDP p.52)

Parental views

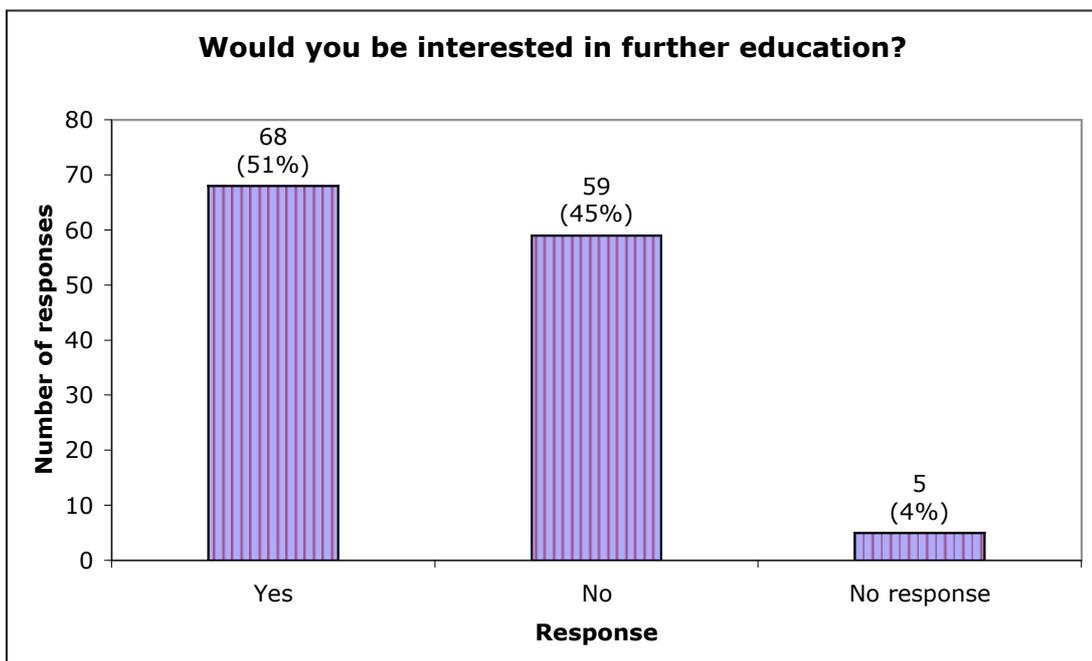
- 5.13 The community consultation identifies a desire on the part of parents for more speech and language therapy for children under four of age. Eighteen per cent of responses to the Intake and Belle Vue Consultation state that they would use such a service if it were available (IBV p.4).
- 5.14 There is also a need for more groups to help children with such problems, such as a singing/nursery rhyme group in the local community (IDP p.52)
- 5.15 Parents involved in the consultation (BVC p.2) suggest the formation of local groups concerned with developing reading skills for pre-school children. Other, educationally orientated groups, included:
 - Story-time sessions for specific age-groups supporting government guidelines expected for the 0-4 age group
 - A mobile library with facilities for interactive sessions
 - A toy library, equipped with educational toys consisting of natural materials

- Educational groups providing visits and events on specific areas of interest

5.16 The community consultation identifies a desire on the part of parents for greater access to all year round stimulating play facilities (14 per cent of responses), the ability for parents to understand how they might improve their children’s ability to learn (12 per cent) and story telling and book related activities for children aged under four (11 per cent) (IBV p.5).

5.17 The community consultation reveals that 51 per cent of adults would like to participate in further education (see chart 5.17).

Chart 5.17



5.18 Parents consider that it is particularly important for children aged thirteen to sixteen to have any sub-standard levels of literacy and numeracy corrected (BVC p.5).

6 Strengthening families and communities

Childcare

- 6.1 Day Care - There are 8 individuals who between them offer 44 day care places for children. Most of these services are available Monday to Friday between the hours of 7.30am to 6pm. The cost of day care ranges from £2.00 per hour (Intake) to £2.50 (Town Moor).
- 6.2 Two private providers of childcare offer between them 36 places. There are no crèche facilities in the SureStart project area, nor are there any full-time holiday schemes for children aged 0-3 years of age. Though there exists two Out of school clubs for children aged over four years there are none for children aged four or younger.

Playgroups, Parent & Toddler groups

- 6.3 Only one playgroup exists in the area – the Ardeen Road Playgroup – which provides 24 places for children aged 2 years 6 months to 4 years 11 months. This service is available Monday to Friday.
- 6.4 The only parent and toddler group in Intake is Chatterbox, an initiative that is self-funded and managed by local mums. The nursery nurse from the local health authority team plays a central role in the planning of play activities and liaison with new and existing parents.
- 6.5 Other playgroups are present in nearby Wheatley Hills and Grove Park, the latter known as 'Cheeky Monkeys', again organised and managed by volunteers.

'Chatterbox is good as it provides the freedom for children to play with children of other ages.'
- Local parent

Park and play facilities

- 6.6 There is a scarcity of green space and a lack of play facilities for children. Intake has limited green space with few facilities for play. Belle Vue and Town Moor have no play park. Most of the homes lack garage or drive space so increasing the amount of road car parking and, hence, the risk of road accidents involving children playing in the streets.

6.7 There are two small parks (Grove Gardens and Sandall Park) and a large area of green space called Town Moor within the area. These open spaces are for many families relatively inaccessible as there is no direct transport link and are bounded by two very busy roads. The play equipment at Grove Gardens is in need of modernisation and is not suitable for younger children. Sandall Park also has little suitable play equipment. A play park facility that once existed in the centre of the housing estate now lies derelict.

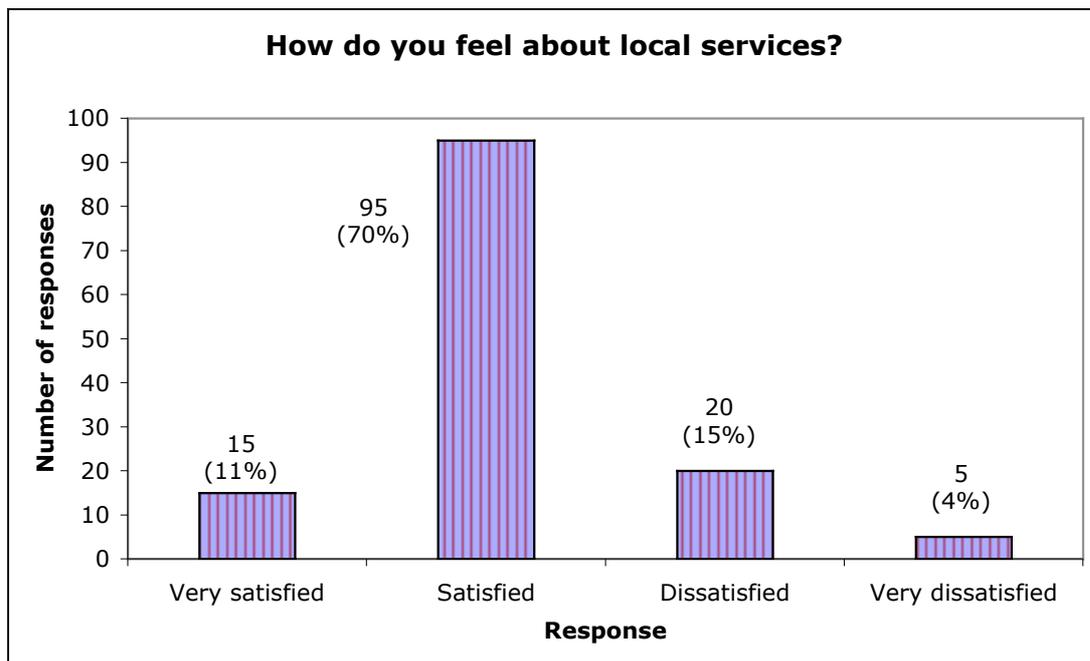
'There is a lack of safe play areas, play parks or cafes for mums to meet.'
- Local parent

6.8 The leisure complex is within close proximity to Intake. However, usage of this resource by local families is restricted due to the relatively high rates of unemployment and families on low income in the area.

Parental views

6.9 Parents are generally satisfied with the general level of service provision. Indeed, 81 per cent of parents suggested that they were either satisfied or very satisfied with such provision. Only 19 per cent of parents were either dissatisfied or very dissatisfied with local services (see Chart 6.9).

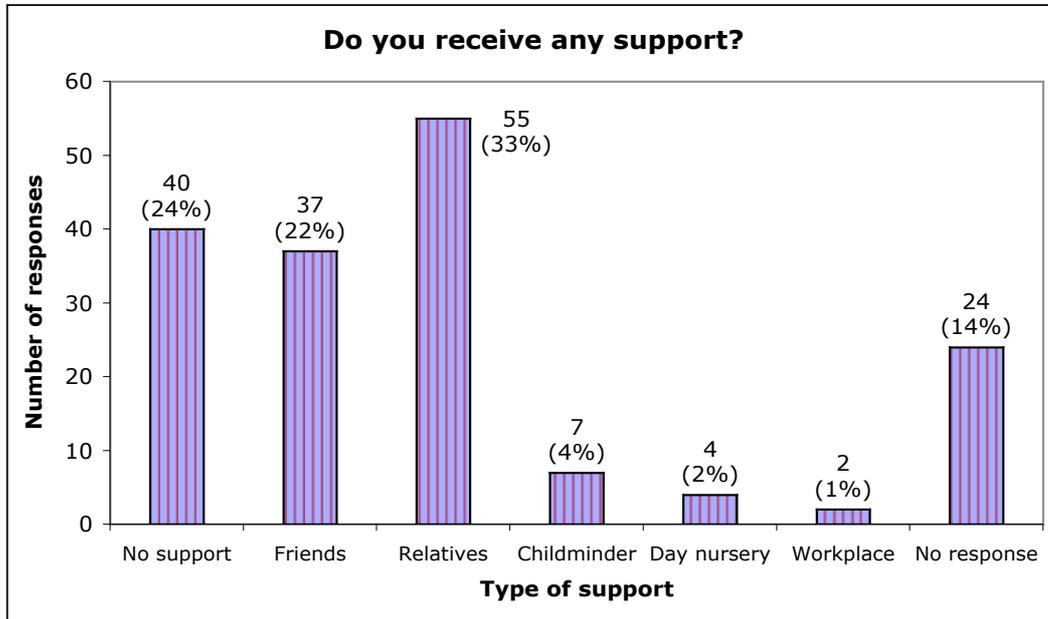
Chart 6.9



6.10 Parents and older members of the community consider family support crucial in providing reassurance and improving the social, emotional, educational and health development of children (BVC p.2). The majority of parents (62 per cent) receive some form of help with childcare. The type of support ranged from relatives (33 per cent) friends (22 per cent) to

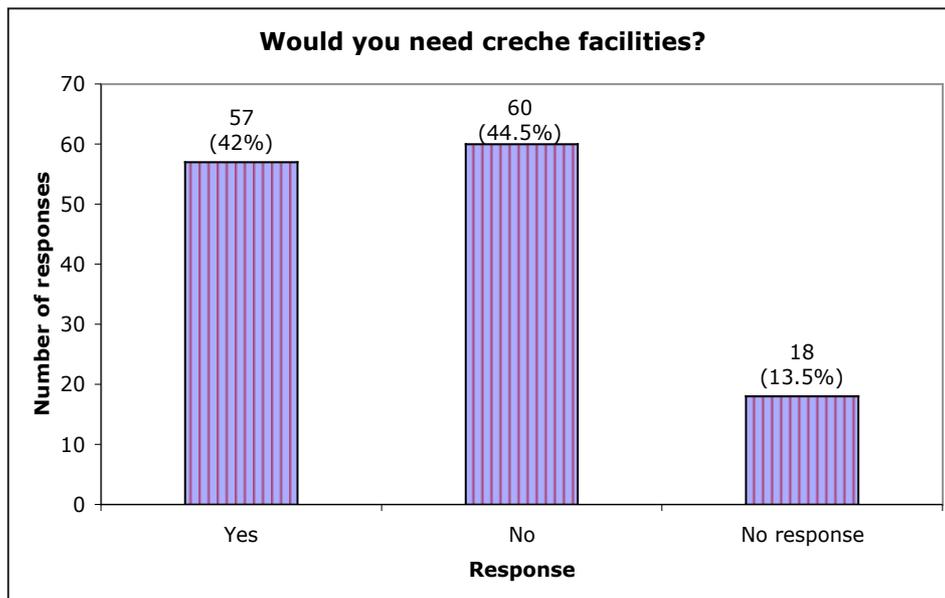
childminders, day nursery and the workplace (four, two and one per cent respectively).

Chart 6.10

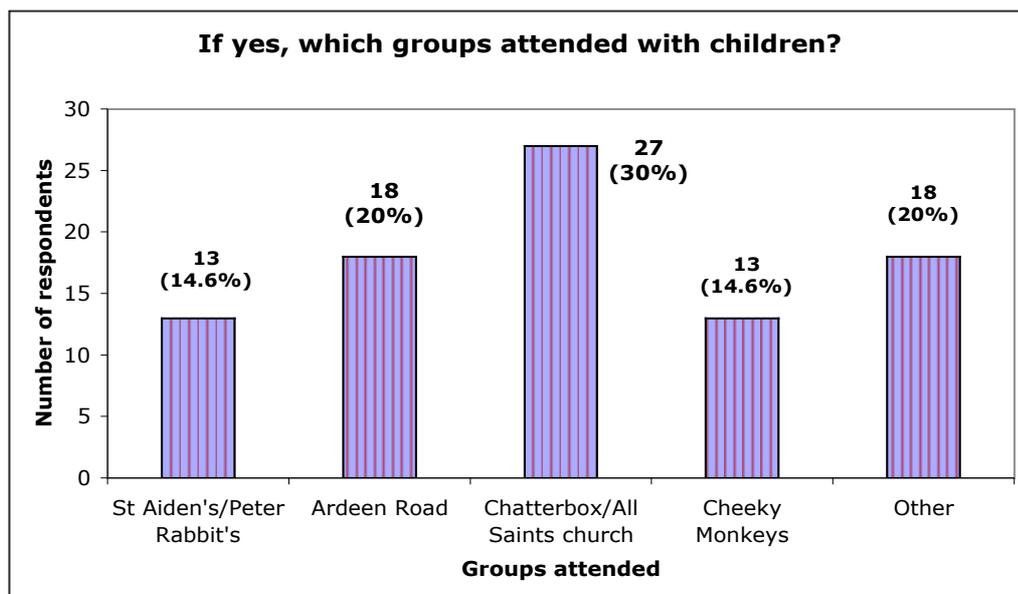


- 6.11 Almost a quarter of parents surveyed receive no support with childcare. Parents have stated that childcare is unaffordable for people in the area and particularly difficult to arrange for those single parents and long-term unemployed who might wish to return to work (BVC p.3).
- 6.12 At the same time most parents state that they did not require crèche facilities. Whereas 42 per cent of parents suggested that they would use such facilities slightly more (44.5 per cent) did not require them (IDP p.104) (see chart 6.12)

Chart 6.12



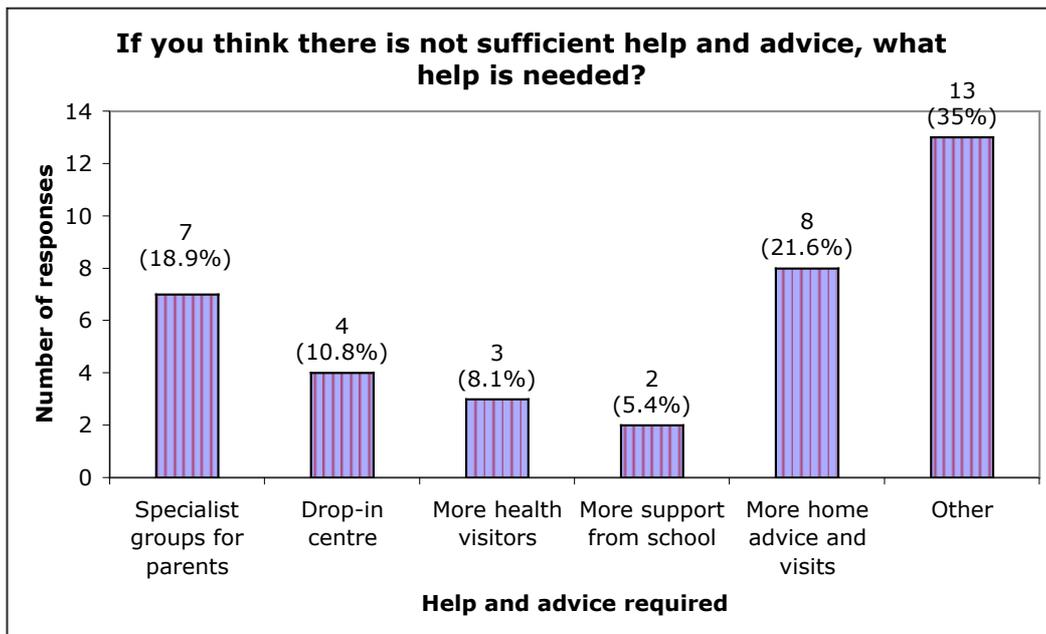
- 6.13 Although Ardeen Road Playgroup is well attended and popular with local parents, they identify a need to extend afternoon provision. Moreover, both parents and staff regard the environment as generally inappropriate for very young children, the venue being in need of extensive repair and modernisation.
- 6.14 Parents advance the need for parent and toddler groups where the setting is informal and parent-friendly. It is suggested that these groups could be linked or form partnerships with local nurseries and primary schools. Parents also suggest the need for drop-in sessions where professionals are available for consultation on a more formal basis (BVC p2-3).
- 6.15 The majority of parents and their children (57 per cent) do attend some form of playgroup or mother and toddler group (see chart 6.14, Appendix A) The responses of parents to the community questionnaire returns suggest Chatterbox was the most popular (thirty per cent attended this), followed by Ardeen Road (20 per cent), Cheeky Monkeys and Peter Rabbit's (both 14.6 per cent).



- 6.16 Forty two percent of parents do not attend a playgroup with their children. Of those who responded to the question 'why do you not attend a play group?' twenty three percent state that they had either not found anything suitable or that they didn't feel comfortable (See Appendix, chart 6.15)
- 6.17 The need for more stay and play sessions, access to all year round stimulating play facilities, soft play areas and more parent and toddler group sessions is particularly high on the list of parent priorities (IDP p.114; IBV, p. 6).
- 6.18 Parents also suggest the need for clubs for pre-school children, including
- A movement workshop, incorporating exercise (this should link with DARTS – Doncaster Arts – groups in the town, including school and college drama groups)
 - Specific dance and drama workshops available during the day and throughout the school holidays
 - A swimming club (for all ages)
- 6.19 In terms of services for parents with children aged two to four years, the former give priority to the provision of crèche facilities, part and full time nursery provision and an increase in times and days when play groups were available. Equally high on the list of priorities is childcare provision (available both part-time and full-time) and respite provision for parents with children with special needs (IDP pp.112-3).
- 6.20 In each of the community consultations parents express frustration at the lack of outdoor play space for children, particularly those below the age of four. The need for safe outdoor play space is the most popular request by those participating in the Intake and Belle Vue consultation.

- 6.21 In the afore-mentioned consultation local residents do not ‘identify’ with the local parks and available green spaces. Their highest priority was for a safe play park in the middle of Intake for younger children, which is fenced and free from dogs. Parents express a desire for any SureStart building to have an outside play facility for young children.
- 6.22 The community consultation reveals that, in terms of services for parents with children aged one to two years, the former give priority to having safe indoor play facilities, outdoor play parks, play parks next to indoor play areas and groups for children under two years of age. Services receiving a lower priority are ‘more contact with nursery nurses’ and ‘more home support and advice for parents.’
- 6.23 The majority (73 per cent) of parents consulted believe there to be already sufficient help and advice concerning children, parents/guardians in their area (See Appendix, chart 6.22).

Chart 6.23



- 6.24 Of those who do not think there is sufficient advice and help almost 22 per cent request the need for more home advice and visits, approximately 19 per cent request specialist groups for parents, and approximately 11, 8 and 5 per cent of responders state a need for a drop in centre, more health visitors and more support from schools respectively. The majority (35 per cent) request unspecified forms of help and advice (See chart 6.23).

6.25 Support groups suggested by parents in the consultation (BVC p.2) include

- Single parent's support group
- First time parent support group
- Ethnic women's support group
- Women's group
- Young parents support group

6.26 A range of activities and clubs are suggested for children aged thirteen to sixteen years of age

- Breakfast club
- Lunch club
- Homework club
- Youth club
- Dance/drama/music workshops
- Internet access
- Access the Dome complex
- Discos
- Outdoor spaces

7 Summary

- This research has been primarily concerned with recognising the voices of the residents of Intake, providing an outlet for their opinions and bringing them to the forefront of local debate.
- Residents are generally happy about the level of healthcare and services. This relatively high baseline may reflect the survey sample – consisting mainly of clients of local childcare and other groups – as distinct from the general population of Intake.
- Although residents are generally happy about the level of healthcare and services in general they are particularly concerned about the lack of outdoor play facilities for their children.
- Parents feel the need for more activities, resources and clubs, for children of all ages. The community consultation identified a need on the part of parents for accessible day care and parent and toddler groups.
- The consultation identifies a desire on the part of parents for more speech and language therapy for children under four and more activities and resources directed to pre-school educational and social development.
- The need for more stay and play sessions, access to all year round stimulating play facilities, soft play areas and more parent and toddler group sessions is particularly high on the list of parent priorities.
- Although parents have advanced a range of suggestions, a key emphasis is upon community-centred care directed to improving the social and emotional development of children. The consultation has recognised the particular needs of the 0-4 age group, and the need of children of all ages for initiatives that improve their life chances and well-being.
- The series of consultations have proved to be a highly effective tool in assessing the needs and expectations of the local community. However, it is important to be aware that many residents have previously received guarantees about local developments that have failed to be delivered, and which has inevitably sown a lack of faith in such promises.
- Nevertheless, parents are highly concerned about, and wish to be involved in, the social, emotional and healthy development of their children from pre-school age upwards. The consultation has demonstrated that local people are willing to invest time, energy and commitment to their local community.

- Moreover, local residents support wholeheartedly the development of a SureStart centre in this area and are willing to be involved in the planning and implementation stages of future facilities.

Chart 6.14

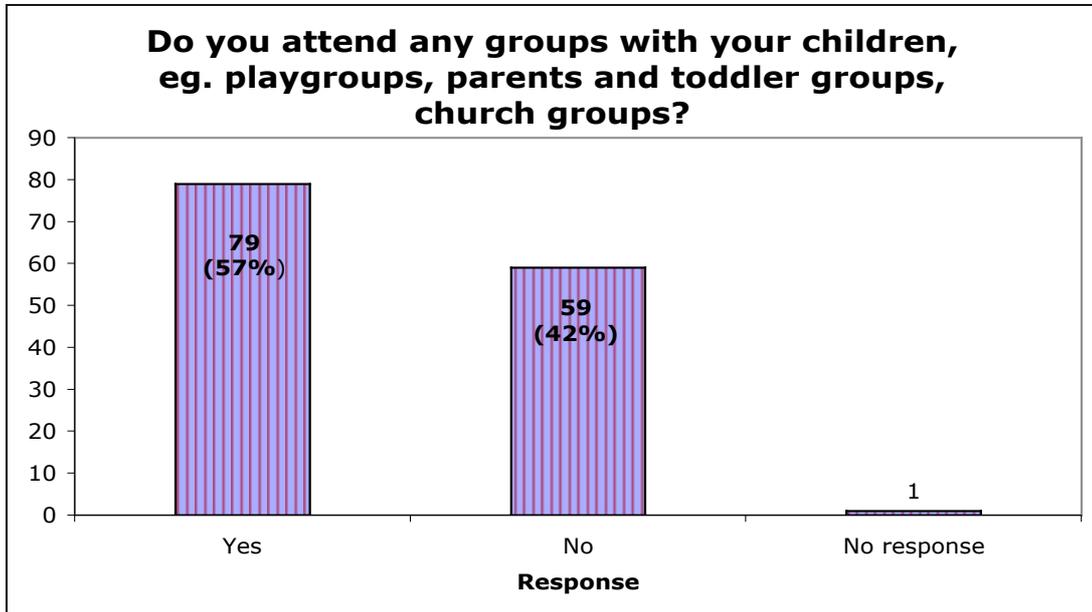


Chart 6.15

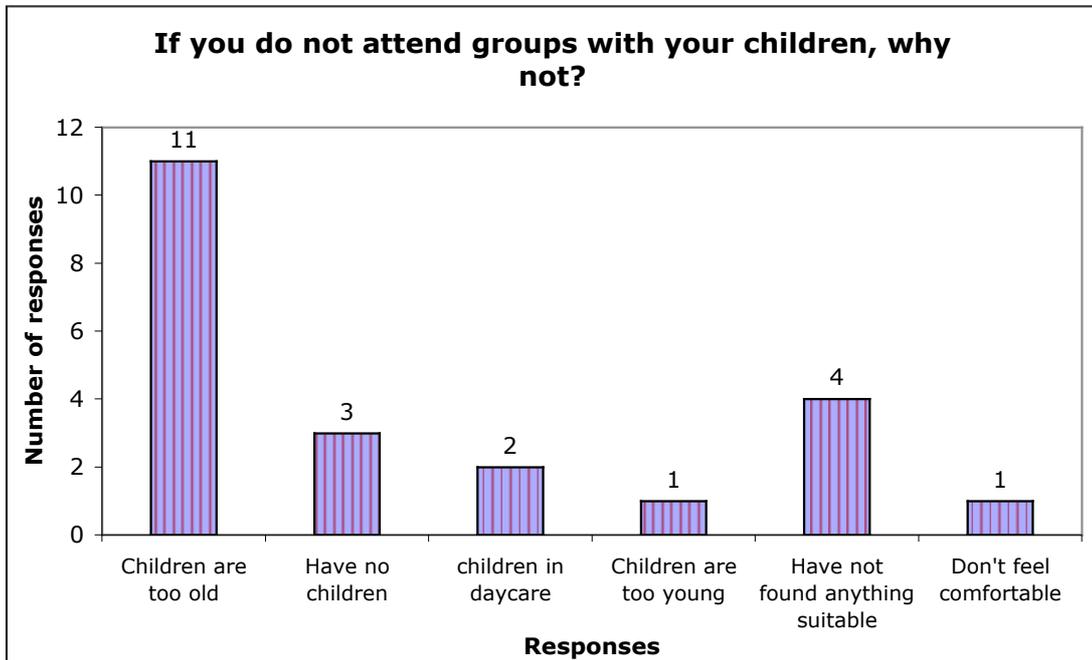
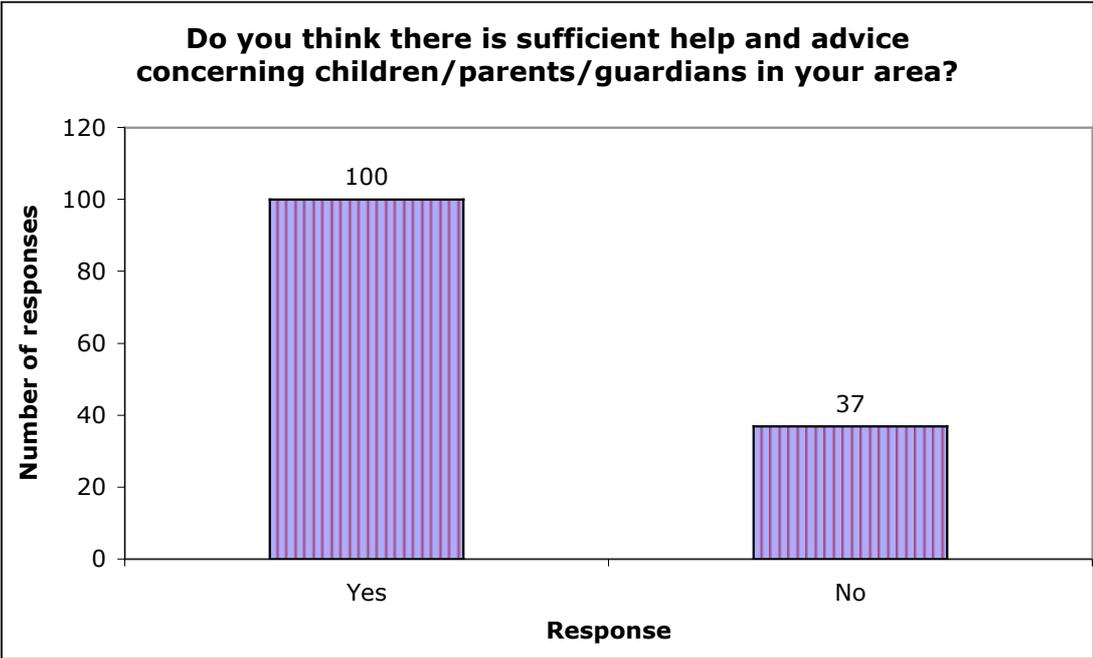


Chart 6.22



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