



in Lancashire

**Life in Lancashire
Wave 21
Services for Parents and Carers**

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1 Executive Summary

This wave of the Life in Lancashire panel dealt with the awareness and use of parent and carer support services. All 3455 members of the panel were sent a single mailing of the survey. In total 2701 questionnaires were returned, giving an overall response rate of 78%.

1.1 Services for parents and carers

- If they were concerned about a child's health and wellbeing, respondents would most likely contact their doctor or GP (54%). About one in eight would either contact the council or police (both 12%). Most people thought it would be easy to contact the organisation or service they suggested (81% very or fairly easy), with only 8% thinking it would be difficult.
- While most people feel informed about road safety and preventing home accidents for children (79% and 75% feel very or fairly well informed respectively), only a minority feel informed about preventing anti-social behaviour and bullying (42% and 45% informed).
- Most parents and carers thought the information provided to help children live healthily was good (69%), but one in four thought it was poor (25%). Women were twice as likely to think the information to be very good as men (22% and 10% respectively).
- Close to half of parents and carers consider it easy to get information on the emotional needs of children (47%). However a large proportion either finds it difficult (38%), or answer that they don't know (15%).
- Seven in ten parents and carers agree that they can influence the things provided to help children play, achieve at school and enjoy their leisure time (70%).
- The best **known** local support services for parents and carers were before or after school clubs (83% were aware of them locally) and school clubs or childcare in school during the school holidays (66%).
- These are also the most **used** support services, with two in five parents having used after school and breakfast clubs (39%) and three in ten using school clubs or childcare in the summer holidays (31%).

1.2 Conclusions and recommendations

- The large proportion of parents and carers who consider it difficult to access information on the emotional needs of children or answer that they don't know suggests that this information could be communicated more widely.
- As one in six of those who would contact the council if they were concerned about a child's health thought it would be difficult, consider improving awareness of where to go for help with children's health within the council.
- The most used and preferred communications streams for parents are local newspapers and the internet, so consider using these when advertising and communicating services.

2 Introduction

Lancashire County Council has used Life in Lancashire regularly since August 2001. A panel of willing participants is recruited and is approached on a regular basis to seek their views on a range of topics and themes. Panel members are voluntary participants in the research they complete and no incentives are given for completion.

The panel has been designed to be a representative cross-section of the county's population. The results for each survey are weighted in order to reflect the demographic profile of the county's population.

The panel provides access to a sufficiently large sample of the population so that reliable results can be reported at a county wide level. It also provides data at a number of sub-area and sub-group levels.

Each Life in Lancashire wave is themed. Firstly, it enables sufficient coverage on a particular topic to be able to provide insight into that topic. And secondly, it comes across better to the residents completing the questionnaires if there is a clear theme (or 2-3 clear themes) within each survey.

The panel is refreshed periodically. New members are recruited to the panel and some current members are retired on a random basis. This means that the panel remains fresh and is not subject to conditioning i.e. the views of panel members become too informed with county council services to be unrepresentative of the population as a whole.

3 Research Objectives

The objectives of this consultation are:

- to investigate the awareness and use of parent and carer support services.

4 Methodology

This wave of Life in Lancashire was sent to 3455 members of the panel on 20 February. A reminder was sent on 18 March, and the fieldwork ended on 4 April 2008.

In total 2701 questionnaires were returned, giving an overall response rate of 78%.

All data are weighted by age, ethnicity and district to reflect the Lancashire overall population, and figures are based on all respondents unless otherwise stated. The weighted responses have been scaled down to match the effective response of 2029, which is the equivalent size of the data if it had not been weighted and was a perfect random sample.

4.1 Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

Number of respondents	50/50 + / -	30/70 + / -	10/90 + / -
50	14%	13%	8%
100	10%	9%	6%
200	7%	6%	4%
500	4%	4%	3%
1000	3%	3%	2%
2000	2%	2%	1%

On a question where 50% of the people in a sample of 1000 respond with a particular answer, the chance are 95 out of 100 that the answer would be between 47% and 53% (ie +/- 3%), versus a complete coverage of the entire Lancashire population using the same procedure.

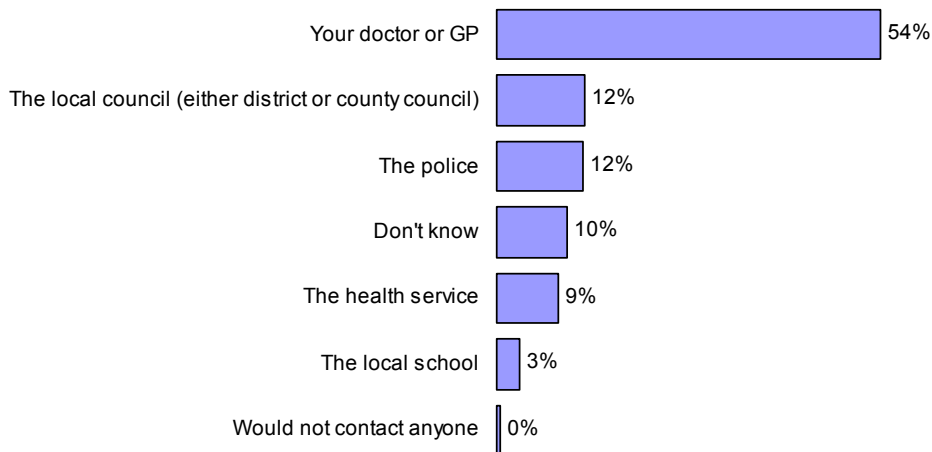
In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

5 Main Research Findings

5.1 Parent and carer support services

The first question parent and carer services in Lancashire asked panel members where they would go if they were concerned about a child's health and wellbeing. This is shown in the chart below.

Chart 1 - If you had concerns about a child's health or wellbeing which of the following, if any, would you contact first?

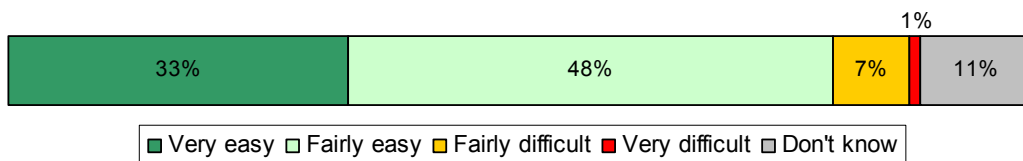


Base: All respondents (Unweighted 2701 Weighted 2029)

Respondents would most likely contact their doctor or GP (54%). About one in eight would either contact the council or police (both 12%). Demographically, panel members with children are much more likely to contact a doctor (77%), perhaps reflecting the thought that this might be their own child. This also means that those aged 25 to 44 are the most likely age group to go to a doctor (62%). Respondents aged 16 to 24 are the most likely to contact the council (36%), while men are more likely than women to contact the police (16% versus 9%).

The panel were next asked how easy they thought it would be to contact the service they named in the previous question. Most people thought it would be easy (81% very or fairly easy), with only 8% thinking it would be difficult.

Chart 2 - How easy or difficult do you think it would be for you to contact this service or organisation?

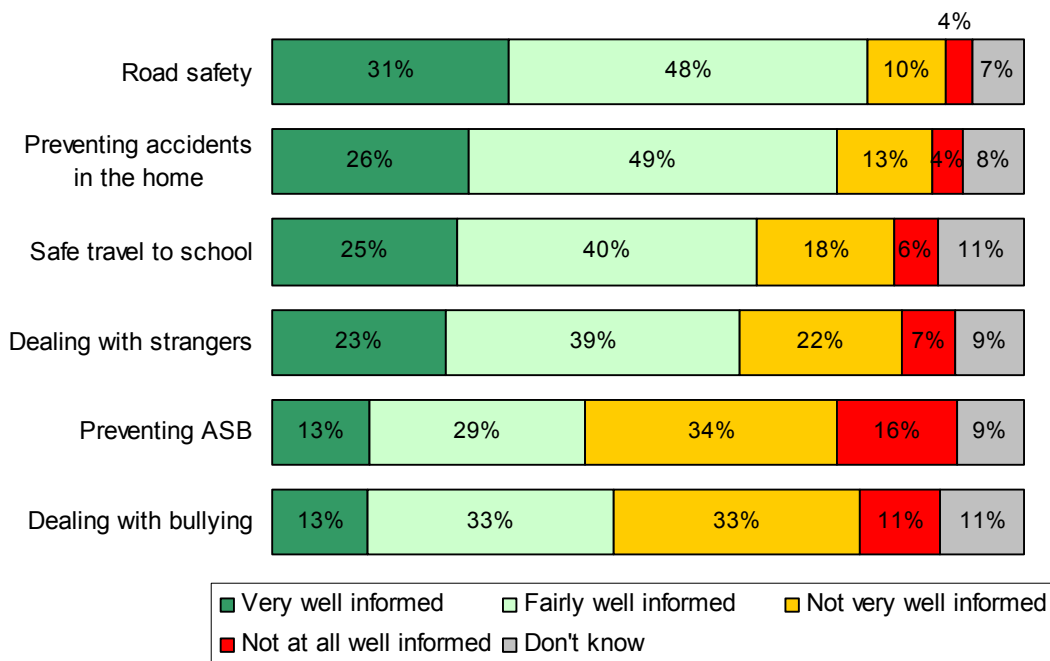


Base: All respondents (Unweighted 2701 Weighted 2029)

The expected ease of contact varies depending who the respondents thought they would try to contact. Twice the proportion those thought it would be very easy to contact a doctor or the police (44% and 43%) as thought it would be very easy to contact the council (21%). One in six of those who would contact the council thought it would be difficult. Therefore improving awareness of where to go for help with children’s health within the council could be important for the service.

The next question asked respondents how informed they felt about a variety of aspects of safety for children. While most people feel informed about road safety and preventing home accidents (79% and 75% feel very or fairly well informed respectively), only a minority feel informed about preventing anti-social behaviour and bullying (42% and 45% informed).

Chart 3 - How informed do you feel about each of the following to help keep children safe...?



Base: All respondents (Unweighted 2701 Weighted 2029)

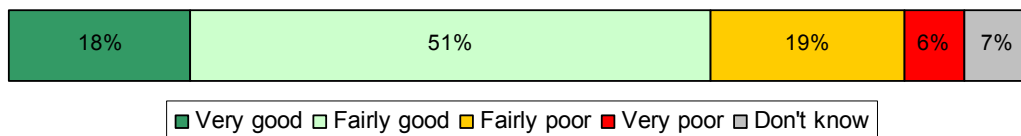
Parents of children are more likely to feel informed about most of the safety aspects, however two in five still feel not very well or not at all informed about preventing anti-social behaviour (43%), and dealing with bullying (41%).

The next question on the survey asked respondents whether they had any children aged up to 18 years; one in three had (33%). As might be expected, those from the age group 25 to 44 years were most likely to have children. Also interestingly, respondents from a black or ethnic minority background were twice as likely to have children up to 18 as those from a

white background (62% versus 31%). This is likely to reflect the difference in average age between white and BME panel members¹.

Parents and carers were next asked to rate the information provided to help children live healthily. Most people thought it was good (69%), but one in four thought it was poor (25%). Women were twice as likely to think the information to be very good as men (22% and 10% respectively).

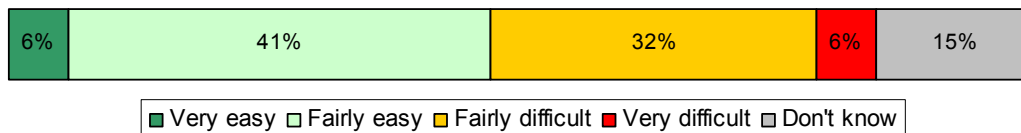
Chart 4 - How would you rate the information provided for parents and carers to help their children live healthily (eg information on diet, physical activity, smoking, alcohol and drugs)?



Base: All respondents with children aged up to 18 years (Unweighted 585 Weighted 681)

Parents and carers were next asked how difficult it would be to get information on the emotional needs of children. While close to half consider it easy (47%), a large proportion either find it difficult (38%), or answer that they don't know (15%). This suggests that there is space to improve awareness of emotional needs information for parents and carers. There were no significant differences demographically.

Chart 5 - How easy or difficult do you think it would be for parents or carers to get information on the emotional needs of children (eg helping children be more confident, dealing with the impact of bullying)?

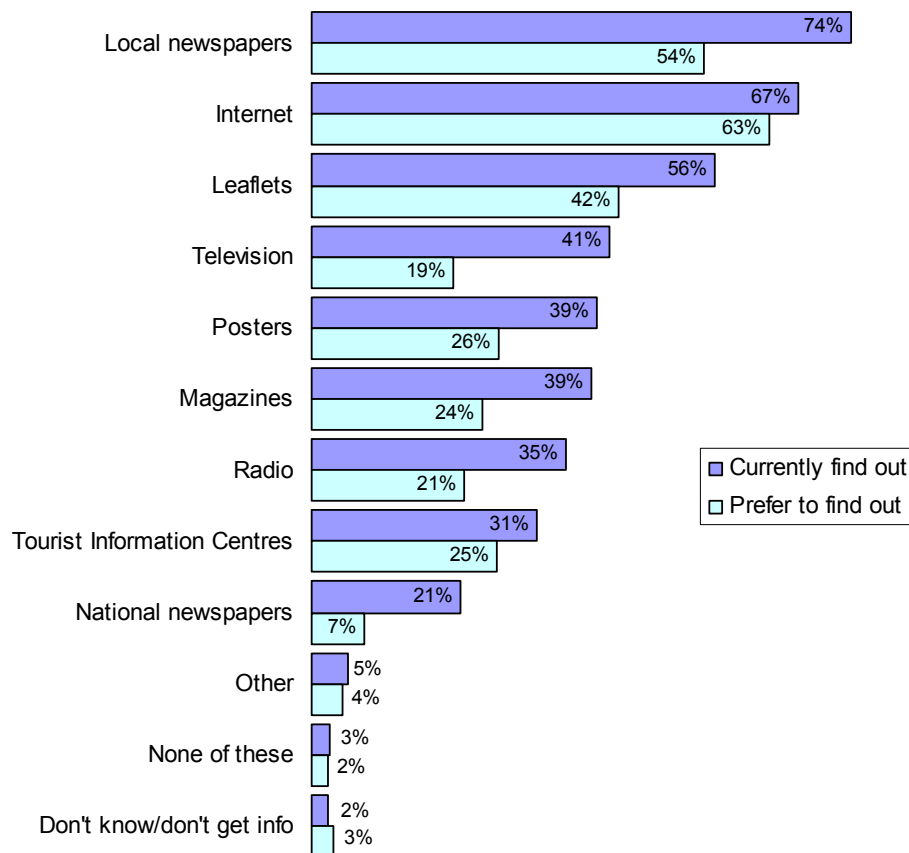


Base: All respondents with children aged up to 18 years (Unweighted 585 Weighted 681)

¹ On the 2001 census for example, due to the different age distributions, the mean age of the white population in Lancashire was 39 years, while that for the BME population was just 26 years.

The next question asked how parents and carers find out information for family activities, and how they would prefer to find out information. The most used information sources are local newspapers, the internet and leaflets (used by 74%, 67% and 56% respectively). These are also the most preferred, with about two-thirds preferring the internet (63%), half preferring local newspapers (54%) and two in five preferring leaflets (42%).

**Chart 6 - a) From which, if any, of the sources below do you currently find information on things for families and children to do?
b) And which, if any sources, would you prefer to use to find information on things for families and children to do?**

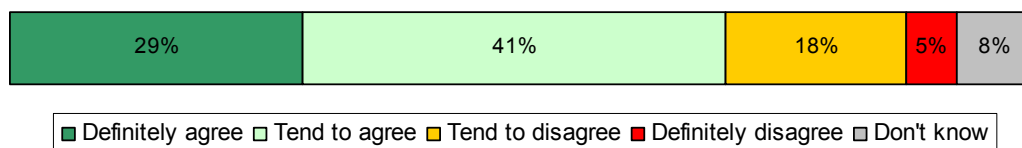


Base: All respondents with children aged up to 18 years (Unweighted 585 Weighted 681)

There are some demographic differences in *current* information sources. Women are more likely to use local newspapers (78%) than men (67%), and white respondents are more likely to use both local newspapers (76%) and the internet (70%) than BME respondents (57% and 47% respectively). The most used current information method by BME respondents is television (68%).

Seven in ten parents and carers agree that they can influence the things provided to help children play, achieve at school and enjoy their leisure time (70%). However, around a quarter disagree (23%) and 8% answer that they don't know. Demographically, women are more likely to *definitely* agree than men (34% against 21%), and BME respondents are more likely to definitely agree than white respondents (38% versus 27%).

Chart 7 - To what extent do you agree or disagree that you can influence the things provided to help children play, achieve at school and enjoy their leisure time?



Base: All respondents with children aged up to 18 years (Unweighted 585 Weighted 681)

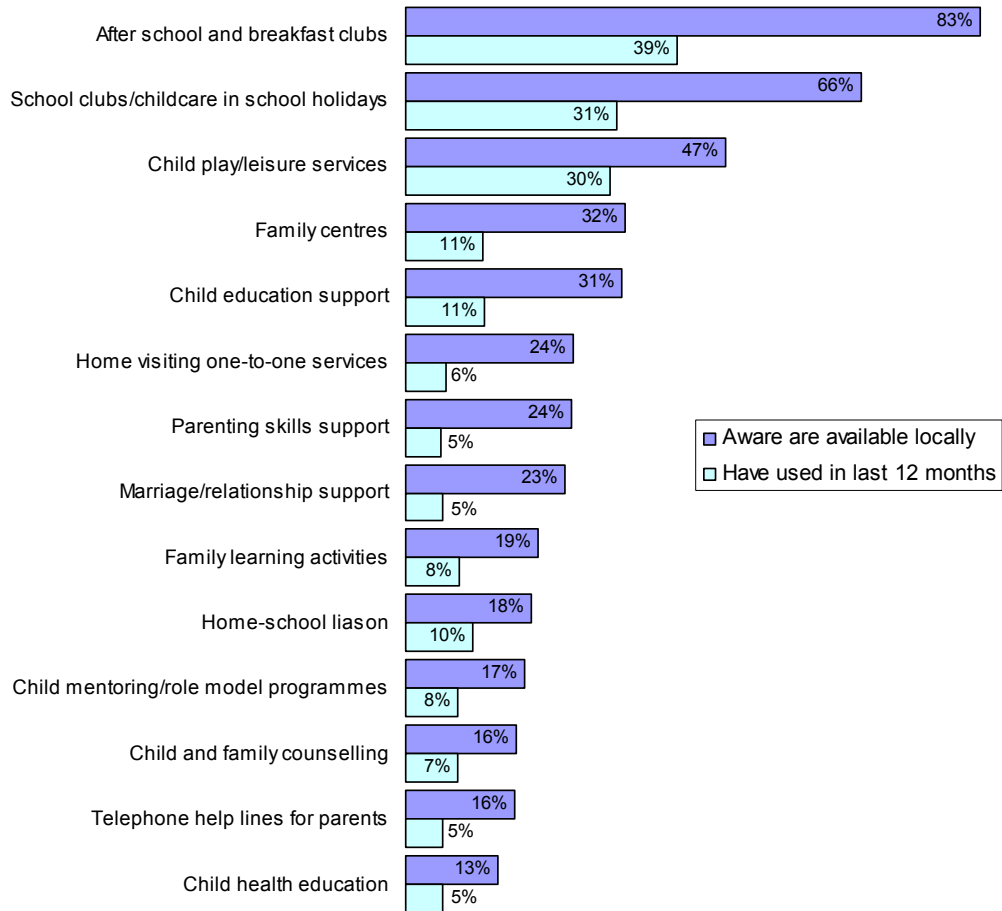
The final question on parent and carer's services asked how aware parents and carers were about a variety of support services in their local area, and whether they had used any of them.

The best known were before or after school clubs (83% were aware of them locally) and school clubs or childcare in school during the school holidays (66%). About half were aware of local child play or leisure services, such as day trips away, arts and crafts, music, dance, drama programmes, (47%). These three services are also the most used, with the same order of usage as awareness.

Demographically, awareness of breakfast or after school clubs was slightly lower amongst BME respondents (74%) than white (85%). BME respondents were significantly more likely to be aware of family centres such as drop-in centres for families and children (47% versus 31%). BME parents and carers were also particularly likely to be aware of child education support such as after school support for maths, reading or languages (60% versus 29% of white parents).

Part-time workers are more likely to have used after school and breakfast clubs than full time workers or those who don't work (54%, 39% and 26% respectively).

**Chart 8 - a) And finally, are you aware of any of the following services available to you and your child/ren in the local area?
b) And in the last 12 months, have you or your children used any of the following services?**



Base: All respondents with children aged up to 18 years (Unweighted 585 Weighted 681)

6 Appendix

6.1 Socio-Economic-Group Definitions

These groups are based on Market Research Society definitions and on the respondent. They are graded as A, B, C1, C2, D and E.

Group A

- Professional people, very senior managers in business or commerce or top-level civil servants.
- Retired people, previously grade A, and their widows

Group B

- Middle management executives in large organisations, with appropriate qualifications
- Principle officers in local government and civil service
- Top management or owners of small business concerns, educational and service establishments
- Retired people previously grade B, and their widows

Group C1

- Junior management, owners of small establishments, and all others in non-manual positions
- Jobs in this group have very varied responsibilities and educational requirements
- Retired people, previously grade C1, and their widows

Group C2

- All skilled manual workers, and those manual workers for responsibility for other people
- Retired people, previously grade C2, with pensions from their job
- Widows, if receiving pensions from their late partner's job

Group D

- All semi skilled and unskilled manual workers, and apprentices and trainees to skilled workers
- Retired people, previously grade D, with pensions from their late job
- Widows, if receiving pensions from their late partner's job

Group E

- All those entirely dependant on the state long term, through sickness, unemployment, old age or other reasons
- Those unemployed for a period exceeding six months (otherwise classified on previous occupation)
- Casual workers and those without a regular income