Sure Start Preston
Central User
Satisfaction Survey
Acknowledgments

We would like to thank Eleanor Speak and her colleagues at Sure Start Preston Central for all their help and support throughout the course of the project.

We would also like to thank all of those local parents and carers who gave up their time to share their opinions and experiences with us through the consultation.

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Context

Sure Start Preston Central is a Round 6 programme in the initial stages of providing services to families with young children in the area. The programme area is a geographically fragmented one, centering on Preston City Centre. Communities around the City Centre are very much distinct from one another. The area incorporates a number of families which could be described as 'harder to reach'. Parents and carers from South Asian ethnic backgrounds make up a very high proportion of the eligible families in the area. Some migration into the area has been fairly recent, creating pockets of the population who do not speak English as a first language.

This user satisfaction consultation comes at an early stage in the development of the programme. It aims to provide an initial 'snapshot' of the perceptions and experiences of local families living in Preston Central.
1. Purpose, method and format

1.1 Purpose and Objectives

M·E·L Research was commissioned by Sure Start Preston Central (a sixth wave Sure Start) in September 2004 to undertake a User Satisfaction Consultation across the Preston Central programme area.

The purpose of the consultation was two-fold:

- To establish baseline levels of satisfaction with services in the Preston Central programme area
- To inform the future planning and delivery of Sure Start services

A key feature in the consultation was that it would provide baseline information and be replicable over time, to enable future comparisons to be made.

More specifically the objectives were:

- To identify patterns of uptake of services by parents and carers of children aged under 5 years in the programme areas.
- To measure levels of satisfaction with local services, and the extent to which services in the programme areas meet the needs of local parents.
- To identify services where improvements in provision are required, and assess the demand of new services.
- To examine the perceptions of support provided to families by services at different stages a child’s life.
- To review the satisfaction with, and uptake of Sure Start Preston Central services.
- To identify parents interested in registering as Sure Start parents.
- To ensure that all parents and carers in the programme area were represented in the consultation, including groups which could be defined as ‘harder to reach’.

1.2 Methodology

1.2.1 Overall approach

a) M·E·L Research completed 200 user satisfaction questionnaires with parents and carers of children aged under 5 years of age, living in the Sure Start Preston Central programme area. In order to reflect the discrete communities making up the area, M·E·L ensured that all communities were represented. In order to achieve this, 75 interviews were carried out in Avenham, 50 in Broadgate and 75 in the Central area.

b) Due to the tight timescales of the project the questionnaires were carried out by M·E·L Research’s own team of retained interviewers. This interviewing team reflected the ethnic and language diversity within the Preston Central area, and ensured that all ethnic groups were able to get involved in the consultation, regardless of ability to speak English.
1.2.2 Survey with local parents/guardians

A total of 200 face to face interviews were carried out during October and November 2004 across the Preston Central programme area. There were two conditions for eligibility to take part in the survey. Respondents had to:

- Live in the Sure Start Preston Central catchment area
- Be a parent or guardian of at least one child aged 5 or under
- Be expecting to become a parent within the following 6 months.

Interviewers were provided with a copy of the Sure Start Preston Central boundary map so they could ensure the respondents lived within the Sure Start patch.

1.2.3 Questionnaire design

A questionnaire was designed in consultation with Sure Start Preston Central.

It was agreed that the survey should measure:

- Use of statutory, voluntary and Sure Start services/amenities
- Awareness of Sure Start and its services
- Satisfaction with services
- Unmet needs/gaps in provision
- Levels of perceived support at different stages in a child’s life

A secondary purpose of the questionnaire would be to register additional families as Sure Start parents.

The final questionnaire included questions on:

- Awareness of Sure Start Preston Central and use of Sure Start services
- Use of support, services and facilities for young children and their families
- Satisfaction with these services and facilities
- Barriers to uptake of services
- Potential improvements to services for families with young children
- Satisfaction with the Preston Central area
- Community networks
- Employment and training provision
- Language capabilities

The questionnaire also included demographic questions such as age, gender, employment and ethnicity. Parent and carers were additionally asked about the languages that they speak at home, and those that they are able to read and write. At the end of the questionnaire, a telephone number was requested, so a random quality control call-back could be made to at least 10% of respondents.

Finally, the questionnaire included provision for parents to sign up as a registered Sure Start parents or enter into a raffle in which £20 worth of gift vouchers for the local supermarket could be won.

A set of showcards was also designed to complement the questionnaire, helping with speed and ease of completion for respondents.
Lastly, Sure Start Preston Central provided M·E·L interviewers with some Sure Start ‘freebies’ and information packs to be handed to all respondents.

### 1.2.4 Piloting

In order to test the workability of the questionnaire in the field, the final version of the survey was piloted in the Preston Central area on 18th October 2004. Ten questionnaires were completed. In light of this exercise minor amendments were made to the questionnaire to improve the workability of the survey. These piloted questionnaires are not included in the 200 analysed in Chapter 3.

### 1.2.5 Sampling

Of the 200 surveys that were completed, 75 were carried out in Avenham, 50 in Broadgate 75 in the Preston Central area. This ensured that respondents from each area of the programme catchment were consulted and allowed for analysis to taken place on an area level. These three areas above are each distinct communities making up the ‘patch’.

Sure Start provided M·E·L with a list of addresses in the Sure Start area. Interviewers were allocated a ‘round’ of houses to call at and instructed to call at every house in that round. Once each round has been covered, interviewers returned to those houses at which no response was obtained, at a different time of the day. This random door knocking approach was also combined with venue and on street interviewing.

In order to include ‘Hard to Reach’ groups M·E·L interviewers visited a travellers site in the Central area on 27th October, accompanied by Sure Play workers. Six interviews were carried out with this group. Sure Start Preston Central also has a population of homeless families living within its catchment area. In order to ensure that these groups were included in the interviewing, M·E·L made contact with three hostels in the area:

- Millbank House
- Merriweather
- Parkinson Court

Hostels were asked whether they would be happy for interviewers to administer surveys with families living within the hostels. Representatives from the Hostels were, however, found to be unresponsive and so no interviews were carried out at these venues.

### 1.2.6 Questionnaire response

Table 1 displays the actual number of completed interviews in each area compared to the target.

<table>
<thead>
<tr>
<th>Area</th>
<th>Target Interviews</th>
<th>Actual Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avenham</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Broadgate</td>
<td>50</td>
<td>49</td>
</tr>
<tr>
<td>Central</td>
<td>75</td>
<td>76</td>
</tr>
</tbody>
</table>

### 1.3 Analysis and reporting

Questionnaire data was entered onto a database using the statistical package SPSS. After the data had been entered, a random 10% check on the entered questionnaires was carried out, to ensure the data had been entered accurately.
Using SPSS baseline frequency counts and percentages were generated. Some cross-tabulations by key demographic determinants were also produced. Finally, open ended comments were themed using a Grounded Theory framework.

Baseline frequency counts, percentages and cross-tabulations are presented in the Appendix, along with open ended comments from respondents.

1.4 Format of the report

Chapter Two contains the findings from the survey with local parents. The report concludes with a summary of key findings and recommendations for service delivery for families with young children in Preston Central.
2. Findings of the consultation

2.1 Introduction

This chapter presents the findings from the 200 completed questionnaires. The data are analysed overall, and for the three distinct areas making up the Preston Central area - Central, Broadgate and Avenham. All percentages are expressed as valid percentages; that is a percentage of those respondents who answered each particular question.

2.2 Profile of respondents

The profile of respondents taking part in the consultation is displayed below.

- The majority of respondents interviewed were female (71%). The highest percentage of females interviewed was in the Central area (79%). The highest percentage of males interviewed was in the Avenham area (40%).

- In terms of ethnicity, 54% of respondents were ‘British’ and 33% ‘Indian’. Other respondents included ‘Pakistani’ (7% where n=14), ‘Irish’ (2% where n=4) and ‘Any other Asian background’ (2%, n=3). Other ethnic groupings made up just over 2% of the sample. The lowest proportion of ethnic minorities was found in Central, where 76% of the respondents were ‘British’. This fell to 49% in Broadgate and just 35% in Avenham. In Avenham the dominant ethnic group was found to be ‘Indian’ (48%). The highest proportion of ‘Pakistani’ respondents was found in Broadgate (14%, n=7)

- Over half of respondents were in the 25-34 age groups (55%), with 23% in the 35-44 group. This was followed by the 16-24 year age group (18%).

Figure1: Age of respondents
(n=200)

Percent of respondents (%)

0 10 20 30 40 50 60 70

16-24
25-34
35-44
45-54
55-64
65+

Avenham Broadgate Central

2.2.1 Employment status

The employment status of respondents is illustrated in Figure 2. Overall, 49% of parents questioned were ‘at home or looking after their family’, making this by far the most common response. This aside, 28% of respondents were working in a full time job, and
12% in a part time job. Another 6% were students, 3% unemployed, seeking work and 2% were permanently sick.

**Figure 2: Employment status of respondents (n=200)**

Avenham showed the highest proportion of parents 'working in a full time job', (33% compared 21% in Central). Central had the highest proportion of parents who reported to be unemployed and seeking work (7%, n=5 compared to 0% in Broadgate).

### 2.2.2 Households with a member in paid work

Just over a third of respondents (35%) reported that there was no member of their household currently in paid work. Broadgate had the highest percentage of respondents with at least one household member in paid employment (79%). This fell to 61% in both the Central and Avenham areas. Indian and Pakistani ethnic groups were proportionally more likely to have a household member in paid employment than British respondents. For example, 93% (n=13) of Pakistani households and 74% of Indian households had at least one member in paid work, compared to 61% of British households.

### 2.2.3 Languages

Overall, the most popular languages spoken in the home were English (98%), Gujarati (28%) and Urdu (17%). A further 4% (n=8) and 3% (n=6) speak Punjabi and Hindi in the home, respectively. There were found to be considerably more Gujarati speakers in the Avenham area. (47%, compared to 24% in Broadgate and 11% in the Central area). Urdu was also more widely spoken in this area.

When asked which languages respondents could read or write, similar proportions were evident, with English, Gujarati and Urdu, the most commonly used languages. The results do indicate that some of the Preston Central population is not literate in English, with 3% reporting that they were unable to read English, and 4% unable to write in English. This was most likely to affect Pakistani respondents.

*The vast majority of parents and carers consulted do speak English in the home. However, 3% and 4% of respondents were unable to read or write English respectively.*
2.3 Sure Start Preston Central

2.3.1 Awareness of Sure Start

Awareness of Sure Start Preston Central was shown to be fairly high amongst parents and carers questioned (see Figure 4). When ‘Had you heard of Sure Start Preston Central before today?’ 60% of the respondents agreed that they had. Just under 40% of respondents had not been aware of Sure Start Preston Central, with 1% unsure. There was a degree of variation in awareness of Sure Start between the three areas, however. Respondents in Broadgate demonstrated the highest levels of awareness of Sure Start (68% were aware). This fell to just 55% in the Avenham area.

In terms of variations in awareness based on profile of respondents, some patterns did emerge. British respondents were considerably more likely to be aware of Sure Start than South Asian groups. Whilst 67% of British respondents were aware of the programme, this applied to just 52% of Indian and 50% (n=7) of Pakistani respondents. This indicates a need for improved promotion within these communities.

In terms of employment status, working parents (full time) were less likely to be aware of Sure Start (52%, n=29), with those in part time employment (70%, n=16) displaying high
levels of awareness. Lastly, females consulted were found to be considerably more likely to be aware of Sure Start than males- 67% of women had heard of Sure Start Preston Central before the interview, compared to 46% of men (n=26).

Taking into account the relatively short time that Sure Start Preston Central has been operating, a fairly high proportion of parents were aware of the programme. This awareness does, however, vary by area of residence and profile of respondents and highlights the need for more targeted promotion of Sure Start amongst different groups. Sure Start Preston Central need to ensure that they promote themselves effectively using Asian community networks and in culturally appropriate venues and formats.

### 2.3.2 How did you hear about Sure Start Preston Central?

Respondents who had been aware of Sure Start Preston Central before the interview were asked how they had been made aware of the programme. The results reveal that respondents had heard about Sure Start Preston Central from a variety of sources. Whilst respondents were most likely to indicate that they found about Sure Start in ‘Another way’ (23%), the four most cited specific sources are as follows:

- Through a friend (22%, n=26)
- Saw a newsletter (18%, n=21)
- Saw a leaflet/poster (17%, n=20)
- Through the ‘Drop in’ Centre (11%, n=13)

Respondents were, perhaps surprisingly, least likely to cite Midwives (7%, n=8) and Health Visitors (8%, n=10). This indicates that parents and carers are least likely to find out about Sure Start through formal methods and statutory/partner agencies, and most likely to be made aware through informal methods such as friends, as well as publicity materials (posters and flyers). The full results are displayed in Figure 5.

**Figure 5: How did you hear about Sure Start Preston Central?**

TICK ALL THAT APPLY

(n=120)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw a leaflet/poster</td>
<td>25%</td>
</tr>
<tr>
<td>Saw a newsletter</td>
<td>20%</td>
</tr>
<tr>
<td>Through a friend</td>
<td>22%</td>
</tr>
<tr>
<td>Through my health visitor</td>
<td>18%</td>
</tr>
<tr>
<td>Through my midwife</td>
<td>18%</td>
</tr>
<tr>
<td>Through the Drop-in-Centre</td>
<td>17%</td>
</tr>
<tr>
<td>Through school</td>
<td>14%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9%</td>
</tr>
<tr>
<td>Another way</td>
<td>32%</td>
</tr>
</tbody>
</table>

Taking into account the relatively short time that Sure Start Preston Central has been operating, a fairly high proportion of parents were aware of the programme. This awareness does, however, vary by area of residence and profile of respondents and highlights the need for more targeted promotion of Sure Start amongst different groups. Sure Start Preston Central need to ensure that they promote themselves effectively using Asian community networks and in culturally appropriate venues and formats.
Responses to this question did vary between programme areas. Hearing about Sure Start through a friend was most important in Avenham and Central (24%, n=10 and 26%, n=12); however in Broadgate most important was seeing leaflets and posters (24%, n=8 compared to 13%, n=6 in Central). Respondents in Avenham were more likely to indicate that they had found about Sure Start out through a school (17%, n=3).

Those parents who had found out about Sure Start in ‘another way’ (23%, n=28) referred to a range of sources. The most frequently mentioned source within this was ‘word of mouth’. This was mentioned by 7 parents. Another popular response was that parents were ‘near the Centre’ or ‘saw it in St John’s Centre’ Other venues where respondents had seen information about Sure Start included, ‘Stoneygate Nursery’, and at a ‘Playgroup.’ Three parents mentioned that they had been made aware of Sure Start through their job.

Parents and carers are likely to find out about Sure Start Preston Central through informal methods and publicity materials. Promotion of Sure Start amongst key professionals such as Health Visitors appears to be relatively low, although this could reflect the fact that the programme is still in its early stages. Sure Start could review current procedures with regard to registration of parents via Health Visitors.

The prominent, central location of the Sure Start drop in centre is an excellent way of raising awareness of the programme. Over 10% of respondents had found out about Sure Start Preston Central through this method.

### 2.3.3 Registration with Sure Start Preston Central

Those parents who were aware of Sure Start were asked if they had registered as a Sure Start parent. A fairly low proportion of parents and carers who were aware of Sure Start had actually registered (37%). This represents 22% of the total sample interviewed.

**Figure 6: Registered Sure Start parents**

(n=120)

![Registered Sure Start parents chart]

Rates of registration with Sure Start appeared to be lowest in Central (32%, n=15) and highest in Broadgate (42%, n=14). This reflects patterns of awareness, which was highest in the Broadgate area. Rates of registration also varied by profile of respondent. Whilst 31% (n=22) of British respondents who were aware of Sure Start had registered, this rose to 38% (n=13) of Indian and 71% (n=5) of Pakistani respondents. Females were also more likely to be registered than males.
2.3.4 Sure Start Preston Central services

After establishing awareness of Sure Start as a whole, we then focused on awareness and use of specific services and facilities provided by Sure Start Preston Central. Thirteen services and activities were listed in a table, and respondents were asked to identify which of these services they were aware of, which they used, and reasons for non-uptake.

**Awareness of Sure Start services and activities**

In terms of individual Sure Start services, considerable variations in awareness were identified. These are displayed fully (by area) in Figure 8. Overall, the Sure Start services, which have the greatest level of awareness, are as follows:

- Sure Start Drop-in Centre (31% of respondents were aware of this facility)
- Cheeky Monkey’s (13%, n=26)
- Baby Massage (12%, n=12)
- Sure Start summer trips and days out (12%, n=24)

In contrast, respondents demonstrated very low levels of awareness of certain Sure Start services. The services with the lowest levels of awareness were as follows:

- Volunteer programme (2%, n=4 of respondents were aware of this service)
- Early Start (3%, n=6)
- Sure Start First Contact Worker (4%, n=7)
- Access all areas (5%, n=9)

*Rates of registration of those parents and carers who were aware of Sure Start Preston Central were surprisingly low. This could suggest the need for clearer signposting for parents explaining how and why they should sign up as a Sure Start parent. It could also suggest that the benefits of signing up as a parent are perhaps not effectively promoted. There is clearly demand for the programme, illustrated by the high number of respondents who wished to sign up through this baseline survey.*
Figure 8: Have you heard of these Sure Start services?

Levels of awareness of services did not vary significantly by area. The largest variations in awareness were seen for the Drop-in in St John’s Centre. Perhaps unsurprisingly, due to the location, awareness of this was highest in Central (37%, n=28), falling to 23% (n=17) in Avenham. Despite overall higher awareness of Sure Start in Broadgate, it was often the case that awareness of specific services was lowest amongst respondents in this area.

Use of Sure Start services

Parents and carers who were aware of specific services were asked whether they had used these Sure Start services. Overall, 27% of respondents have used any Sure Start service. In terms of specific Sure Start services used, a great variation of take-up is observable. This variation will not be influenced by a lack of awareness as the question was only asked of those who showed awareness of each service.

The services that had the highest take up amongst those parents and carers who were aware of the service were as follows:

- Home Safety Equipment Scheme (59% of respondents who were aware of the service had used it, n=10)
- Cheeky Grandparents’ Support Group (44%, n=4)
- Sure Start Parent and Toddler Group (43%, n=6)

The services with the lowest take-up amongst the respondents who were aware of the service were as follows:

- Access all area (5% of respondents who were aware of the service had used it, n=9)
- Sure Start Drop-in Centre (27%, n=14)
- Aqua natal (29%, n=6)
Figure 9: Use of Sure Start services, for those who had heard of them.

These figures do not represent the overall number of users of each service, rather the proportion of respondents who are aware of each service and use them. Based on numbers alone, the most and least commonly used services are displayed in Figure 9. This indicates that the Sure Start Drop-in, Cheeky Monkey’s, the Home Safety Equipment Scheme and Sure Start summer trips and days out are the most widely used services amongst those consulted. Despite this, uptake of the Drop-in Centre is perhaps lower than expected taking into account the high rates of awareness of this service.

Considering the high levels of awareness of the Sure Start Drop in Centre, a relatively low number of respondents had used this service. Sure Start Preston Central should evaluate reasons for this, perhaps examining how the centre is publicised, and how welcoming/family friendly it is perceived to be the local population. It could also be the case that local parents and carers are unsure as to what services they can access at the Drop-in Centre.

Parents who were aware of a specific Sure Start service but had not used it were asked why this was the case. Responses were fairly standard across the different services. The vast majority of respondents indicated that they didn’t use particular services because they simply ‘did not need to’ or ‘did not want to’ do so. This was followed by respondents explaining that they had not used a service because they were ‘too busy’ either with family or a job. Other common responses included:

‘I’ve just heard about it’
‘Planning to go’
‘Process of registration’
‘They didn’t have it when I wanted it’

There was some variation for individual services, with the full list of responses appended. Few respondents made any comments specific to individual services.

There did not appear to be any important barriers preventing uptake of Sure Start services other than lack of awareness of individual services.

2.3.5 Overall satisfaction of Sure Start services

Lastly, all those respondents who had used any Sure Start service or activity were asked to express how satisfied they were with Sure Start Preston Central services.

Figure 10: Overall satisfaction of Sure Start services.

(Only asked to respondents who had used Sure Start services)

<table>
<thead>
<tr>
<th>Percent of respondents</th>
<th>Very satisfied</th>
<th>Fairly satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>78%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The responses of parents and carers provide a positive reflection on Sure Start services and activities. All respondents who had used a Sure Start service were either ‘very’ (22%) or ‘fairly’ satisfied (78%) with this service. None of the respondents were dissatisfied with the services they had used. This gives a net satisfaction rating of +100 (this rating is generated by subtracting the proportion of respondents who are ‘very’ or ‘fairly dissatisfied’ from the proportion of respondents who were ‘fairly’ or ‘very satisfied’).

Levels of satisfaction with services showed no variation by area, with the same proportions of parents and carers who were ‘very’ or ‘fairly satisfied’ in each of the three areas.

Levels of satisfaction with Sure Start Preston Central services were found to be extremely high.

2.3.6 Improvements to Sure Start provision at the St John’s Drop-in Centre

Finally, parents and carers taking part in this Baseline were asked whether they believed that Sure Start Preston Central should provide any additional services at the Drop-in Centre in the City Centre. Whilst the vast majority of respondents did not have any suggestions to make, some responses were received.

The only respondent from the Central area making a comment suggested that the Drop-in Centre should operate longer working hours. Three suggestions were made by parents and carers in Avenham; these include providing counselling services for parents and children. ‘More network with parents and carers’ and the provision of free advice. Lastly, two respondents in Broadgate suggested that a ‘well woman centre should also be there’ and that the Drop-in should be open to all families in the area.
2.4 General services for children aged under 5 years

As well as examining uptake of Sure Start Preston Central services, respondents were also asked about their use of other key areas of provision, including statutory services.

2.4.1 Frequency of use

In terms of general services for young children, there was great variation in levels of usage. This information is displayed in Figure 11.

Figure 11: Use of services in the last 12 months.

Overall, the services which were most commonly used by parents and carers in the last 12 months were as follows:

- GP services (84% of respondents had used this service in the last 12 months)
- Parks and Play areas (58%)
- Health Visitors (46%)
- Dentist (43%)
- Nurseries (40%)

Services, which have the lowest levels of usage, are as follows:

- Childminder (98% of respondents had not used this service in the last 12 months)
- Private childcare (98%)
- Crèche (96%)
- Social Services (95%)

When the results were analysed by area, there are negligible variations in terms of the services with low uptake.
2.4.2 Specific services used

Those parents who had used each type of service in the last 12 months were asked to name the service used. The most commonly used services service are displayed in Table 2 (with the full listings presented in the appendix).

Table 2: Most commonly used services

<table>
<thead>
<tr>
<th>Service</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent and Child Groups</td>
<td>Stoneygate (n=3)</td>
</tr>
<tr>
<td></td>
<td>Frenchwood (n=3)</td>
</tr>
<tr>
<td></td>
<td>Deepdale (n=2)</td>
</tr>
<tr>
<td>Playgroups/playschemes</td>
<td>Stoneygate (n=8)</td>
</tr>
<tr>
<td></td>
<td>Frenchwood (n=3)</td>
</tr>
<tr>
<td>Nurseries</td>
<td>Stoneygate (n=28)</td>
</tr>
<tr>
<td></td>
<td>Frenchwood (n=11)</td>
</tr>
<tr>
<td></td>
<td>Happy Tots (n=5)</td>
</tr>
<tr>
<td></td>
<td>St Stevens (n=4)</td>
</tr>
<tr>
<td>Crèche</td>
<td>Stoneygate (n=2)</td>
</tr>
<tr>
<td>Private Childcare</td>
<td>Happy Tots (n=2)</td>
</tr>
<tr>
<td>Libraries</td>
<td>Preston Central Library (n=27)</td>
</tr>
<tr>
<td></td>
<td>Harris library (n=24)</td>
</tr>
<tr>
<td>Health Visitors</td>
<td>NHS (n=25)</td>
</tr>
<tr>
<td></td>
<td>Avenham Clinic (n=8)</td>
</tr>
<tr>
<td></td>
<td>Fisher gate (n=3)</td>
</tr>
<tr>
<td>Midwives</td>
<td>NHS (n=25)</td>
</tr>
<tr>
<td></td>
<td>Sharoe Green Hospital (n=3)</td>
</tr>
<tr>
<td>Baby Clinic</td>
<td>Avenham Health Centre (n=14)</td>
</tr>
<tr>
<td></td>
<td>Fishergate Hill (n=6)</td>
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<tr>
<td>GP services</td>
<td>Fishergate Hill (n=30)</td>
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<td></td>
<td>Frenchwood (n=20)</td>
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<td></td>
<td>Royal Preston (n=16)</td>
</tr>
<tr>
<td></td>
<td>Avenham Health Centre (n=15)</td>
</tr>
<tr>
<td>Dentists</td>
<td>Deepdale (n=10)</td>
</tr>
<tr>
<td></td>
<td>Avenham Clinic (n=5)</td>
</tr>
<tr>
<td></td>
<td>Fishergate Hill (n=5)</td>
</tr>
<tr>
<td>Parks and play areas</td>
<td>Avenham Park (n=44)</td>
</tr>
<tr>
<td></td>
<td>Moor Park (n=41)</td>
</tr>
</tbody>
</table>

2.4.3 Satisfaction of parents and carers with individual services

Parents who had indicted that they had used a particular service were then asked to assess the service stating the extent to which they were satisfied with it. Figure 12 illustrates the net satisfaction score of each service.
The overall results displayed in Figure 12 indicate a very high level of satisfaction with current services. All of the services have a net satisfaction score of between +80% and +100% with the exception of Social Services and Parks and Play areas. Of the parents who had used Social Services (n=9) 33% were very dissatisfied with the service, whilst 11% of respondents who had used Parks and Play areas were very dissatisfied with these. A further 14% of parents who had used Parks and Play areas were not satisfied. This issue is picked up on again later in the consultation.

Reasons for negative satisfaction with services

Respondents who indicated that they were ‘very dissatisfied’ or ‘not satisfied’ with services were asked to provide a reason for their negative satisfaction score. The responses made by parents and carers are presented for each of the services.

- **Parent and Child groups** (n=2). Respondents gave two reasons for dissatisfaction with this service. One parent explained that the sessions did not have enough facilities whilst another complained ‘it’s awful, the toys were dirty’

- **Playgroups** (n=1). One respondent commented ‘my son kept getting ill and having accidents’

- **Nurseries** (n=1). ‘The staff working there are unqualified’

- **Libraries** (n=2). One parent called for increased sessions at the library, whilst another believed that there ‘should be more organised activities for children’

- **Health Visitors** (n=6). Parents were most likely to complain about the levels of care and support they received from their Health Visitor saying that they ‘don’t care’, ‘didn’t give adequate attention’ and ‘didn’t listen’. Respondents also called for increased contact and a ‘need to provide language support services’.

- **Midwives** (n=2). One respondent complained that their Midwife ‘didn’t look after me properly and didn’t behave in the correct manner’. Another suggested that professionals could provide more visits.
Baby Clinics (n=3). All comments made with regard to this service criticised the ‘inconvenient opening hours’.

GP services (n=8). A number of parents and carers consulted complained that their GP did not give them adequate support and attention, ‘no personal attention’, ‘didn’t look after me properly’. Others criticised the lack of appointments and questioned the competence of the GP. Finally, one parent called for a more culturally appropriate service.

Dentist (n=6). The majority of comments referred to the lack of dentists in the area, ‘hardly any good dentists around’, and the fact that a number of services have ‘shut down’. Some respondents also criticised the service staff calling into question their competence and friendly manner.

Social Services (n=2). One respondent expressed dissatisfaction with Social Services due to the fact that a ‘child at risk was reported but no action was taken’. Another respondent explained that the service is not culturally appropriate.

Parks and Play areas (n=27). By far the most comments were received in relation to local parks and play areas. Parents and carers made a number of criticisms about these facilities with the most commonly mentioned problems being safety and cleanliness. Fourteen respondents discussed how the parks are ‘not clean enough’ with ‘needles, glass, paint and druggies’ and ‘dog muck’. The consensus was that these are ‘filthy play areas, poorly maintained’. Another 11 respondents were also concerned about safety in parks and play areas, explaining that parks are ‘not safe enough’ and ‘not safe in the evening’, with ‘yobbish behaviour’, racism and drug users. Six respondents also explained that facilities within parks need to be improved as there is ‘not much to play on for children’.

Satisfaction with statutory services in the Preston Central area was found to be extremely high. One exception to this was in the case of parks and play areas. These were perceived to be of very poor quality with questions raised about safety, cleanliness and quality of facilities. This area of provision is a key priority for improvement.

2.4.4 Overall satisfaction with services in Preston Central

After providing their assessment of individual services in the Preston Central area, respondents were asked to give an overall rating of services generally for children aged under 5 years in Preston Central. The results are displayed in Figure 13, and provide a positive reflection on the services in the area, with high levels of satisfaction apparent.

Figure 13: Overall satisfaction with Services in the Preston Central area. (n= 196)
Figure 13 indicates that 17% of respondents were ‘very’ and 76% ‘fairly’ satisfied with the services for children aged under 5 in the local area. Only 6% of parents and carers consulted were fairly dissatisfied and 1% very dissatisfied, giving a positive net satisfaction score of +87%.

There was a small degree of variation in satisfaction with overall services by area, with satisfaction highest in Broadgate. In this area almost one quarter of respondents were ‘very satisfied’ with services (23%, n=11) and just 2% (n=1) were at all dissatisfied with services. Lowest levels of satisfaction were displayed by respondents living in Avenham. Here, 11% of respondents were fairly or very dissatisfied with services for children under 5 years (n=8).

Overall ratings of services in the Preston Central area provide a positive reflection on this provision.

### 2.4.5 Levels of support provided by local services

Another area for investigation focused on the perceived levels of support provided by local services to parents and carers at different stages of their child’s life. The results are broken down by area, and stage of life in Figure 14.

#### Levels of support provided during pregnancy

The vast majority of parents and carers consulted (91%) believed that they had received enough support from local services during their/their partners’ pregnancy. However, the remaining 9% were not happy with the support they were given during pregnancy. Of the three stages of a child’s life discussed in the survey, parents and carers were most likely to be unhappy with the support they received at this stage.

Reasons for dissatisfaction with levels of support were often not specific and referred generally to the fact that there ‘isn’t enough support’, ‘they only do the minimum’, and with one parent saying ‘it is just not adequate’. Two parents told how they did not have a Health Visitor ‘I had no information about diet, no classes, no help, no Health Visitor’. Other comments included ‘I did not have enough support as a teenage mother’ and ‘I didn’t get any help and have to pay for her nursery’.

![Figure 14: Respondents receiving enough support from local services
(n=179)](image)
Levels of support provided at age 0-2 years

Figure 14 indicates that levels of satisfaction with support are high. Overall 92% of respondents were satisfied with support. Just 5% of respondents were unhappy, with the remaining 3% unable to comment as their child had not yet been born.

Those respondents who were not happy with the support that they had received from local services provide a number of explanations for this. Respondents in Avenham were most likely to discuss poor nursery provision:

‘There are not enough nurseries available- they are not good’
‘They didn’t pay for the nursery’

Other respondents in this area explained that generally ‘there isn’t much for kids to do’, whilst another believed that local services ‘didn’t do anything’.

In Central, three responses were made. One parent stated ‘Health Visitor wasn’t helping with problems’. Another parent who had suffered post-natal depression explained; I didn’t feel I had enough support. They left me on my own after the baby was born, it was 10 hours before my midwife or anyone came for support’.

Just one comment was made by a respondent in the Broadgate area who explained that they had very little contact with local services.

Levels of support provided at age 2-5 years

Over three quarters of parents (79%) were satisfied with the support that they had received from local services when their child was aged between 2-5 years. Seven percent were not satisfied, with 15% explaining that their child had not yet reached this age.

Parents and carers who were unhappy with support at this stage of life made a range of comments. Two respondents in Central complained about health services; ‘they need more monitoring of good health for children’ and ‘I need more help with my son’s illness’. Another three parents/carers simply explained that there is ‘not enough’ support available to them. Lastly, one respondent commented ‘there is no nursery or crèche where my child could go’. Just one response was made in Avenham that ‘more could be done’. No responses were received by parents living in Broadgate.

When the perceptions of support are examined overall there are few variations by profile of respondent. In general, parents living in the Broadgate area were consistently more likely to be satisfied with the support they received at each stage of their child’s life than respondents in the remaining two areas.

Perceptions of support did not seem to be greatly effected by profile of respondent, however, there was a consistent pattern that male respondents were more likely to feel supported by local services than females. During pregnancy 11% (n=15) of women identified a lack of support compared to 4% (n=2) of men consulted.

Whilst the majority of respondents did agree that they received sufficient support from local services, roughly 10% of parents and carers felt unsupported by services during pregnancy. This figure was particularly high amongst females. Sure Start Preston Central could examine ways to meet this perceived shortfall in support.
2.4.6 Barriers to uptake of services

Approximately 5% of parents reported that there are services they would like to use in the Preston Central area but that they are unable to use at the moment. The following services and reasons for not being able to use them are listed below in Table 3.

Table 3: Barriers to access of services

<table>
<thead>
<tr>
<th>Service</th>
<th>Barrier to access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crèche/childcare (n=3)</td>
<td>‘No information about childcare’</td>
</tr>
<tr>
<td></td>
<td>‘Can’t pre book children’</td>
</tr>
<tr>
<td></td>
<td>‘Not sure about the options’</td>
</tr>
<tr>
<td>Dentist</td>
<td>‘There is no dentist close by’</td>
</tr>
<tr>
<td>Playgroups</td>
<td>‘Inconvenient opening times’</td>
</tr>
<tr>
<td>Entertainment</td>
<td>‘Services that charge money for children is a problem</td>
</tr>
<tr>
<td></td>
<td>for families with a lot of children’</td>
</tr>
<tr>
<td>Foxton Centre</td>
<td>‘It’s too far away…need something in the town centre’</td>
</tr>
<tr>
<td>Swimming Pool</td>
<td>‘Nothing nearby’</td>
</tr>
<tr>
<td>Leisure Centre</td>
<td>‘Nothing nearby’</td>
</tr>
<tr>
<td>Breastfeeding Group</td>
<td>‘It’s done during weekdays. I am working hence I can’t</td>
</tr>
<tr>
<td></td>
<td>participate’</td>
</tr>
</tbody>
</table>

Sure Start services aside, there appeared to be very few barriers preventing uptake of services in Preston Central

2.5 Perceptions of the Preston Central area

2.5.1 Satisfaction with living in the Preston Central area

Parents were asked to rate their satisfaction with living in the Preston Central area. This provided generally positive results, revealing that the vast majority of respondents are happy with their local area. Approximately 92% of parents agreed that the Preston Central area is one that they enjoy living in, with 32% of these parents indicating that they strongly agreed with the statement Only 6% of respondents did not enjoy living in the Preston Central area.(see Figure 15).
Figure 15 indicates that the area of residence of respondents did not have a huge impact on their perception of the area. However, it was apparent that respondents from the Broadgate area were more likely to report that they enjoyed living in the area, with 41% (n=20) strongly agreeing that this was the case (compared to 28%, n=21 in Central).

2.5.2 Community networks

Next, parents were asked about community networks in Preston Central. The results show that a high proportion of the parents and carers interviewed have good links within their local community. Over half of respondents reported that they know ‘many of the people in your neighbourhood’, with 29% stating that they knew ‘some of the people in your neighbourhood’. Just 3% of parents and carers consulted indicated that they didn’t know anyone in the area, whilst 2% told how they had ‘just moved here’. The percentages were fairly equally split for all three programme areas, however respondents in Avenham were slightly more likely to report strong community links.
Some variation in community networks were apparent depending on ethnicity, with a higher proportion of Indian and Pakistani respondents explaining that they know ‘many’ of the people in their neighbourhood (56% and 57% (n=8), respectively, compared to 46% of British respondents). In terms of employment status, those parents who were in either full time or part time employment were also particularly likely to display good community links.

### 2.5.3 Community Involvement

In terms of more formal community involvement, respondents were asked whether they had been involved in any community or voluntary organizations, clubs or societies in Preston Central over the 3 years prior to the interview. The results reveal that roughly one quarter of parents and carers had been involved in a community or voluntary organisation in Preston Central during the previous 3 years.

**Figure 17: Involvement in the local community, split by area. Have you been involved in any local community or voluntary organisations, clubs and/or societies over the last 3 years in Preston Central?**

\[(n=200)\]

![Bar chart showing involvement in local community by area]

#### Avenham

**Parks and Play areas (n=34)**

Amongst respondents living in the Avenham area, by far the most important issue was the availability and state of parks and play areas in the area. Indeed, this attracted double the number of responses as the second most important issue. Thirty four parents and carers made a range of different comments about this aspect of provision. The most important issue identified with play areas and parks was the belief that these facilities simply are not safe. Parent called for ‘safer play areas’, ‘more security for the kids when they are playing’ and an end to ‘yobbish behaviour in parks’. A further nine respondents commented that the area simply need ‘more play areas in Avenham’. Seven respondents called for an
improvement to the facilities within existing parks, suggesting that these need to be ‘better, with swings’. Lastly, one parent called for local parks to be cleaned up.

**General facilities for young children (n=15)**

Another important concern of respondents was that there simply are not enough activities and facilities for young children in the local area. The majority of respondents spoke very generally about ‘more activities for children’ and ‘things for children to do- nothing happens in this area’. Parents also emphasised sports and leisure facilities such as swimming pools, ‘clubs’ and ‘activity centres’. Also popular were ‘trips for children e.g. the Zoo’. Two parents emphasised that ‘trips and parties for kids should be done on weekends’ and called for more ‘holiday and weekend activities’.

**Provision for parents (n=6)**

Six respondents in Avenham emphasised a need for activities and support for parents. Two parents called for a ‘ladies gym’, with another asking for exercise facilities for parents. Two parents believed more ‘learning opportunities’ and ‘parenting courses open to everybody’ should be provided.

**Road Safety (n=6)**

Road safety was an important issue of concern for parents and carers of young children in Avenham. Two parents believed that the volume of traffic on the roads should be reduced; ‘lessen traffic on roads’. Parents pointed out that ‘kids play on the streets, so traffic safety should increase’. They suggested ‘crossings in Marn Road for children’ and highlighted a problem with ‘speeding cars’.

A range of other comments were made, although less frequently. Four respondents discussed improvements to playgroups and nurseries; ‘the cost of playgroups is too high-reduce it’, ‘open play groups during summer’ and ‘more intake at nurseries’. Finally one parent requested a ‘Muslim nursery’. Another five people made suggestions relating to childcare, calling for ‘better childcare’ and ‘more childcare in the near vicinity’ as well as ‘an after school type service for young children’.

Four respondents called for a general improvement to safety in the area (‘make the streets safer for kids’, ‘more coppers on the street patrolling’), with another three referring to the lack of dentists. Finally, one respondent believed there is a need for ‘more culturally and religious appropriate services’, as well as improved public transport.

**Broadgate**

**Parks and play areas (n=23)**

Once again, this aspect of provision was most important to residents of Broadgate. Whilst respondents in Avenham were most likely to refer to safety, here the need for ‘more play areas and activity areas’ was emphasised. Safety is, however, still an important issue, however, with six respondents highlighting the need for play areas ‘which are safe’ and ‘better lighting for the park’. One respondent explained, ‘you need safe dedicated play areas for kids in parks’. Five parents consulted wanted to see ‘better parks’ with ‘better play facilities’ we need parks with swings’
General facilities (n=4)

Four respondents called for general facilities for children. One parent asked for ‘trips and parties for kids to be held on weekends’. Others mentioned ‘recreation’, ‘more organised events’ and ‘a community centre’.

Road safety (n=3)

Road safety and ‘speeding cars’ was also an issue in Broadgate. One parent believed there is a need for ‘safer streets- as in less traffic’.

Safety (n=3)

Parents and carers referred to general safety concerns. One respondent wanted to see ‘more policing and security for minorities’, whilst others discussed street lighting.

A range of other suggestions were made by parents and carers in Broadgate. Two respondents discussed the need for a crèche and ‘more childcare’, with another two asking for ‘mother and baby groups’ and ‘playgroups in the morning’. Few comments were made relating to heath services, with one respondent calling for more dentists locally, and another for ‘more regular baby clinics’. Two respondents in Broadgate highlighted problems with racism in the area and the need to tackle this, ‘racism is present and needs to be stopped’. Other suggestions included

‘Cleaner surroundings’
‘More financial help’
‘Not much for new born babies’
‘More awareness about Sure Start’
‘A few more things involving dads’.

Central

Parks and play areas (n=36)

The highest number of mentions regarding parks and play areas were made in the Central area. Parents and carers were most likely to call very generally for ‘better play areas for the kids’. After this, thirteen respondents asked for ‘more play areas’ in general; ‘play areas instead of roads’ and ‘local amenities like parks’. Eight respondents emphasised safety concerns in relation to play areas ‘more safety for the children when they play outdoors’, ‘safer parks’.

General facilities (n=20)

Twenty parents and carers in Central also referred to the need for amenities for young children in the area. Ten parents called generally for ‘more recreation facilities’, ‘more child friendly places to go’ and ‘youth activities for under 5’s’. Six respondents wanted to see more ‘clubs’ and ‘youth centres for younger kids’.

Childcare (n=12)

Unlike Avenham and Broadgate, childcare emerged as an issue of key importance for parents and carers in Central. Three respondents felt that they needed ‘more crèches’, with another three commenting on the high price of childcare. These respondents need ‘cheaper childminding facilities’ and ‘not paying for crèche’. Two respondents called for
‘after school clubs’, with one suggested that parents could access ‘babysitters provided by the council’.

General Safety (n=8)

General safety emerged as an issue across the programme area and this was also true of Central. Six parents emphasised that the area ‘should be made safe for the children’ and ‘the safety and security of the children should improve’.

Playgroups/Nurseries (n=8)

Five respondents commented about improvements to nurseries. Three of these asked for ‘more nurseries’, with another suggesting that ‘the nursery (should be) opened on a daily basis’. Three other respondents felt the need for more playgroups, particularly held during the summer.

A huge number of other comments were made by parents and carers in the Central area. Six respondents suggested that more help should be provided for parents, for example, ‘parenting skills’, training and ‘help for parents going to work’. One parent requested more activities for dads. Improvements to road safety were mentioned by three parents, with four referring to health, particularly the need for ‘more frequent checkups by the NHS’.

Other comments included:

‘More funding from the local council’
‘Cheaper services’
‘Expand Sure Start to older groups’

Despite an overall satisfaction with local services and the area itself, there are clearly a number of important improvements which could be made to make life easier for families with young children in Preston Central. Across all three areas, improvements to parks and play areas was an often cited need. It was clear that many parents and carers do not feel that their child/ren always has access to high quality play facilities; whether this refers to outdoor play areas or physical exercise and sports facilities. Improvements to facilities for families generally, facilities for parents, community and road safety and lack of childcare also emerged as important areas of need.

2.6 Training

2.6.1 Current uptake of training

Of the 200 parents consulted through this Baseline, 12% reported that they were studying or training at the time of the interview. This was most likely to be the case for Pakistani respondents (of which 36%, n=5) were in training.

Respondents who were accessing training at time of interview were asked to name their training course. The most common course mentioned by five respondents was an English language course. Another four respondents were training for a Social Work qualification (BA and DIPSW). Four parents/carers were enrolled on an IT/computing course, with three respondents referring to Higher Education (BA or PhD). Other courses referred to by respondents included business, administration, nursing, needlework and languages. Lastly, one respondent told that they had accessed training through Sure Start Preston Central’s ‘Access All Areas’.
2.6.2 Future uptake of training

Thirty percent of parents would be interested in attending another training course in the future. Demand for training opportunities was found to be highest in Avenham, where 36% of respondents wished to access training in future (n=27). This compares to just 27% (n=13) in Broadgate. Demand was also found to be higher amongst Indian and Pakistani respondents (44%, n=29 and 36%, n=5 respectively.

Respondents would be most interested in accessing training relating to computer or IT skills (this accounted for 38%, n=23 of respondents who wished to access training). Other popular courses included Childcare (15%, n=9), First Aid (13%, n=8) and Higher Education (13, n=8)). A further 21% (n=13) of respondents indicated that they would be interested in accessing ‘other’ training courses. These included Nursing (n=2), training to become a teacher/classroom assistant (n=2), Cookery, Carpentry and Police training.

2.6.3 Barriers preventing access to training

Parents and carers who expressed an interest in accessing training were asked if there were any barriers which prevent them from taking up training. Whilst 35% of respondents were unable to cite any barriers, others referred a variety of potential barriers. A high number of respondents (28%) reported that they had family commitments that made training difficult. A further 18% cited lack of childcare as a barrier to uptake.
Demand for training opportunities amongst parents and carers appeared to be very high. This was particularly true with regard to IT/computer training and childcare training. However, a high proportion of those wishing to take up childcare did explain that there were barriers preventing their uptake of training, notably family commitments and lack of childcare.

### 2.7 Any other comments?

Finally, all respondents were asked if they had any other comments to make about any of the issues raised in the questionnaire. Whilst the vast majority of respondents did not make any further comment, some interesting comments were made.

**Avenham**

A number of responses were received from parents and carers interviewed in the Avenham area. Two respondents expressed an interest in seeing the results of the consultation and how this will contribute to change:

‘I would like to see the results published and circulated’

‘Are any changes happening with the information gathered?’

Another comment was made regarding the lack of information that parents receive, ‘Improve communication, we don’t know what is happening at times’. One respondent suggested that Sure Start Preston Central could ‘start the cooking course again’, whilst another added that ‘the link between Sure Start and the religious community should be emphasised’. Other comments were as follows:
'Some facilities are far from here'
'A lot could be done to improve the area'

Central

Just one comment was made by a respondent living in Central. This respondent suggested that 'Preston town needs a swimming pool in the Town Centre'

Broadgate

Finally, eight respondents from Broadgate had extra responses to make. Three of these respondents emphasised the importance of improving information provision and advertising of Sure Start Preston Central:

'Get to know a bit more about Sure Start Preston Central'
'More advertisement'
'We've never heard of Sure Start here'

Another response referred to the issue of poor playing facilities raised earlier in the consultation, 'make sure kids have access to safe play areas'. Another community resource mentioned was Plungington Community Centre; one respondent suggested that this 'could be used even more', however, 'the alleyways to it become very dark due to the trees'. Two final comments were as follows:

'What does Sure Start do for parents who have just moved to the area?' (This parent had not been contacted by Sure Start)
'Improve dog litter in the streets'.
3. Conclusions and recommendations

This final Chapter of the report presents some overall key findings of the baseline survey, as well as a more detailed set of recommendations for future service provision.

3.1 Key findings

- Taking into account the short time that Sure Start Preston Central has been in operation, a fairly high proportion of parents and carers were found to be aware of the programme. This awareness does, however, vary by area of residence and profile of respondents and highlights the need for more targeted promotion of Sure Start amongst different groups.

- Parents and carers are likely to find out about Sure Start Preston Central through informal methods and publicity materials. Promotion of Sure Start amongst key professionals such as Health Visitors appears to be relatively low, although this could reflect the fact that the programme is still in its early stages. The prominent, central location of the Sure Start Drop-in Centre is an excellent way of raising awareness of the programme. Over 10% of respondents had found out about Sure Start Preston Central through this method.

- Despite relatively high levels of awareness of the programme, rates of registration of parents and carers who were aware of Sure Start Preston Central were surprisingly low. This could suggest the need for clearer signposting for parents explaining how and why they should sign up as a Sure Start parent. It could also suggest that the benefits of signing up as a parent are not effectively promoted. There is clearly high demand for Sure Start registration, illustrated by the high number of respondents who wished to sign up as a Sure Start member through this baseline survey.

- Roughly one quarter of respondents have used a Sure Start service. Levels of satisfaction with these services were found to be extremely high.

- There did not appear to be any important barriers preventing uptake of Sure Start services other than lack of awareness of individual services.

- Satisfaction with overall services in Preston Central was also found to be extremely high. One exception to this was in the case of parks and play areas. These were perceived to be of poor quality with questions raised about safety, cleanliness and quality of facilities. This area of provision is a key priority for improvement.

- There appeared to be very few barriers preventing uptake of services in Preston Central.

- Whilst the majority of respondents did agree that they received sufficient support from local services, roughly 10% of parents and carers felt unsupported by services during pregnancy. This figure was particularly high amongst females.

- Demand for training opportunities amongst parents and carers appeared to be very high. This was particularly true with regard to IT/computer training and childcare training. However, a high proportion of those wishing to take up childcare did
explain that there were barriers preventing their uptake of training, notably family commitments and lack of childcare.

- The Preston Central area has a high proportion of ethnic minority groups, speaking a wide range of languages. Given this ethnically diverse population and the recent nature of migration to the area, there are likely to be language difficulties for a number of parents and carers in the Sure Start patch. Whilst the vast majority of respondents do speak English in the home, 4% and 3% of respondents respectively were not able to write or read English. This, however, does not reveal how well local parents and carers from BME groups are able to communicate in English, and the proportion of parents who find it difficult to communicate in English is likely to be higher. This has implications for both the delivery of Sure Start services as well as promotion of the programme, and could account for the lower levels of awareness of the programme amongst South Asian groups.

- The vast majority of parents and carers consulted are satisfied with the Preston Central area. They have strong links within their community, particularly more informal links. A high proportion of respondents had also been involved in their community more formally, via community and voluntary groups.

- Despite an overall satisfaction with local services and the area itself, there are clearly a number of important improvements which could be made to make life easier for families with young children in Preston Central. Across all three areas, improvements to parks and play areas was a priority need. It was clear that many parents and carers do not feel that their child/ren always has access to high quality play facilities; whether this refers to outdoor play areas or physical exercise and sports facilities. Improvements to facilities for families generally, facilities for parents, community and road safety and lack of childcare also emerged as important areas of need.

### 3.2 Recommendations

3.2.1 Sure Start Preston Central

**Awareness raising**

**R1** Sure Start Preston Central need to examine methods of raising awareness of the programme amongst parents and carers, particularly focusing on the role of local partners in this, for example, Midwives, Health Visitors, Schools and Nurseries. Additionally, advertising material could be posted in local shops, supermarkets, post offices, surgeries, community centres, places of worship as well as through doors.

**R2** Awareness of Sure Start Preston Central was found to be far lower than average in the Avenham area of the programme. Sure Start needs to ensure that awareness raising initiatives are targeted at this area of the patch.

**R3** Awareness of Sure Start Preston Central was also found to be comparatively low amongst parents and carers in full time employment as well as male respondents. We would recommend that Sure Start Preston Central consider methods of engaging these groups of harder to reach parents.

**R4** Taking into account the lower levels of awareness of Sure Start amongst BME groups, Sure Start Preston Central needs to examine how Sure Start is being promoted within the South Asian community. It is important to ensure that publicity materials are provided in a range of community languages both in written and oral form, and that the programme
makes full use of the strong informal networks within this community to raise awareness of Sure Start. It is also important to make links with prominent Asian community leaders.

**R5** There are generally very strong community links in the Preston Central area which should not be underestimated. These links could be used to promote Sure Start more effectively amongst local parents. Sure Start Preston Central members could encourage friends and family to sign up with Sure Start, perhaps with a reward scheme to encourage this.

**R6** Sure Start Preston Central should evaluate the effectiveness of its publicity and promotional strategies; including an evaluation of cost effectiveness to enable more focused targeting of promotional messages either where this is most needed or most effective.

**Registration**

**R7** Relatively few parents and carers who were aware of Preston Central were actually registered with the programme (37%). It may be the case that it is not clear how parents and carers can register with Sure Start, and publicity materials need to detail this. Local professionals should be able to signpost parents and carers to Sure Start and inform them how they could be registered. The excellent location of the Sure Start Drop-in Central could be exploited to display publicity materials explaining how parents and carers can become registered, as well as the associated benefits. The high take up of registration by respondents to the baseline survey (roughly a third wished to become registered) indicates that there is a real need for this.

**Sure Start services**

**R8** Promotion of specific Sure Start services needs to be improved, with some services having very low levels of awareness amongst respondents.

**R9** Certain Sure Start services with comparatively high levels of awareness have low levels of usage amongst parents and carers consulted, e.g. Sure Start Baby Massage. This could indicate a lack of demand for the service. Sure Start Preston Central should review take up figures of such services and track use and performance over time.

**R10** A high proportion of parents were aware of the Sure Start Drop-in Centre, however, despite this awareness and its central location, levels of use appears to be fairly low. Sure Start Preston Central could examine parents' views of the Drop-in Centre in more detail. They may also need to publicise more widely exactly what services parents can access at the Drop-in Centre.

**R11** The central location of the Drop-in Centre is excellent in terms of awareness raising; however, it may be the case that parents and carers in Avenham and Broadgate may not wish to travel to the City Centre in order to access a drop-in facility. Drop-in services could also be provided in a satellite model, using venues in Avenham and Broadgate.

**Feedback**

**R12** The Preston Central area has been host to various neighbourhood based initiatives in the past, such as SRB and NRF. With this in mind, the population may well be experiencing 'research fatigue'. As a result it is of vital importance to provide local families with feedback as to the results of the consultation (along with any actions if possible). This helps to illustrate to parents and carers that they can have a real impact on local services, and that their views are taken seriously. This exercise would also service to increase
awareness of Sure Start Preston Central, and could be tied in with a ‘sign up now’ targeted campaign to register parents.

Management Board

R13 One quarter of local parents and carers have been involved in community or voluntary organisations over the 3 years prior to the survey. With this high take up in mind, it is important to build on this to ensure that such Community groups are well represented on the Board.

3.2.2 Service provision in the Preston Central area

Play and learning facilities

R14 A key theme which emerged repeatedly throughout the consultation was the poor quality of local parks, both in terms of safety and facilities, as well as cleanliness and maintenance. Sure Start Preston Central could use its links with Preston City Council to petition for improvements to parks, with the provision of separate, fenced off play areas for young children, with age appropriate equipment and facilities, as well as provision of local wardens in parks to improve feelings of safety for local families.

R15 Sure Start Preston Central could audit the local availability of local parks and play areas and look into providing an outdoor play facility for young children in the programme area.

R16 Sure Start Preston Central could arrange trips to local parks, allowing families who may be concerned about personal safety to access facilities that they may not otherwise use.

R17 Respondents highlighted a general need for play activities and sports facilities for young children. Sure Start Preston Central should consider providing an indoor play facility for local families.

R18 Respondents identified that swimming facilities and leisure centres were difficult to access. Sure Start Preston Central should improve advertising of its Aquanatal services, and potentially extend trips and days out to local leisure centres.

R19 Trips and events should be held during weekends, evenings and holidays. This allows working parents to access facilities.

R20 Uptake of Library facilities is fairly high amongst respondents and this is clearly a popular service. Sure Start Preston Central could provide trips and organised events at local libraries to promote use further.

Services providing support

R21 Parents and carers need to be provided with increased support at each stage of their child’s life. Improvements could particularly be made to the support received at pregnancy. The comments of respondents should be shared with local providers, including Health Visiting services, to ensure that services are better able to meet needs of parents. The role of the Sure Start First Contact Workers could also be more widely promoted by partner agencies, and families needing additional support could be referred onto this service.

R22 A team of parent mentors could be recruited and trained by Sure Start to provide support on a voluntary basis to fellow parents needing additional support.
Childcare facilities

R23 Some parents and carers identified a lack of knowledge about local childcare. An information pack detailing local provision should be produced by Sure Start Preston Central.

R24 A real shortage of childcare facilities was identified in the Central area of the patch. Sure Start and partner agencies need to audit availability of childcare places, and look to provide more affordable, flexible childcare provision.

R25 Some parents identified that playgroups were held at inconvenient times. Provision of these could be audited, and timings of these altered, particularly to fit around working parents.

R26 In the Central area, in particular, respondents called for provision of After School Clubs. Sure Start should investigate potential for these in partnership with local schools and nurseries.

R27 Respondents identified a lack of affordable local nursery provision. Sure Start and local providers should audit and look to extend provision where possible.

Provision for local parents and carers

R28 The baseline revealed high levels of demand for training locally. Sure Start Preston Central should develop provision of training courses based on the suggestions of local parents. This is a particularly pertinent issue, taking into account the fact that 35% of households did not have a member in paid employment.

R29 Sure Start Preston Central should look to further develop linkages with local training providers, in order to develop training packages for local parents.

R30 Childcare was identified as a major barrier preventing access to training opportunities. If possible it would be beneficial to local parents to provide free or subsidised childcare alongside training courses.

R31 A number of respondents mentioned parenting courses. Sure Start could further investigate demand for this service and provide a course for local parents and carers based on this.

R32 Parents in Avenham, in particular, identified a need for fitness classes for parents, notably women-only classes.

R33 Based on the suggestions of local parents in the baseline, Sure Start Preston Central should investigate demand for provision of groups specifically for fathers.

Health Services

R34 There appears to be some shortage of dentists in the Preston Central area. Sure Start may be able to signpost parents to local services.

R35 Whilst levels of satisfaction with Health Visiting services were generally very high, some respondents identified a need for more support and 'attention' from their Health Visitors. The results of the consultation should be shared with the Sure Start Health Visiting team.
**R36** Some parents and carers consulted criticised inconvenient opening hours at Baby Clinics. Sure Start Preston Central and local partners should look to review these.

**R37** Local service providers need to ensure that all health services locally are culturally appropriate and provide some facility for parents and carers who are unable to communicate in English. Sure Start Preston Central should consider offering a facility whereby a translator is able to accompany parents and carers on visits to health services.

**R38** Criticisms regarding the difficulty in obtaining appointments at local GP services may highlight a need for increased provision of these services. Sure Start Preston Central need to flag this concern with the PCT and local healthcare providers.