PARENTAL PERCEPTIONS OF HEALTH PROFESSIONALS

Introduction
This document contains a detailed examination of parents’ perceptions of Health Professionals, but remains an integral part of the Baby Survey.

How Useful Did you find these Health Professionals?

It is clear that Community midwives are perceived to be the most useful Health professional to parents. This is not rocket science. Due to the frequency of contact, continuity of relationship and the positive nature of the intervention Community midwives enjoy an esteemed position in our society. Parents report a more mixed experience of Hospital midwives and Health Visitors.
Was it Easy to Contact the Midwife and Health Visitor?

- **Community Midwife**
  - Yes: 95%
  - No: 5%
  - Don't Know: 0%

- **Health Visitor**
  - Yes: 40%
  - No: 22%
  - Don't Know: 38%

Because midwifery contact increases toward the birth of the baby and during the first few days of life it is necessary to be able to contact a midwife easily. 95% of parents in the survey found it easy to contact midwives because they had mobile phone numbers for them. Health visitors meanwhile use an office bound answering service and at the time of the survey (pre April 2004) operated a targeted service, which meant that parents with general enquiries sometimes found it difficult to make contact.

Some parents seem to have received a good service from all health professionals where others felt let down by all. Comments on the service provided around the birth of the baby and during the first 12 months can be categorised as follows

**COMMUNITY MIDWIVES**

Community midwives were very highly valued in the Baby Survey for being helpful, reliable, available, informative and caring.

*She did everything she could for me*

*She made me feel I had someone to talk to.*

One man with a good relationship with the midwife said [first time dad, 26, zone 5]

’It’s useful to have someone there to answer silly questions’

1 Health visitors interviewed felt that they were ‘fairly easy’ to contact
In the midwifery evaluation 83% of midwives stated that the most fulfilling part of their role was

‘Being able to provide continuity of care from booking to post-natal visits and getting to know the women and building relationships.

In the Baby Survey, continuity of care was the single most important factor in whether a mother has a positive experience of midwifery services.

‘I was disappointed it was never the same midwife- not so much hands on feel. No chance to build a relationship, everyone had a different outlook.

Continuity of care is important in building relationships and also creating trust.

‘My midwife was sick so different staff were seen. No relationship was built. I felt low after the birth but didn’t talk about it because there was no trust or relationship with the midwife.

Having knowledge of the mother and baby’s medical history also impacts on the health of mother and child and mum’s levels of anxiety.

‘Lots of different ones, giving different information. Unnerving cos they didn’t know me or baby, therefore couldn’t tell if he was ill.’

Personality also affected the parent/midwife relationship, although in this particular case the mother was confident enough to address the problem and the Health Service allocated another midwife to the case.

‘I didn’t like her. She was abrupt, didn’t want to answer questions, talked down to you. I told another midwife I didn’t want her, so they sent another one.’
HOSPITAL MIDWIVES

Overall 70% of parents found Hospital midwives to be very useful or OK. However parents seem to get a wide variation in levels of service from individual midwives who differed in personality and the levels of support they offered.

Helpfulness/empathy of staff.

This seemed to vary widely, with individual mums experiencing 'some not very helpful. Some very nice ones.' during a short hospital stay.

'My girlfriend was induced and went through 3 shifts of midwives. The shifts were increasingly pleasant’.

Staff were ‘generally nice- just the one who can be horrid.

Rubbish except Jill Standish (name changed)

Breastfeeding

Some mums commented that had were given lots of support whilst breast-feeding, others that they had very little support.

'I was given a bottle of formula and a breast pump in sterilising fluid but not told how to use them. Not given much help with latching on or feeding.' [1st time mum, 25, zone 2]

31% of mothers in the Breastfeeding Survey said that they received very little or no support with breastfeeding and reported similar experiences of being offered formula or feeling that they were 'hassling ' staff when they asked for help.
Consistency of support / service.

This inconsistency was also reported in the amount of respite or information offered or given. One mum felt ‘They were useful at night to provide respite to get sleep’. [1st time mum, 25, zone2]

Another, quite the opposite ‘They didn't tell me when to feed him or how often. Popped in to do medical checks and given a bottle of milk but not told what to do with it. Had to ask them to be shown how to bath him. They didn't offer to look after him at night.’ [1st time mum, 22, zone 7]

Extremes of experience

‘They did not give me the support I needed, I felt I was on my own [mum under 20, zone2]

95% fantastic. Some individuals were more helpful than others.

Very good. Supportive’

‘Weird. [The midwives] put a lot of pressure on Michelle to get up and about. Some said things that we thought were out of place. Did not seem very organised (e.g. Broken showers)

[First time dad, zone 7]
HEALTH VISITORS

Health Visitors are the least likely of the health professionals to be perceived as helpful, although 66% of all parents still feel they are very useful or OK. Experience of the Health Visiting service appear to be inconsistent and range from ‘Always seems to be available’ to ‘Seen her at clinic’ to ‘no contact’

To ‘I went for support on my child and she failed to give it to me’.

EASE OF CONTACT

When asked if it was easy to contact the Health Visitor 60% of parents said no or ‘I don’t know’. Some parents didn’t know who their Health Visitor was or how to get in touch with them. Those that did reported

‘They can take a while to get back to you
‘ Sometimes they don’t phone or get in touch with you’
Got fobbed off’

This lack of a personal relationship does little to create an atmosphere of trust.

‘They ask you to inform them and then they be rude!’

‘I had a mental health label so felt the Health Visitor treated me differently. I was worried she’d look for problems because of this’

‘One says do this, another says do that. We Just did what the original Health Visitor said because it was going OK with her advice and because we had a relationship with her.’

Parents were also unclear of the role of the Health Visitor.

‘Not sure what the Health Visitor does. I think the role is to check up on us’.
There also seems to be a feeling that Health Visitors are only available to deal with crises, rather than common childhood issues such as feeding, sleeping and weaning.

47% of parents said they had been given good explanations or sign posted on when they had asked for information, again however there were others who felt the opposite.

‘Depends which Health Visitor I talk to whether the information is of any use.’

FACTORS AFFECTING PERCEPTIONS OF HEALTH PROFESSIONALS

Cragg et al (2002)\(^2\) in a qualitative research study of parent’s information needs found that views on the usefulness of Health Visitors ‘varied tremendously depending on factors such as the age, confidence and existing support network of the parent in question’.

‘Parents most likely to be wary of Health Visitors were those who lacked confidence in their own parenting ability or had reason to believe that others lacked confidence in them’, particularly teenage parents. (lower socio-economic status and younger). Those who felt Health Visitor had confidence in them had a better chance of developing a good relationship.

**Personality** If the parent felt the Health Visitor was on their wavelength they were Ok, others thought they were too young, too old, or not ‘their kind of person’.

There seemed to be a perception that what Health Visitors had to say depended on their own values, backgrounds and training.

Those with extensive support from family and friends tended to view Health Visitor as just another source of information and were not so dependent on the Health Visitor’s views.

Access varied greatly and Cragg found that
‘many respondents had not even considered contacting them outside these [routine]
visits, and assumed they would be too pushed for time’

Similarly Dawson³ (1999) found that
‘Young parents. felt that professional health and personal social services idealised
the condition of parenthood, and described it in terms that bore no relation to their
own lives and experience.’

These findings are reflected in the Baby Survey sample. The following charts
examine variations in parent’s experiences of Health Professionals depending on age
and confidence.

³ In ‘Understanding parent’s needs: a review of parents’ surveys.’ Adrian Moorman & Mog Ball. (2001)
NFPI p17
USEFULNESS OF HEALTH PROFESSIONALS BY AGE OF PARENT

How useful is the Health Visitor By Age (Mums and Dads)

- Only 4 of the parents surveyed was under 20 at their latest baby’s birth but others had had their first child during their teens, so all parents under 25 are grouped together for this analysis.
- Under 25s were most likely to find the Health Visitor not very useful.

How useful is Hospital Midwife By Age (Mums and Dads)

- Only the Under 25s found the Hospital midwife not very useful. Perhaps these parents had greater expectations of the service than they received.

How useful is the Community Midwife By age (Mums and Dads)

- Again, only the Under 25s perceive the Community Midwife to be not very useful.
- Under 25s are consistently more likely to find Health Professionals not very useful than their older counterparts.
USEFULNESS OF HEALTH PROFESSIONAL BY ZONE OF RESIDENCE

For this analysis the zone of residence is used to reflect confidence levels. Zones 1, 3, 4 & 5 are private housing with mainly working parents who are least likely to use Sure Start. Zone 2 has smaller private housing and many parents use Sure Start. Zones 7&8 have predominantly social housing, private rented and terraced housing. These are the areas of greatest poverty, and constitute the largest proportion of young families and Sure Start Users in Ravensdale.

Parents in Zones 7 & 8 are consistently more likely to find Health Professionals not very useful than other zones. However a percentage of parents in all zones find the Health Visitor not very useful.
Men and women were both included in the analysis of ‘usefulness’ as their perceptions of Health professionals will inform parenting practices and affect both parent’s confidence in seeking professional advice.

The above analyses tend to confirm the findings of Cragg et al (2002)- that younger and less confident (affluent, stable) parents have more negative experiences and perceptions of Health Professionals. Another study for the Health Education Authority\(^4\) looking specifically at the information and support needs of disadvantaged parents found that they

‘received little and poor support from services and that they do not visit services until rather late in pregnancy’ and that ‘the reasons for this’ related not only to the way services operate, but also to attitudes among young disadvantaged parents. They were extremely guarded about being involved with anything ‘official’ and felt that birth and parenthood were natural conditions that did not require ‘official intervention.’

For Sure Start Ravensdale it shows that there is work to be done in supporting mainstream services to become more acceptable and accessible to the parents who need them most. It is also vital to provide (accessible) information and support to parents so that their expectations are more realistic, their attitude towards Health services more positive and to develop their levels of confidence.

There is evidence in the Baby survey that fathers feel particularly excluded from Health services. Shock and indignation at the events that surround their partner’s care in hospital show how poorly prepared they are for the experience. 54% of fathers wanted more preparation for parenthood, with 46% of fathers wanting more contact with Health Visitor and Midwives. The fact that only 1 /10 mothers feel like that reinforces Cragg’s findings that ‘the tendency of their partners to turn to mothers and friends for help only reinforced their [fathers] sense of exclusion.’

Cathy Hamlyn, Head of the Teenage Pregnancy Unit talks about fathers\(^5\).

‘Pregnancy and the postnatal period offer a crucial opportunity to harness and encourage a young father’s enthusiasm.


\(^5\) Edmund Clark (2002).’Baby fathers: New images of teenage fatherhood’. Teenage Pregnancy Unit
‘The diversity of a teenage father’s experiences requires an equally broad range of actions and responses by professionals. Health Professionals such as midwives and Health visitors are particularly well placed to put change into practice. Encouragement through the ante-and postnatal stages helps emotional bonding, practical skills and confidence. As one midwife says” Healthcare professionals should work from a default position of expecting the young father to have an important and essential role as a parent, on equal terms with the young mother”.

Whilst few of the fathers in the Baby Survey had been teenage parents, many are young and disadvantaged and Sure Start is ideally placed to work in partnership with Health Professionals to try out new ways of working which will improve the effectiveness of support to these parents.

Of particular concern are

- The capacity (time) of the community midwife to develop relationships and maintain continuity of care.
- The availability of resources –time, room hire, and information and flexibility to conduct effective antenatal education.
- The inconsistency of services in the hospital, coupled with uncertainty as to what level of support the mother, father and baby are entitled to.
- Lack of clarity about the role of the Health Visitor and who the Health Visitor is.
- Difficulty in contacting the Health Visitor and receiving a timely response rate to requests for advice.

It is recommended that Sure Start Ravensdale disseminate the findings of this survey to local Sure Start and Health service managers as a precursor to taking multi-agency actions to improve support to parents of new babies.

CONCLUSIONS

The hardest to reach families are those who have cumulative negative experiences of authority and bureaucracy and therefore distrust anyone outside their immediate social circle. It is vital that Sure Start Ravensdale explores ways to build relationships with these families and enables them to feel able to access the Health Services that they and their children need.