

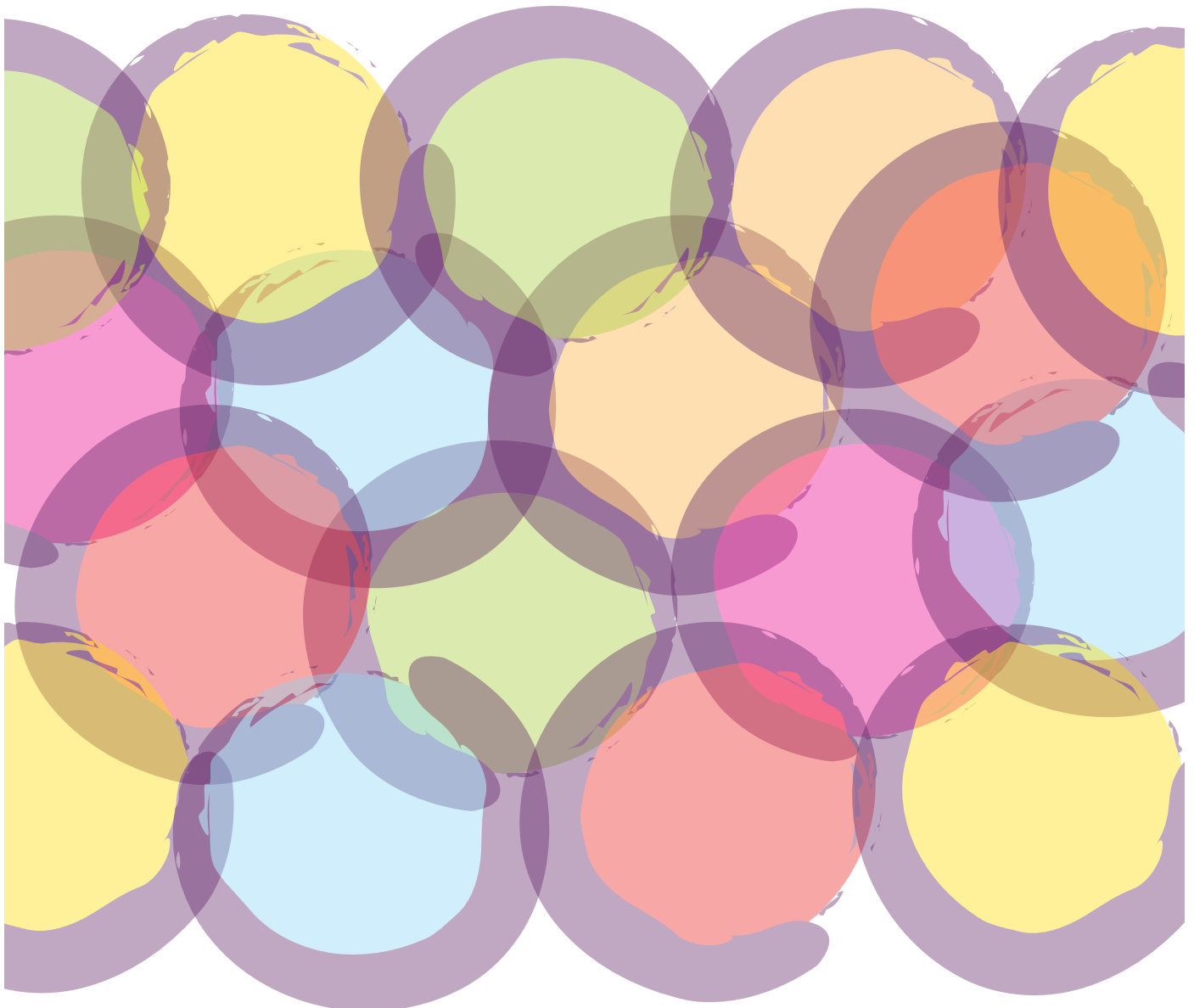


netmums

# Local Services for Parents

## What Mums Need

July 2010



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#### Summary

As the new Government looks at the future of public services, Netmums asked parents to tell us about what they thought about their local parents' services in order to find out what works for them and what doesn't. Over 1,860 parents responded and this report describes the findings. The survey was conducted in partnership with 4Children and Unite/CPHVA (Community Practitioners' and Health Visitors' Association). It is part of a series of studies conducted over the past 10 years which have looked at the pressures on families and the support available to them.

#### New health visitors

62% of mums say they either don't have a health visitor, or for those that do, they feel they wouldn't be happy to call them. This service should be universal, so available to everyone, but access to health visitors can only be achieved if there are sufficient numbers to give them time to develop relationships with the mothers they meet so the mothers are confident in contacting them should they need to.

**Netmums concluded: The 4,200 new health visitor posts promised by the Government are welcome and very much needed. Given that the fast-track training takes 3 years to complete, the first stage should be to see a significant number of training places provided this year.**

**Despite national policy calling for more health visitors, decision making for funding for health visitor training places has been devolved to local level, and many are not investing. We support national ring-fenced training money for health visitors as this has worked for midwives.**

#### Improving the service and being more cost effective

70% of mums without a health visitor would go to their GP as a first port of call when they have a child-related problem such as breast-feeding, weaning, child development worry or minor child health problem. This compares with 25% of mums who do have a health visitor that they feel happy to call upon.

The mums that do talk to a qualified health visitor are more likely to feel they have been helped than those who see either a GP or someone else from a health visiting team.

**Netmums concluded: More health visitors should lead to fewer mums going to visit their (more expensive) GPs, and also to them getting better help overall.**

#### Many mums struggle

Parents' needs are great with 82% of mums having experienced child related problems in the past year and 57% of mums struggling with potentially more serious personal problems.

4 out of 10 mums reported suffering with postnatal depression (PND) and a quarter struggled with relationship problems in the past year.

It's not only those on low incomes who suffer. A third of mums with a family income of £60,000 - £70,000 with a child under the age of 5 are experiencing either PND or anxiety.

Those who are on low incomes are more likely to suffer with over half of mums on family incomes of under £20,000 a year reporting problems with PND or anxiety.

**Netmums concludes: Very large numbers of parents of young children experience difficulties, and many of the more serious issues can be hidden from professionals. It is well known that if parents can be helped early-on, crises can be prevented and damage to young children avoided. Mothers need a robust universal health visiting service not one just tailored to those with conspicuous problems.**

### Mums often have multiple problems

Many of the mental health problems are either caused by or contribute to a whole range of other problems. This study found that having PND means you are 70% more likely to also have relationship problems with your partner, 7 times more likely to struggle to bond with your child and 3 times more likely to have a difficult relationship with a child.

Those who had worries about a child's development, or about their behaviour are also more likely to suffer with anxiety or postnatal depression, in fact of all the mums who had a child under the age of 5 and were concerned about child behaviour, 57% had PND or anxiety.

**Netmums concludes: It takes a properly skilled worker and a suitable environment to be able to talk through mental health, relationship problems, child behaviour and health issues. Health visitors are the professionals trained to be able to identify sensitive issues, and it has been shown that meeting in the home environment is most effective. Health visitors need to be associated with GP practices and also be 'out' in the community, for example in Children's Centres, if they are to pick up the needs of mothers in a timely way.**

### Children's Centres a place to go

Of the parents living in England with a child under the age of one, 68% said they'd used their Children's Centre.

**Netmums concludes: Parents are actively using Children's Centres as a place to go and while there, also picking up advice and information on a range of issues. This approach would appear to be helpful in delivering a progressive and universal service to parents.**

### Netmums Solutions: filling the gaps

More than 1 in 8 of Netmums members have successfully found close friends and built their social networks by using the Meet-a-Mum boards and joining local Meetup Groups. In fact, more had met their closest local friends through Netmums than through their baby-clinic. It is well known that a network of local friends can provide a lot of support to new mums so this is an important contribution to the fabric of communities.

The survey showed that our online Health Visitor Drop-in Clinic would be used by 80% of those who knew about it (60% of those surveyed), and was more likely to be used as a first port of call by those who didn't have a local health visitor, and by those on low incomes. The clinic is very cost effective, as well as being accessible at a time that suits parents. Parent

Supporters currently see over 2,500 individuals each month, and the figure is rising each month.

This innovative public service creates efficiencies in local services, by providing parents with answers to simple questions and helping inform and then direct them to the right local specialist when they have problem that needs local assessment and treatment.

**Netmums concludes: The online services at Netmums are not only creating efficiencies in local services, but also fill in the gaps, helping to reach those who are less likely to access local services.**

*Netmums is delighted that the Government have identified new qualified health visitors as a priority, as this study shows they are very much needed and they can help to create a more efficient public health system overall.*

*We are continuing to see that motherhood brings with it lots of difficulties which require broader support including, for example, help for people in their relationships.*

*The infrastructure created by Children's Centres is popular, and contributing to support families receive.*

*As a 'virtual Children's Centre' the study also demonstrates that Netmums is helping to fill the gaps by providing direct support to mums, and especially by attracting those who are least likely to want to use existing local services.*

**Obi Amadi, Lead Professional Officer, Unite/CPHVA said:**

*Parents need to be able to access health professionals before their issues turn into problems that are more complex and time consuming to resolve. Where parents know their health visitor and have an understanding of their role, they do use them appropriately and effectively. Health visitors are well placed to lead and work in teams to provide the service that parents need. This research supports our position that we need to have sufficient numbers of health visitors for parents to be able to access them in an appropriate setting.*

**Anne Longfield, OBE, CEO of 4Children said:**

*All parents tell us that they want early support, that is easy to access and near to home as problems develop. Getting help early can mean the difference between resolving a problem such as a child sleeping and eating which if left unresolved can lead to a crisis in confidence and even longer term depression.*

*Government has committed to investing in more health professionals in children's centres which will really help many parents but 4Children thinks more radical solutions are possible. In the run up to the spending review, 4Children is urging Government to think creatively about the support offered to parents and to maximise the potential of Children's Centres to create new hubs in the community to support families health. Such a move will offer parents better help and save money - something that everyone will be concerned about at the moment.*

## Introduction

Netmums is the UK's fastest-growing and biggest online parenting organisation for parents with children 0-16 years, with more than 800,000 members, mostly mums. Netmums is a family of local sites that cover the UK, each site offering information to parents on everything from where to find play groups, childminders and how to eat healthily, to where to meet other mothers. The local sites are backed by parenting articles that start with pregnancy and follow through each stage of childhood helping mums to enjoy a happy and healthy family life. The site also provides support services for those in need of help, including an online Drop-in Clinic staffed by health visitors (Netmums, 2010).

Over the past 10 years, Netmums has built up a body of research highlighting the needs of individuals and the state of local public health and community services. We know that around 60% of mums say they don't have enough friends, and many find themselves isolated and lonely (Netmums, 2007). These days many families don't have their extended family nearby, and while many of us keep in touch and have some emotional support that way, the practical support from grandparents, aunts and uncles is often no longer available. This, in part, has led to increases in the levels of depression. A historical study showed that over the years we have seen an increase in the numbers prone to postnatal depression, and by 2007 we were seeing 28% report that they'd definitely suffered and a further 25% thought they might have (Netmums, 2007).

Postnatal depression is an illness that can be difficult to identify and many mums lie about how they are feeling when asked by a professional (Netmums, 2007). The anonymity of Netmums means that many seek support who haven't felt able to tell family, friends or professionals about how they are feeling. In fact 60% of those who use our Parent Supporter service haven't sought help from anyone else about their problem previously (ECOTEC, 2009)

A further influencing factor is the financial stress that people find themselves under, and linked to that the need for many women to return to work. The report 'A Mum's Life' (Netmums, 2007) showed that 54% felt stressed by their family finances and 39% by the dilemma of whether to work or not.

We have also catalogued the problems parents have faced through the reduction in health visitor numbers in two reports, 'Families Need Health Visitors' (Netmums, 2006) and 'Left Fending for ourselves' (Netmums, 2009) as we've seen this 150 year old service apparently dismantled.

This study was conducted with the help of 4Children and Unite/CPHVA.

The survey was put online between 10th and 22th June 2010 and was completed by 1,860 mothers. The limitation with this study is that respondents were self-selecting, but as with previous surveys, we found that respondents appeared to be generally representative of the population as a whole, and detailed cross-sectional analysis of the results reduces the problem as far as possible.

## Results

### 1. How old is your youngest child?

I'm pregnant	5.7%
Under 1yr	24.1%
1 - 2	37%
3 - 4	19.4%
5 - 7	9.0%
8 - 11	3.3%
12 - 15	1.3%

16 yrs plus	0.2%
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Around two thirds (68%) of those completing the survey had a child under the age of two or they were pregnant, and 87% had a pre-school child.

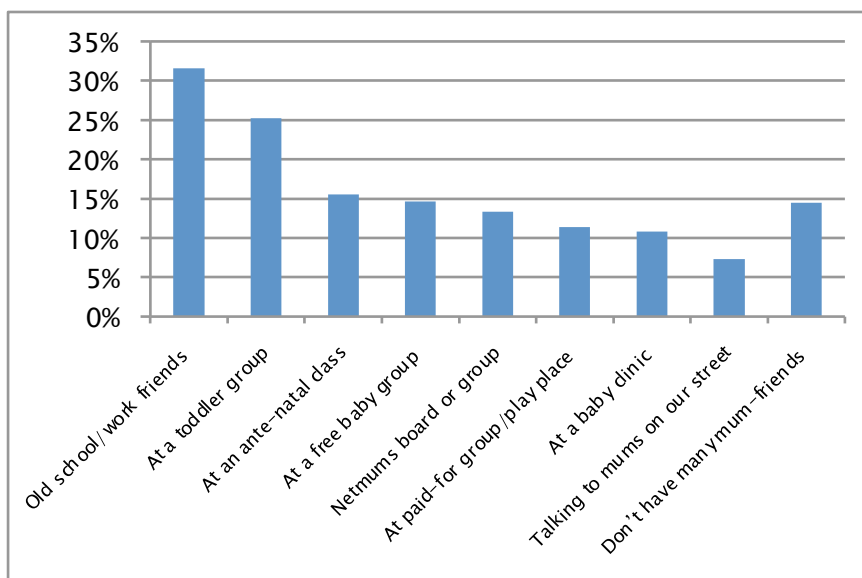
**2. How many children do you have?**

1	40.9%
2	43.4%
3	11.7%
4	3.1%
5	0.9%
6+	0.2%

For 40% of those surveyed the experiences described relate to their first child.

**3. Think about your closest mum-friends. How did you meet them?**

At an ante-natal class	15.5%
At a baby-clinic (at GP or Children’s Centre)	10.8%
At a free baby group – eg baby-massage	14.6%
At paid-for baby group/play place eg music / soft play	11.4%
At a toddler group	25.2%
Talking to mums on our street	7.3%
Meet-a-mum board on Netmums	11.4%
Netmums Meet-up group	2.9%
Old friends from school or work also with babies	31.6%
I don’t have too many mum-friends yet	14.5%
Other (please specify)	20.2%



The most common source of friends was existing friendships where both mothers had their children around the same time. Almost a third of mums benefit from this. The next most common source was

toddler groups which tend to be very helpful as children get a little older.

It is perhaps expected that most people might meet friends through their ante-natal classes, but while NCT classes continue to thrive, there are fewer provided by the NHS in some areas these days and only 15.7% of those surveyed met their close friends this way. 247 mums had made close friends through the Netmums local Meet-a-mum boards and Meet-up groups, accounting for 13.3% of those surveyed (some respondents used both routes).

We know that community-based social networks are very powerful as parents derive significant support from being able to talk over problems, share experiences and receive practical help. These results highlight how important **free** local community provision is to enable parents to meet, to break down social isolation and provide opportunities to network and make lasting friendships. It is significant that 15% of mums reported they didn't have many mum-friends, and the figure was higher for those on low incomes at 21% for those with family incomes of less than £20,000. Cut backs in free ante-natal classes (RCM and Netmums, in press) and free parent and baby and postnatal support groups have a significant impact on local parents.

20% specified other sources including the local church, HomeStart, NCT postnatal groups and nurseries.

**4. Do you have a health visitor that you trust and would be happy to contact if you needed to talk something through?**

Yes	35.9%
I have a health visitor but not sure I'd call	37.7%
No	26.4%

Health visitors are supposed to provide a universal service for parents with pre-school children, so the results were also analysed further, and the following table shows the results for the 1,486 mums who had a child under the age of 5 years.

Yes	38.3%
I have a health visitor but not sure I'd call	41.0%
No	20.7%

All families with a child under 5 should be allocated a named health visitor, but in recent years we've seen a reduction in the numbers of health visitors in many areas so they have far less time to spend getting to know their families. 62% of mums said they either don't have a health visitor or they are not sure they'd call them if they had a problem, showing the effects of a lack of time to build up trusting relationships so that parents feel happy to talk about things that concern them.

**5. Do you personally know a professional that you would be happy and confident to talk to about any problem you have? Who do you trust MOST?**

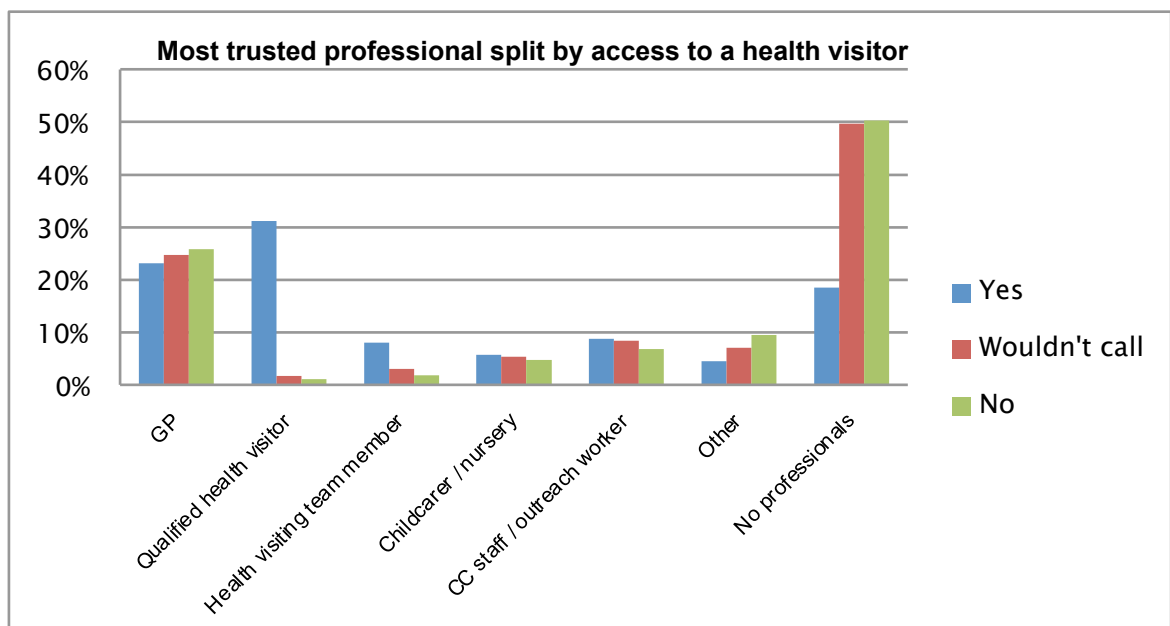
GP	24.5%
Qualified Health visitor	12.1%
Health visiting team member (eg nurse / community nursery nurse)	4.5%
Nursery worker (or other childcarer)	3.5%
Social worker	0.3%

School nursery teacher	1.8%
Children's Centre staff	6.4%
Children's Centre 'outreach' worker	1.7%
I have someone but don't know their role	0.3%
No professionals - I rely on family and friends	38.6%
Other (please specify)	6.2%

Almost 4 out of 10 don't feel they have a professional that they can talk to and are more likely to only turn to family and friends. A quarter most trust their GP, and 12% the health visitor, so the health professionals remain the most trusted individuals to turn to when people have a problem.

Analysis showed that where individuals had a health visitor that they were happy to contact (according to Q4), for 31% the professional they MOST trusted was that health visitor, and a further 8% a member of their health visiting team. So it shows that trusting your health visitor meant you are also more likely to want to see other members of the team.

Interestingly, those who didn't have a health visitor, hadn't transferred their trust to a different professional (although a few more would go to the GP) the biggest difference was that more of this group felt they had no professional that they trusted, but relied on family and friends instead. This is shown by the following graph.



### 6. Have you had any problems or questions on the following?

Child development worries	27.0%
Child behavioural problems	24.4%
Weaning / child eating	31.8%
Minor child health problems	40.3%
Breastfeeding	32.5%

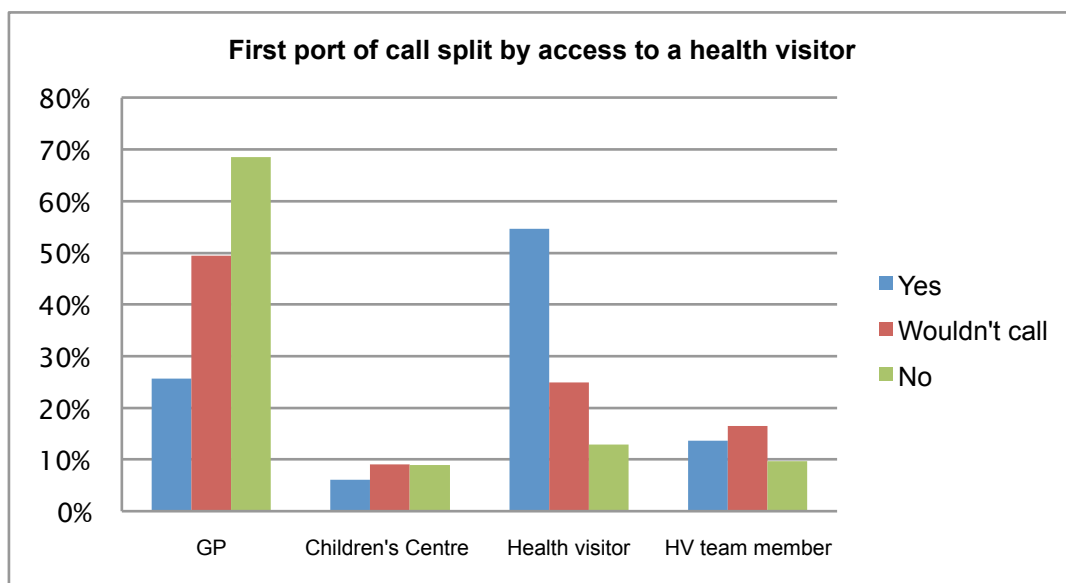
In total, 1528 mothers completed this question, meaning that 82% of those surveyed had experienced at least one of these problems in the past year. Analysis showed that for those on low incomes the percentages were generally higher than average, except breastfeeding where they were a little lower (presumably related to lower levels of breastfeeding). For those with incomes of £20,000 or under

35% reported development worries, 39% behaviour problems and 44% weaning or eating questions. 43% had minor health issues and 29% concerns about breastfeeding.

**7. Who are you more likely to see as your first port of call for any of the problems above?**

GP	45.7%
Children's Centre staff	8.0%
Qualified Health visitor	32.8%
Health visitor team member	13.6%

After the GP the health visitor was again the most likely person for parents to contact. However, access to a health visitor plays a large part in who people choose to see. The following graph shows the breakdown.



This reflects other Netmums findings (Netmums, May 2009) which showed that when health visitor numbers are cut, parents start to access their GP as the first port of call, and of course this is a costly use of GP time. The current study showed that having access to a health visitor more than halved the likelihood of the GP being the first port of call.

It was somewhat confusing that some of those that don't have a health visitor currently say they would seek one out as a place to start, but it appears that a number of these while not having a local health visitor are starting with the health visitors on Netmums and this probably accounts for the majority of the anomaly.

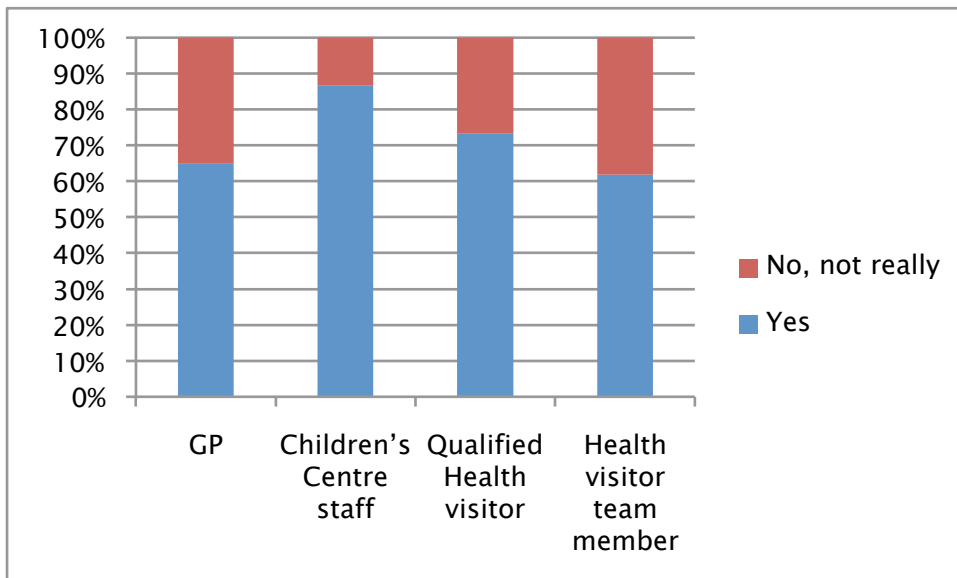
**8. When you've had a problem, have you been happy with the help you got?**

Yes	68.5%
No, not really	31.5%

Just over two thirds were happy with the response, but further analysis shows some interesting differences in satisfaction levels according to where people said they would go as their first port of call.

Of those starting with a Health Visitor 73% said they had the help needed which dropped to 65% for a GP and 62% for a member of a health visiting team. Although relatively few people would see a member of staff at their Children’s Centre, 87% of those who did felt they’d been helped. The results are illustrated in the graph below.

Of course this is not comparing satisfaction levels for one episode and the types of problems experienced may be very different, but it might be expected that a qualified health visitor would have the range of skills to help solve problems that GPs or team members do not. Indeed it is also more likely that a health visitor will do more by, for example, picking up on developmental delays and addressing issues such as childhood obesity, emotional well being, and other important policy objectives.



**9. Would you use the Netmums Drop-in Clinic (or support boards)?**

Yes, but not as first place	25.9%
Yes, as a place to start	28.7%
No	7.4%
I didn't know about it	38.1%

The Netmums website has health visitors a midwife and parent supporters, including supporters from Relate, Parentline Plus, Women’s Aid, CAB, and ACE. In addition, the Netmums Drop-in Clinic started in July 2009 and has dealt with over 6000 individual cases in the first 10 months.

Further advertising to members of Netmums (and beyond) is still needed as 38% reported that they didn’t know about it. 54.6% of respondents say would use it, which amounts to 88% of those that knew about it.

Further analysis showed that:

1. Those with a local health visitor they would trust would be a little less likely to use the drop-in clinic (88% said they would) and of those that would use it, fewer would choose to use it as a place to start. Those who didn't have a health visitor, or one they felt they could call, were more likely to use it as a place to start.
2. Of those on low incomes (under £20,000), a greater proportion knew about it (32% didn't) and of those that knew 91% said they would use it. Furthermore, a greater proportion said they'd use it as a place to start (51% of those who knew compared with 46% for the survey as a whole)

In summary, the Drop-in Clinic is more appealing to those without local professional support, and to those on lower incomes, particularly as a place to start.

### 10. Have you experienced more difficult problems?

Of those completing the survey, 57% had experienced one of the following potentially more fundamental problems, which over time can have considerable fiscal consequences.

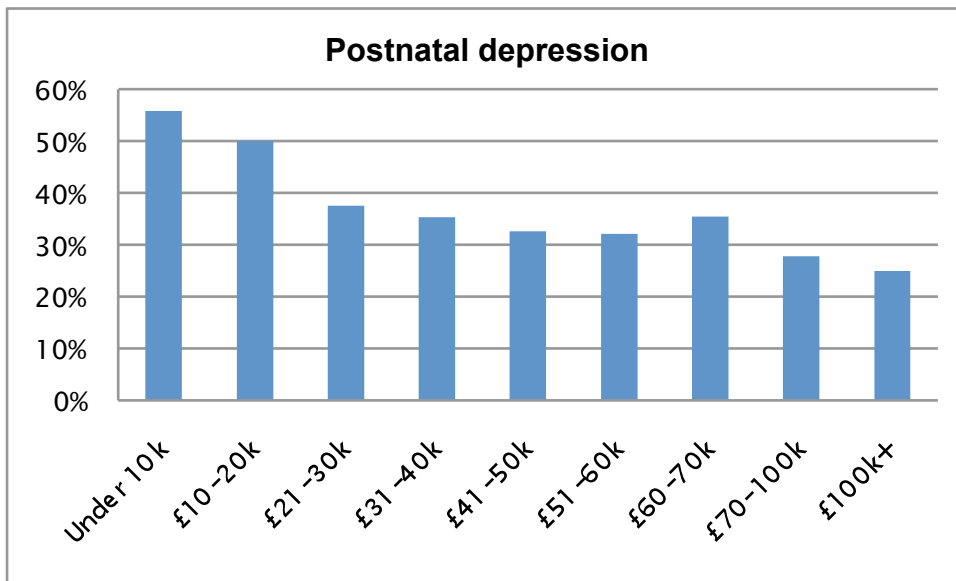
Postnatal depression or anxiety	40.3%
Difficult relationships with children	9.1%
Difficulty bonding with a child	9.2%
Relationship problems with a partner	25.5%
Domestic violence	5.4%
Problems with alcohol or drugs	1.4%

Official estimates of levels of clinical depression from some years ago suggest 15% of women will struggle with postnatal depression (100-150 per 1,000 live births). Such studies report incidence of depression. Netmums previous surveys (A Mum's Life 2007, Left Fending for Ourselves, 2007) have always found mothers reporting higher levels of depression and / or anxiety as they look at prevalence within the Netmums community.

In this study 40% of mothers reported suffering and further analysis showed that depression is likely to be partly a response to other difficulties that they face, or a causal factor in creating further problems for them.

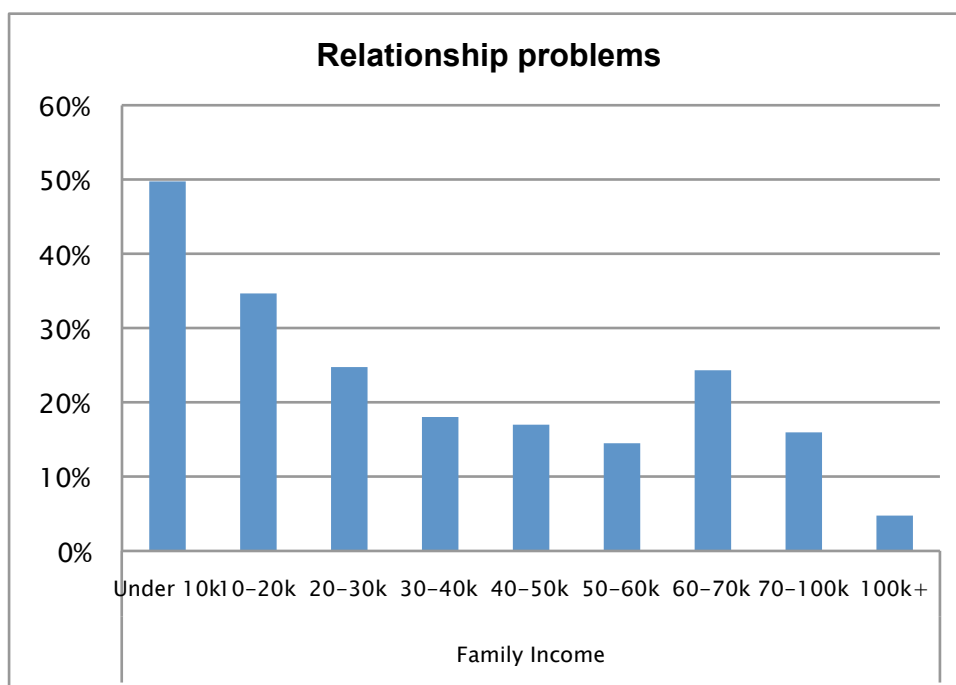
Having PND means you are 70% more likely to also have relationship problems with your partner, 7 times more likely to struggle to bond with your child, 3 times more likely to have a difficult relationship with a child.

To look at it from another angle, it was found that those who had worries about a child's development, or particularly about their behaviour are also more likely to suffer with anxiety or postnatal depression. In fact of all the mums who had a child under the age of 5 and were concerned about child behaviour, 57% said they suffered from PND or anxiety. Interestingly this was also the finding of recently published research based on the Millennium Cohort study which found that maternal depression was strongly related to whether children were exhibiting behavioural problems in early childhood (Kiernan, K, and F. Mensah, 2009).



Those who are on low incomes are also more likely to suffer - over half of mums on family incomes of under £20,000 a year with a child under the age of 5. But it's not only those on low incomes. A third of mums with a family income of £60,000 - £70,000 are also suffering with PND or anxiety.

The effects of income were not seen so much with child attachment and child relationship issues, which are so crucial to a child's well-being (around 9% of respondents struggled with these), but the effects of low income were significant in other areas. Overall, a quarter of those surveyed said they had relationship problems but this rose to 40% for those living on less than £20,000.



A small but significant minority report domestic violence, and this showed an even stronger link with income, with 70 of the 576 mums (12%) on family incomes under £20,000 suffering and 27 of 1220 mums on incomes above £20k (2.2%) (64 mums didn't tell us their income). Both relationship problems and domestic violence are often hidden and require a high skill level to identify and then

deal with and clearly domestic abuse in all its forms also has serious repercussions for the safety and emotional well being of children.

**11. Who did you turn to for help? (respondents were asked to tick as many as relevant)**

Friends	58.2%
Family members	54.7%
GP	44.5%
Qualified Health visitor	25.9%
Other (please specify)	13.4%
Children’s Centre staff	8.6%
NHS Counsellor	8.3%
Health visitor team member	6.9%
Netmums Parent Supporter	6.8%
Charity (eg Relate / Young minds)	5.9%

As expected, many turn to family and friends first when things go wrong, demonstrating the importance of strong social networks. 45% went to a GP and 25% to a health visitor and 7% had used the Netmums parent supporter service (which rose to 11% of parents with family incomes under £20,000). The same effect was seen with Children’s Centres – 9% of all parents with a problem spoke to someone in a Children’s Centre about it, but for those on lower incomes, the figure rose to 13%, while income level did not affect whether they were likely to see the GP or Health Visitor.

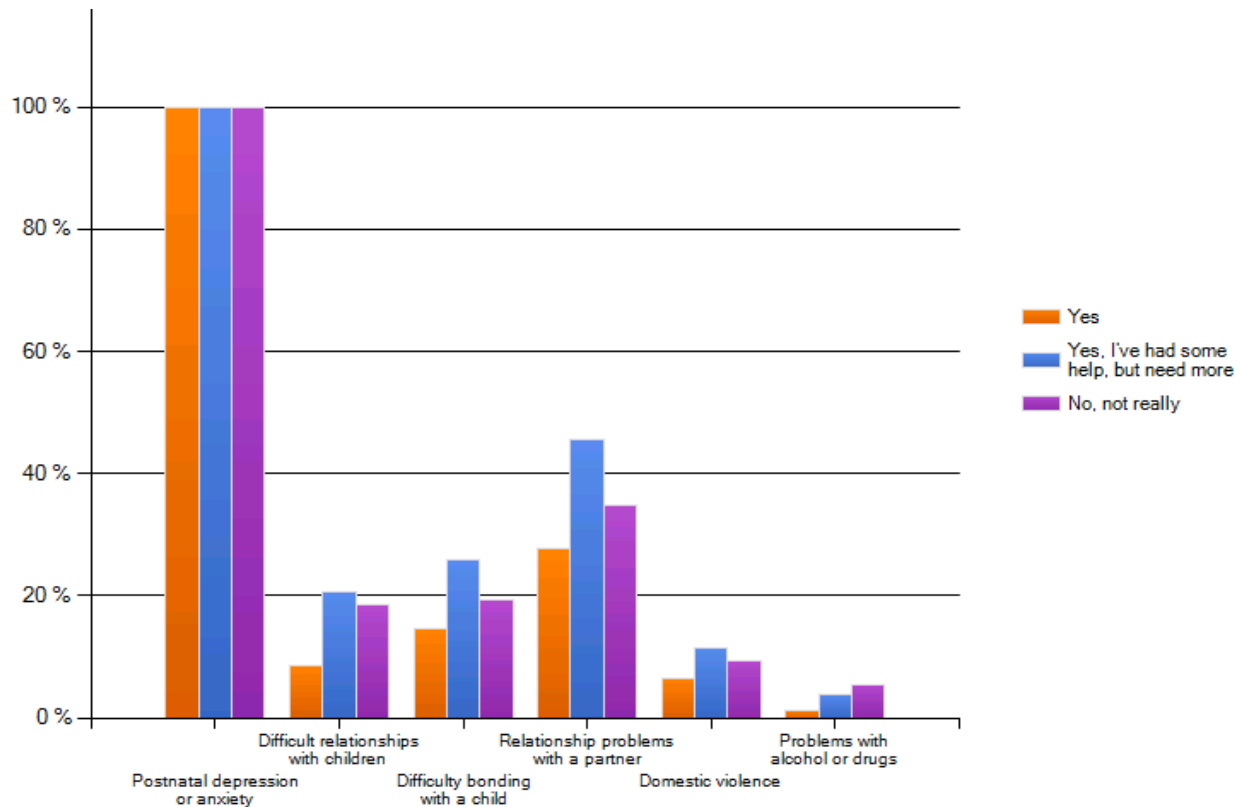
Of those saying they had spoken to someone from a charity three quarters were seeking help with relationship problems, two thirds with depression and one third with child relationship problems. 16% were looking for help with domestic violence. Those coming to the Netmums parent supporters for advice showed a different pattern, with three quarters asking about depression and 56% interested in parent relationships, and 18% suffered domestic violence. Fewer reported that they were looking for help on child relationships at 22%.

Many of those who ticked ‘other’ said they had seen no one.

**12. Did you get the help you needed?**

Yes	57.5%
Yes, I’ve had some help, but need more	25.1%
No, not really	17.4%

Analysis of those who had suffered from postnatal depression showed that those who felt they still needed more help, or who hadn't been helped to date were more likely to also be suffering with additional problems such as poor relationships with their partners, as shown by the following graph.



This illustrates the complexities of the difficulties faced by some people. One problem can lead to several others and that is why intervening early can make a big difference to an individual and to cost-effectiveness, and having staff with the skills to explore a range of potential issues and ensure all are addressed can make a huge contribution to that.

### 13. Have any of the following people visited you at home in the past year?

One of health visiting team, but not a health visitor (eg community nursery nurse)	12.6%
Qualified Health visitor	39.8%
Outreach worker from Children's Centre	4.8%
Social worker	2.8%
No one has visited	52.3%
Other (please specify)	4.5%

The likelihood of someone visiting and mother and child in their home depends on the age of the child.

Looking at England only and those with one child only (so this was their first child), the results show that 91% of those with a child under 12 months have been visited at home by a health visitor, and for those whose children are now aged 1 or 2 years, 36% were visited in the past year and 57% were not visited by anyone.

	Under 12 mths (n=153)	1 – 2 years (n=266)
One of health visiting team, but not a health visitor (eg community nursery nurse)	25.5%	12.2
Qualified Health visitor	90.8%	36.1
Outreach worker from Children's Centre	8.5%	4.2
Social worker	1.3%	1.1
No one has visited	5.2%	57.4
Other (please specify)	9.8%	1.5

For those with a baby, and who already have another child (so this was their second), they are more likely to be seen by a member of a health visiting team with 87% reporting that a qualified health visitor had come round.

	Under 12 mths (n=178)
One of health visiting team, but not a health visitor (eg community nursery nurse)	30.3%
Qualified Health visitor	86.5%
Outreach worker from Children's Centre	9.0%
Social worker	2.2%
No one has visited	3.9%
Other (please specify)	11.8%

#### 14. Do you use a Children's Centre?

Yes a lot	17.0%
Yes, sometimes	18.7%
Very occasionally	13.1%
Not at all (skip to Q 18)	51.2%

These overall figures don't make much sense as Children's Centres are principally available in England and are intended for use by families with Children under the age of 5. There were 1,314 people surveyed who fitted these criteria and the results for these are shown below.

Yes a lot	20.1%
Yes, sometimes	22.6%
Very occasionally	15.8%
Not at all (skip to Q 18)	41.4%

The figures were higher for those with a child under 12 months where 25% say they use it a lot and 30% use it sometimes and a further 13% occasionally leaving 32% of mums who don't use it at all.

#### 15. If yes, does it have its own building?

Yes	49.3%
Yes, but it's attached to a school	41.0%
It's run from more than one place	9.6%

For 90% of those who use a Children’s Centre it is situated in a single location, so provides a place for people to come to within communities.

**16. What do you use it for?**

Attending toddler groups / meeting other people	76.8%
Attending specialist postnatal groups / baby massage etc	23.4%
Antenatal classes run by midwives	5.5%
Advice on parenting questions	15.0%
Advice on more general issues such as finding childcare	8.0%
Pick up information on healthy eating/ accident prevention etc	14.7%
Meeting a health visitor	22.7%
Do you or your partner attend a Dad’s group	6.3%
Childcare – nursery or playgroup	14.2%
Attending adult classes	11.6%

Mums use their Children’s Centres mainly for meeting people and attending groups, like toddler groups, postnatal groups or to see their Health Visitor. It is very important that these opportunities remain as it is because people attend for these reasons that other services can then be found by parents at the time they need them. Netmums has been termed a ‘virtual Children’s Centre’ and the model is the same: parents return regularly for the social networking services, building up trust in the people that run them, and then are able to ask for help when they need it.

**17. If the Centre wasn’t as available or could do less, what would you miss most?**

The answers to this reflected the answer above as most parents use it to meet other parents and to provide play and social opportunities for their children.

Typical comments from parents included:

*“I would miss everything!!!! I would die!!!!”*

*“MY SON ENJOYING HIS TIME THERE”*

*“I would probably slip back into depression as I use the centres daily for courses and for groups for my toddler, I don’t know how I would have met people or coped with my child without them! I am pregnant now and I am relying on the groups to help me carry on bonding and doing things with my older child and to make the bond with my baby! If I was left without I would probably be sat in front of the telly a lot!”*

**18. Do most of your friends know about and use the Children’s Centre?**

Yes	23.4%
Some of them	39.9%
No	36.7%

Of those living in England with a child under 12 months, the results were very positive with almost 8 out of 10 saying they had friends who also used the Centre.

Yes	32.3%
Some of them	46.1%
No	21.6%

**19. What is your family income?**

Under 10k	11.3%
£10-20k	20.6%
£21-30k	18.4%
£31-40k	18.6%
£41-50k	13.6%
£51-60k	7.6%
£60-70k	4.1%
£70-100k	3.9%
£100k+	1.9%

Many of the Netmums parents have modest incomes with almost a third saying they have incomes of less than £20,000 per annum in this survey.

**20. Which of the following statements best describes how you feel about your income?**

Money is a constant worry. I find it difficult to afford the basics.	11.1%
Money is tight but we have the basic necessities	27.8%
We have enough money to get by but I keep a close eye on our finances	35.4%
We can afford occasional luxuries	13.6%
We have a comfortable lifestyle and can do most of the things we want	11.1%
Fortunately money is not a concern for me	0.9%

How people felt about their financial situation generally related back to the level of income, with 4 out of 10 saying that money is tight, including 11% who find it difficult to afford the basics. The stress of poverty can have a significant impact on a family's well-being, as explored further in the Netmums happiness survey (July, 2010)

**21. Which region do you live in?**

London	11.4%
South East	24.5%
South West	11.7%
Eastern	4.8%
East Midlands	9.4%
West Midlands	7.4%
North-East	3.2%
North-West	7.0%
Yorkshire-Humberside	8.4%
Scotland	8.8%
Wales	2.4%
Northern Ireland	1.2%

Respondents came from all regions in the UK and generally mirrored the UK's population distribution with the south east having more respondents than other areas. Scotland was well represented with Wales and Northern Ireland having the least respondents.

## Conclusions

This study has shone a light on the services available to parents today and how accessible they are, and is intended to inform the debate on the future of some of our public services. While the vast majority of parents are positive about having children, there is no doubt that having children brings with it a whole range of potential problems and in many cases, if left, they impact on the well-being of the child. The importance of early intervention is well known and accepted by policy-makers, however it is harder to obtain funding for preventative services on the ground, where outcomes are more difficult to measure. It is hoped that this study will help to demonstrate what more needs to be done and what can be achieved through targeted investment in our children.

### Families' Needs

It is clear that the needs of parents are very great. The study didn't look at the severity of the problems experienced, but demonstrates that they are widespread. For example, around a quarter said they had worried about a child's behaviour at some stage in the past year and another quarter had developmental worries. 4 out of 10 reported postnatal depression or anxiety.

### Complexity

It was striking that some particular problems tended to be linked together (though the extent of the causal relationship couldn't be judged). For example, those with postnatal depression are no more or less likely than those without to experience concerns about their child's development, whereas those individuals who have problems with a child's behaviour are much more likely to be suffering with anxiety or depression. In fact of those that reported behaviour issues, 57% said they also had PND.

Depression was also linked with greater likelihood of having relationship problems with your partner, with your child and at the more extreme end of the spectrum, with domestic violence and with attachment to your child.

Of course, it might be better to say that you are more likely to be depressed if you are having relationship problems, but in terms of how public services view these issues, it is most likely that people would start by presenting with child behaviour problems or with depression rather than with the more sensitive subjects of attachment or relationship difficulties. It is so important for practitioners to understand this and apply their skills appropriately.

### Poverty

It is not only those on low incomes who experience difficulties – about a third of those on incomes of £60,000 to £70,000 were suffering from depression. It is important that these individuals are found, as problems like depression tend to remain hidden by those who are unwell especially in the initial stages. It is generally assumed that the better off will seek out services and find solutions, but this study found that 50.5 % said they'd received the help they needed compared with 49% on lower incomes, so there was not a big difference.

It is certainly true however, that poverty has a significant impact on the likelihood of suffering from a whole range of problems including development worries, behaviour problems and weaning or eating questions through to depression (51% of those under £20,000) and especially relationship problems (40% of those on low incomes) and domestic violence (12%).

### Health services

There has been much debate in recent years about the health visiting service and to what extent the qualified health visitor role can be provided by other staff working in a team with a health visitor, or by other professionals such as Outreach workers. Use of other staff has, to some extent, compensated for the dramatic loss in the number of health visitors seen over recent years in many areas.

Health visitors are supposed to provide a Universal service, so that all families with young children have access to help at the time when many find themselves quite vulnerable. Health visitors are (or are supposed to be) more expert than GPs in child-related matters, and also have the skills to identify broader problems that are happening within the family, assessing and helping to access and then co-ordinate relevant help. This study showed that 21% of those with a child under 5 didn't have a health visitor at all (or weren't aware that they did), but perhaps more worrying, a further 41% said that they did have one, but didn't feel they could call. There seems to be little point in having one if you are not going to get in touch when a problem occurs. In some cases this may be because they don't believe the health visitor has the ability to help, but in many cases this will be a direct result of the increasing time pressures and the use of teams. A health visitor might only visit a family once, and this isn't sufficient to build a relationship, so the mum doesn't feel at ease with making contact in the future. This study confirms the importance of that relationship for a mum who later needs to access the service.

A key finding was that those who don't have a health visitor generally don't transfer their trust to a different professional, but instead rely on family and friends for help, and health visiting teams are approached more often where a family knows the health visitor.

Finally, a high proportion of mums (45%) would start with the GP if they had a child-related problem (minor health concern, through to weaning and breastfeeding) and the proportion rises to 70% for those who don't have a health visitor compared with 25% for those who did. Some of those who see a health visitor might be advised later to visit their GP, but many won't, so it is clear that having a health visitor makes an enormous difference to the number of visits to a GP.

At the same time, those who visit the GP are less likely to be satisfied with the help they receive. It was also reported that other staff who are part of a health visiting team are also less likely to be able to provide the support needed.

**The 4,200 new health visitor posts promised by the Government are welcome and very much needed. Given that the fast-track training takes 3 years to complete, the first stage should be to see a significant number of training places, through ring-fenced funding, provided this year.**

**More health visitors would be expected to lead to fewer mums going to visit their (more expensive) GPs, and also to them getting better help overall.**

**Well-trained health visitors have specialist skills that may be needed by any family, but having become trusted as a source of support, others in a team are also able to assist.**

## Children's Centres

Sure Start Children's Centres are found in England and were found to be contributing in lots of ways to the well-being of parents and children. While individual staff are not generally taking the place of the pre-existing public health services, they are providing new venues, allowing parents to meet each other and having the opportunity to have regular contact with professionals who are then on hand should they need additional advice and support.

They are now well-known across England as a place to go with children, and in fact 68% of mums in England with a child under the age of one had visited a Centre, with a quarter using them regularly. This study also found that they are more used by those on lower incomes. Government policy is that they should become more focussed still on those who are most vulnerable, but there is a case for

maintaining the infrastructure for all those who need it as they allow the all-important social networks to be built and they aid the identification of those people with hidden needs.

Health visitors increasingly work out of Children's Centres as well as GP surgeries and there are benefits in doing both. Maintaining direct connections with Primary Care services and accessing parents through community centres where they gather will be important for the service to flourish.

**Parents are using Children's Centres as a place to go and while there, also picking up advice and information on a range of issues. There is value in maintaining Centres for the broader community.**

### **The Role of Netmums' Services**

The voluntary and community sector provide many local initiatives, offering parenting classes and group activities. Support groups are run locally dealing with issues from domestic violence to child deafness. More general support is provided by organisations like Home-Start and Relate, and Parentline Plus, and Contact a Family are examples of charities providing support principally through helplines to large numbers of people. While these organisations are there to help, they can't always identify the mums who need the help, especially if the mums don't come forward. One role of Netmums is to bring all of these groups together with parents, in a supportive environment, so parents can find the help they need at the time they need it.

Secondly, it is encouraging to find that Netmums is helping families to find close friends. The Meet-a Mum boards and local Meetup groups are very popular and to have helped 13% of the mums surveyed to make friends is extremely positive. Many online social networks allow friendships to be formed, but not usually within the local community – where people actually start to meet face-to-face and share their time together. This is what separates Netmums from other online parenting sites.

Thirdly, the study asked a couple of questions about the use of the more direct Netmums 'Parent Supporter' services that involve health visitors and helpline workers from a range of charities working to support parents through the Netmums Coffee House. The survey showed that our online Health Visitor Drop-in Clinic would be used by 88% of those who knew about it (about 60% of those surveyed), and was thought particularly helpful as a first port of call by those who didn't have a local health visitor, and for those on low incomes. The clinic is very cost effective, as well as being accessible at a time that suits parents. It is being used more and more, and Parent Supporters currently see over 2,500 individuals each month.

It was already known that Netmums as a whole reaches many parents on lower incomes, but this study has also shown that those without their own health visitor locally, and those on lower incomes are also more likely to use this service. In fact of those on family incomes of less than £20,000, over 90% of those who knew about the service said they would use it and over 50% said they'd use it specifically as a place to start looking for help.

This innovative public service creates efficiencies in local services, by intervening early, and by providing parents with answers to simple questions and helping inform and then direct them to the right local specialist when they have problem that needs local assessment and treatment.

**The online services at Netmums are not only creating efficiencies in local services, but also fill in the gaps, helping to reach those who are less likely to access local services.**

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