

# WHAT THE MILLENNIUM COHORT STUDY CAN TELL US ABOUT THE CHALLENGES NEW PARENTS FACE - STATISTICS FOR ENGLAND, SCOTLAND, WALES & NORTHERN IRELAND

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**Date:** March 2012

## INTRODUCTION

The NSPCC's strategy identifies pregnancy and babies as a key priority in ending cruelty to children. Babies are disproportionately vulnerable to abuse and neglect, and the first year is a particularly important time in a child's development. Although simple explanations of child maltreatment fail to do justice to the complexity of real families' lives, research suggests that the primary caregiver-child relationship is of major importance and can protect against abuse and neglect. Other parental problems such as domestic abuse, mental illness and substance misuse can make it harder for parents to build healthy relationships with their babies, and increase the risk of abuse and neglect.

Large scale social surveys, such as the Millennium Cohort Study (MCS), can help us to better understand the types and scale of pressures parents in the UK are experiencing. This survey offers a wealth of data, including: parental attitudes to child rearing, maternal post-natal attachment, parental mental health, domestic abuse, parental alcohol consumption and problems experienced by parents during the first few months. It also sheds some light on parental experiences of professional support. This report provides an overview of statistics, from the MCS and other, comparable, data sources, about the attitudes, experiences and challenges faced by new parents in each of the four countries of the UK.

## MILLENNIUM COHORT STUDY

The Millennium Cohort Study (MCS) is a multi-disciplinary research project following the lives of around 19,000 children born in the UK in 2000/1. Four surveys of MCS cohort members have been carried out so far: at age nine months, three, five and seven years. Certain sub-groups were intentionally over-sampled, in particular those living in disadvantaged circumstances, children from minority ethnic backgrounds (in England), and children growing up in the smaller countries of the UK, namely Scotland, Wales and Northern Ireland (see Table 1 for a breakdown by nation).

**Table 1: Numbers of family interviews and children in those families**

COUNTRY	Children	Families interviewed
ENGLAND	11695	11533
WALES	2799	2761
SCOTLAND	2370	2336
N IRELAND	1955	1923
Total	18819	18553

## BELIEFS ABOUT PARENTING

Parental attitudes towards child rearing were assessed with 5 questions originally derived by the European Longitudinal Study of Pregnancy and Childhood (and used in the ALSPAC study). The selected 5 items (out of the original 10) gauge what parents think about child rearing practices, whether babies should grow up in a structured or in a more laissez-faire environment. These questions help us to understand the likelihood that parents will provide sensitive care to their babies.

Table 2 indicates that most mothers agree that talking to the young baby is very important, followed by cuddling, and providing stimulation. The majority of mothers furthermore agreed that it is important to develop a regular pattern of feeding and sleeping with the baby. Only about a third of mothers thought that babies should be picked up whenever they cry. Mothers and fathers agreed on most of these questions, except that fathers were more in favour of developing a regular feeding and sleeping pattern and on picking up babies whenever they cry than mothers. More mothers and father in Northern Ireland (NI) agreed that babies should be picked up whenever they cry than other countries. National rates across the other four questions were very similar.

**Table 2: Mothers parenting beliefs by nation (MCS dataset 1, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>
<b>Babies should be picked up whenever they cry</b>	31.6	32.6	33.4	44.0	32.3
<b>Talking, even to a young baby, is important</b>	99.4	99.6	99.3	99.3	99.4
<b>Cuddling a baby is very important...</b>	99.0	98.7	99.0	99.4	98.9
<b>Babies need to be stimulated if they are to develop well</b>	95.3	94.8	95.4	96.4	95.4
<b>It is important to develop a regular pattern of feeding and sleeping with the baby</b>	90.5	90.6	92.7	92.2	90.8

Maximim unweighted Sample Size = 17889 (all female main respondents)

**Table 3: Fathers parenting beliefs by nation (MCS dataset 1, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>
Babies should be picked up whenever they cry	35.7	32.3	34.1	45.8	35.7
Talking, even to a young baby, is important	99.4	99.5	99.7	99.1	99.4
Cuddling a baby is very important...	98.3	98.2	98.3	98.9	98.3
Babies need to be stimulated if they are to develop well	96.3	96.2	96.6	96.1	96.4
It is important to develop a regular pattern of feeding and sleeping with the baby	94.2	94.1	95.3	93.3	94.2

Maximim unweighted Sample Size = 12754 (all male partner respondents)

## PROBLEMATIC CRYING

The incidence of non-accidental head injury in infants correlates with peak incidence of crying, and it is thought that problematic crying can, in some cases, be a causal factor in cases of abuse. Overall, 6.7% of mothers reported that their child’s crying was problematic for them (see Table 4). Northern Ireland had the lowest percentage and Wales the highest, though it should be noted that the percentages overall were small.

**Table 4: Mothers experiencing child’s crying as problematic by nation (MCS dataset 1, weighted, all UK weight)**

Crying is problematic	England	Wales	Scotland	NI	Total
Yes	6.8	7.1	6.1	5.4	6.7
No	93.2	92.9	93.9	94.6	93.3

Unweighted Sample Size = 18511 (all female main respondents)

Note: This was calculated where the main female responder reported problematic crying for any single child or in relation to one or more of any twin or triplet.

## MATERNAL POST-NATAL ATTACHMENT

The bonds between mothers and babies are important, and can help to protect against abuse. The MCS Year 1 initial findings report showed that most mothers felt close to their child, and that very few felt a lack in confidence, resentment or irritation when they were with the baby<sup>1</sup>. They also suggested that parents living in disadvantaged wards showed slightly stronger bonds to their child than parents living in wards with high minority ethnic populations or parents in advantaged wards. Table 5 shows

<sup>1</sup> Dex, S. and Joshi, H. (eds) (2004) Millennium Cohort Study first survey: a user's guide to initial findings, London: Centre for Longitudinal Studies (available at the Centre for Longitudinal Studies)

mothers' feelings towards their babies by nation. Results tended to be very similar across the nations, although a greater proportion of Welsh mothers reported thinking about the baby when they were not within them and feeling sad when they had to leave them.

**Table 5: Assessments of postnatal attachment in mothers by nation (MCS dataset, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
	% Agree	% Agree	% Agree	% Agree	% Agree
When I am not with the baby, I find myself thinking about them (almost all the time, very frequently)	72.3	77.6	72.5	70.9	72.6
When I have to leave the baby I often/always feel rather sad	44.9	49.3	42.9	45.7	45.0
Usually when I am with the baby I am very/a bit impatient	7.6	7.0	7.7	7.1	7.6
When I am caring for the baby I am very/fairly incompetent and lacking in confidence	2.8	3.2	3.0	2.6	2.8
Regarding the things that I/we have had to give up because of the baby I find that I resent it quite a lot/resent it a fair amount	2.1	2.2	2.0	1.1	2.0
When I am caring for the baby, I get feelings of annoyance or irritation (almost all the time, very frequently)	1.3	1.3	1.4	1.7	1.4

Unweighted Sample Size = 17877 (all female main respondents)

## MENTAL HEALTH

Parental mental illness in the perinatal period is a risk factor for insecure attachment, neglect and abuse. Approximately a third of mothers (all female main responders) reported feeling sad or low for more than 2 weeks after giving birth (see Table 6) and approximately a quarter of mothers and 1 in 10 fathers/partners had ever been told by their GP that they suffered from depression or serious anxiety (see Table 7). Roughly one in ten mothers (8.6% across the UK as a whole) and 2% of fathers had been diagnosed with depression or anxiety by a doctor and were receiving medical treatment at the time of interview (see Table 8). More mothers were being treated for depression at the time of interview in NI than other nations

The findings for Scotland are broadly comparable with the findings of the equivalent Scottish longitudinal birth cohort study, Growing Up in Scotland (GUS) - although slightly different questions are asked. Interviewed when their babies were approximately 10

months old, 7.2% of mothers in the GUS survey said they had coped with depression and/or other mental health problems in the first three months of their babies' life.<sup>2</sup>

**Table 6: Mothers reporting feeling sad or low for more than two weeks since the birth of the baby by nation (MCS dataset, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
Yes	32.6	37.2	32.0	35.1	32.9
No	67.4	62.8	68.0	64.9	67.1

Unweighted Sample Size = 18481 (All female main responders)

**Table 7: Mothers and fathers who had ever been told by GP they were suffering from depression or serious anxiety by nation (MCS dataset, weighted, all UK weight)**

	England		Wales		Scotland		NI		Total	
	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers
Yes	23.6	9.2	27.2	10.0	27.9	8.9	27.6	6.8	24.3	9.1
No	76.3	90.8	72.7	90.0	72.0	91.1	72.3	93.2	75.6	90.9

Unweighted Sample Size = 18499 (all female main respondents)

Unweighted Sample Size = 13202 (all male partner respondents, this excludes those who decline to participate)

**Table 8: Mothers and fathers treated for depression at time of interview by nation (MCS dataset, weighted, all UK weight)**

	England		Wales		Scotland		NI		Total	
	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers
Yes	8.1	2.2	9.5	2.6	10.6	3.3	13.4	2.3	8.6	2.3
No	91.2	97.8	90.5	97.4	89.4	96.7	86.6	97.7	91.4	97.7

Unweighted Sample Size = 18523 (all female main respondents)

Unweighted Sample Size = 13195 (all male partner respondents, this excludes those who decline to participate)

As well as asking about treatment for depression/anxiety, the Millennium Cohort Study also used questions from the Malaise Inventory (Rutter et al, 1970) to measure levels of psychological distress, or depression among parents of under ones. A cut-off point of  $\geq 4$  on a 9- item version of the Malaise Inventory was used to indicate an increased probability of depression/anxiety. The proportion of mothers showing an increased probability of depression ranged from 13.5% to 15% across the four nations. For fathers this ranged from 8.1% to 9.2%.

<sup>2</sup> S. Anderson et al. (2007) Growing Up in Scotland: Wave 1 Overview Report (Edinburgh: Scottish Executive), 4.3.3. Online at <http://www.scotland.gov.uk/Publications/2007/01/17162004/0> [Accessed 06/09/11]. GUS Wave 1 interviews were held with 'main carers' with a specific request that these be held with mothers wherever possible, because the questionnaire covered questions about the pregnancy and birth. With respect to these findings the terms 'main carer', 'parent' and 'mother' are interchangeable.

**Table 9: Malaise Inventory Scores for ALL responders (MCS 1 Dataset, weighted for all UK analysis)**

COUNTRY	Score in range 0-3		Score in range 4-9	
	<i>Mothers</i>	<i>Fathers</i>	<i>Mothers</i>	<i>Fathers</i>
England	86.5	90.8	13.5	9.2
Wales	85.0	91.5	15.0	8.5
Scotland	86.2	91.2	13.8	8.8
Northern Ireland	85.0	91.9	15.0	8.1
Total	86.3	90.9	13.7	9.1

Unweighted Sample Size = 17777 (All female main responders)

Unweighted Sample Size = 12708 (All male partner responders)

Overall, just over 2 in 5 families reported that either the mother or the father/partner were likely to be suffering from depression/anxiety at the time of interview.

**Table 10: Mother and/or father/partner scoring 4-9 on Malaise Inventory**

	England	Wales	Scotland	NI	Total
<b>Yes</b>	21.1%	21.8%	20.8%	21.7%	21.2%
<b>No</b>	78.9%	78.2%	79.2%	78.3%	78.8%

Unweighted Sample Size = 13705 (All female main responders residing with father/partner with applicable answers)

Comparing the scores for individual malaise variables helps to better understand parent's experiences. Being tired most of the time and often worrying about things were very common; just under half of respondents experienced these. Around one quarter of responders reported getting easily irritated or upset. In contrast, only a very small proportion of responders reported 'often getting into a violent rage' or feeling that 'every little thing' got on their nerves and wore them out.

**Table 11: Individual malaise inventory questions by nation (MCS dataset, weighted, all UK weight)**

	England		Wales		Scotland		NI		Total	
	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers	Mothers	Fathers
	% Agree		% Agree		% Agree		% Agree		% Agree	
<b>Tired most of time</b>	48.7	42.4	51.1	43.2	50.0	37.9	47.8	35.5	48.9	41.8
<b>Often miserable or depressed</b>	13.6	10.9	16.4	11.3	13.9	11.1	13.5	9.2	13.8	10.9
<b>Often worried about things</b>	45.6	41.6	49.5	40.5	47.9	40.7	44.9	38.0	46.0	41.3
<b>Easily upset or irritated</b>	23.1	18.6	25.3	16.4	23.1	16.4	24.2	15.4	23.2	18.2
<b>Every little thing gets on your nerves and wears you out</b>	5.8	4.9	6.2	4.6	5.9	4.3	6.2	3.8	5.9	4.8
<b>Often get into a violent rage</b>	2.0	3.2	1.8	2.7	1.7	2.5	1.7	3.0	2.0	3.1
<b>Suddenly scared for no good reason</b>	9.4	4.4	10.2	4.2	9.5	5.1	9.0	3.8	9.5	4.5
<b>Constantly keyed up or jittery</b>	5.8	6.4	6.6	6.4	6.4	5.3	8.1	6.0	6.0	6.3
<b>Heart often races like mad</b>	7.1	5.6	8.6	6.0	7.4	6.2	8.0	6.2	7.2	5.7

Maximum Unweighted Sample Size (All female main responders) = 17884

Maximum Unweighted Sample Size (All male partner responders) = 12744

## Comparisons between MCS and GUS

The MCS uses the Malaise Inventory to measure parental mental health. The Scottish longitudinal birth cohort study Growing Up in Scotland (GUS) measures maternal mental health using a validated scale called the Medical Outcomes Study 12-Item Short Form (SF-12) Mental Health Component Score (MCS). This was used with mothers when their babies were aged 10 months and later when they were 34 months old (in sweeps 1 & 3 respectively). 'Poor mental health' is defined as where the mothers' score for SF12 (MCS) fell more than one standard deviation below the mean population score for that sweep. The two validated scales produce broadly similar results for Scotland.

The relationship between maternal mental health and child development at age 4 is the subject of a special analysis of the GUS dataset.<sup>3</sup>

## **DOMESTIC ABUSE**

Domestic abuse can be particularly prevalent in the perinatal period, and is a risk factor for abuse and neglect. The relationship between the mother and her partner was the subject of a number of questions. Respondents were asked whether they had experienced domestic violence at any time, for any reason, with their current partner or spouse (this was asked only if the spouse or partner was resident full-time). This was defined in terms of the 'use of force' between mother and partner. A small minority of respondents said that their partner or spouse had used force on them at some point and for any reason, defined as 'grabbing, pushing, shaking, hitting, kicking etc'. Almost as many as reported violence declined to answer the question (see Table 13).

**Table 13: Use of force between mother and partner (MCS Dataset, all UK weight)**

<b>COUNTRY</b>	<b>Yes</b>	<b>No</b>	<b>Don't want to answer</b>
ENGLAND (n=	3.8%	93.6%	2.7%
WALES	2.8%	95.1%	2.1%
SCOTLAND	2.2%	96.3%	1.5%
N IRELAND	1.6%	96.8%	1.6%
Total	3.5%	94.0%	2.5%

**Unweighted Sample Size (All female main responders residing with full-time partner) = 14426**

<sup>3</sup> L.Marryat & C. Martin (2010) Growing up in Scotland: Maternal mental health and its impact on child behaviour and development (Edinburgh: Scottish Government). Online at <http://www.scotland.gov.uk/Resource/Doc/310448/0097971.pdf> [accessed 06/09/11].



*Comparison with other data sources*

Besides reported crime and conviction data, the main sources of data on domestic abuse are the three national crime surveys: the British Crime Survey (England & Wales); the NI Crime Survey; and the Scottish Crime & Justice Survey. These are large-scale nationally representative face-to-face surveys of adults living in private households and are used to produce estimates of crime within the general population

Table 14 compares MCS figures with findings from the most recent national Crime Surveys. MCS figures for use of force within intimate relationships are in a range similar to those reported by the national crime surveys for abuse experienced within the past 12 months. Lifetime experience of physical force within a relationship is considerably higher, as is the incidence of wider forms of abuse – for example, the wider definition of partner abuse used in the BCS covers emotional & financial abuse, threats, force, sexual assault & stalking). The MCS asks about use of force only and overlooks these wider forms of partner abuse.

**Table 14: Percentage of women reporting use of force/physical abuse in intimate relationships in MCS compared with results from the British Crime Survey (BCS), Scottish Crime & Justice Survey (SCJS) & the NI Crime Survey (NICS)**

Survey	MCS	National Crime Survey* Female respondents	National Crime Survey* Female respondents
<b>Question asked</b>	Ever experienced force with current partner (where /partner spouse full-time resident)	Ever experienced physical abuse from a partner in your lifetime	Experienced physical abuse in past 12 months (those who have a partner or in contact with ex-partner)
BCS - ENGLAND & WALES (2010/11) Use of force, minor or severe	3.8% & 2.8%	16.1	2.2%
SCJS - SCOTLAND (2009/10) All types of physical abuse	2.2%	14%	2%
NICSN IRELAND (2008/09) Use of force (threat and/or force)	1.6%	11 (12)%	-

**MCS base = mothers of babies aged 9-10 months old at point of interview**  
**Crime Survey base = females aged 16 years and over in private households**

Sources: Tables A1.1 & A.1.2 2009/10 Scottish Crime & Justice Survey: Partner Abuse (Scottish Government: 2010) Online at <http://www.scotland.gov.uk/Publications/2010/12/03094109/9> [accessed 07/09/11]. Experience of Domestic Violence: Findings from the 2008/09 Northern Ireland Crime Survey (Northern Ireland Office: 2008) Figure 4.1, Online at [http://www.nio.gov.uk/08\\_northern\\_ireland\\_crime\\_survey.pdf](http://www.nio.gov.uk/08_northern_ireland_crime_survey.pdf)  
 Crime in England & Wales 2010/11 (Home Office: 2011) Online at <http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/hosb1011/hosb1011?view=Binary> [accessed 07/09/11].

*Note: The three national crime surveys differ in terms of sampling methodology, patterns of response, questionnaire design and coding. It has not been possible to investigate these and assess how they impact on data comparability. Patterns of non-response within and between the three surveys could potentially be important where domestic abuse is concerned. For example, it is worth noting that, in the NI Crime Survey 2008/09, 580 of the sample of 2,743 refused to complete the DV module. In the MCS, as noted above, almost as many as reported violence declined to answer the question.*

## ALCOHOL CONSUMPTION

Substance misuse can have adverse effects on children’s mental and physical wellbeing, and is a risk factor for abuse. The World Health Organisation definition uses three categories reflecting increasing levels of risk and harm associated with alcohol consumption:

- **Hazardous drinking** – defined as drinking more than 14 units per week (women) and over 21 units per week (men);
- **Harmful Alcohol Use** - defined as drinking more than 35 units per week (women) and more than 50 units per week (men);
- **Alcohol Dependence** – defined as the presence of three or more of a range of symptoms of alcohol dependence including: tolerance, alcohol withdrawal, craving, relief of withdrawal, neglect of alternative pleasures, and persistence of drinking despite negative consequences.

Levels of hazardous drinking and harmful drinking can be identified using the MCS 1.

For those mothers that drank alcohol between every day and once or twice per week at the time of the interview, 6.2% drank more than 14 units per week (2.5% of total sample). Only 18 mothers reported drinking more than 35 units per week.

**Table 15: MCS1 –Mother’s hazardous drinking by nation (MCS 1 Dataset, all UK weight)**

COUNTRY	> 14 units 'hazardous'
ENGLAND (n=	2.7
WALES	2.6
SCOTLAND	1.6
N IRELAND	0.9
Total	2.5

Unweighted Sample Size = 18513 (all female main respondents)

**Table 15: MCS1 –Father’s/partner’s hazardous & harmful drinking hazardous drinking by nation (MCS 1 Dataset, all UK weight)**

COUNTRY	> 21 units 'hazardous'	> 50 'harmful'
ENGLAND (n=	9.8	0.8
WALES	11.6	1.3
SCOTLAND	8	0.5
N IRELAND	5	0
Total	9.6	0.8

Unweighted Sample Size = 13179 (all male partner respondents who completed the parent interview)

*Comparison with other data sources*

The MCS percentages for hazardous and harmful drinking appear small in comparison with other data sources on alcohol consumption, such as the four national health surveys. The Scottish Health Survey (2009) and the NI Health & Social Wellbeing Surveys (2006) ask the same question as the MCS. As seen below, there is considerable variance between reported weekly consumption for both men and women in the MCS compared with the health surveys (see Table 16).

The English and Welsh Health Surveys ask a question about *daily* rather than weekly consumption - respondents are asked to recall the maximum number of units consumed on a single day during the preceding week. The MCS does not ask this.

**Table 16: Hazardous drinking (Women > 14 units, Men > 21 units) - Findings of the MCS compared with most recent national Health Surveys**

	MCS	National Health Survey*
	% mothers, fathers/partners	% population aged 16 years & over
<b>Scotland</b>		
Women	1.6%	19%
Men	8%	27%
<b>NI</b>		
Women	0.9%	15%
Men	5%	23%

\* Scottish Health Survey 2009/NI Health & Social Wellbeing Survey 2005/06

However the MCS findings are supported by those of the longitudinal birth cohort study, the Growing Up in Scotland study (GUS), which reports similarly low levels of hazardous drinking by parents of babies (see below). The GUS findings also appeared to be lower than expected when

compared with other national data sources. The GUS survey team attributed this to the dominance of mothers among the respondents.<sup>5</sup> While the MCS collects alcohol consumption data for *fathers/partners and* mothers, GUS data is for *mothers only* (GUS interviewed 'main carers', 99% of whom were mothers). However the MCS findings for father/partners also appear to be low compared with surveys of the general male population over 16 years old.

In its first sweep (2005-2006) GUS asked about the alcohol intake of mothers of two birth cohorts of children: the first aged approximately 10 months and the second aged approximately 34 months at the time of first interview (overall sample size: 8,000). It found that 20% of babies' parents drank alcohol less than once a month. Of those parents who drank:<sup>6</sup>

- average consumption was 3.8 units of alcohol per week.
- 71% consumed less than 5 units per week;
- approximately 25% consumed between 5 – 10 units per week;
- **less than 10% consumed more than 10 units per week;**
- **a very small proportion exceeded the recommended weekly limits (14 units for women).**

This raises a number of questions worthy of further exploration. Do the MCS/GUS survey findings represent behavioural characteristics specific to this population group, i.e. parents of babies? Could there be a common bias present in the data? Is there, for example, a tendency by mothers and fathers/partners to present their behaviours in keeping with perceived expectations of their parenting role and responsibilities? Or perhaps a combination of these factors is at play? And could there other possible explanations?

Sources: *Alcohol Statistics Scotland 2011* (NHS ISD Scotland: 2011) Table 3.6 Online at <http://www.alcoholinformation.isdscotland.org> (accessed 06/09/11); *Growing Up in Scotland: Sweep 1 Overview Report* (Scottish Government: 2007). Online at <http://www.scotland.gov.uk/Publications/2007/01/17162004/0> [accessed 06/09/11]. *Welsh Health Survey 2009* (Welsh Assembly Government: 2010), 4.4, Online at <http://wales.gov.uk/docs/statistics/2010/100915healthsurvey09en.pdf> Health Survey for England - 2009: Volume 1, Health and lifestyles (NHS Information Centre: 2010) Online at [http://www.ic.nhs.uk/webfiles/publications/003\\_Health\\_Lifestyles/hse09report/HSE\\_09\\_Volume1.pdf](http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/hse09report/HSE_09_Volume1.pdf) NI Health & Social Wellbeing Survey 2005/06, Online at [http://www.dhsspsni.gov.uk/hwb\\_toplevel\\_bulletin.pdf](http://www.dhsspsni.gov.uk/hwb_toplevel_bulletin.pdf) [accessed 06/09/11].

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<sup>5</sup> S. Anderson et al (2007) *Growing Up in Scotland: Sweep 1 Overview Report* (Edinburgh: Scottish Executive), 177. Online at <http://www.scotland.gov.uk/Publications/2007/01/17162004/0> [accessed 06/09/11]...

<sup>6</sup> Ibid, 177.

## MULTIPLE RISK FACTORS

### Mothers living with partners

- 17.2% of mothers living with partners were either at high risk of depression, consumed **hazardous** levels of alcohol or lived with a partner who had ever used force (see Table 17).
- 15.3% of mothers living with partners were either at high risk of depression, consumed **harmful** levels of alcohol or lived with a partner who had ever used force (see Table 17).
- Depression was by far the most common feature. Those who scored between 4 and 9 on the malaise inventory were more likely to consume 15+ units of alcohol a week than those who drank below this limit (16% v 10%). Those who reported that their current partner had ever used violence were 3 times as likely to score high on the malaise inventory than those who did not (31% v 11%).

Only 3 mothers reported the presence of all 3 factors when looking at harmful drinking and 7 had all 3 factors when looking at hazardous drinking

**Table 17: The presence of *either* hazardous drinking or harmful drinking, high risk of depression and having ever experienced violence from current partner among partnered mothers by nation (MCS 1 Dataset, weighted for all UK analysis)**

	England	Wales	Scotland	NI	Total
Using hazardous drinking* (ave 15+ units)	17.4	17.5	15.6	15.7	17.2
Using harmful drinking **	15.4	15.5	14.2	15.0	15.3

\*Unweighted sample size = 14250

\*\*Unweighted sample size = 14230

(all female main respondents who completed a parent interview and reside full-time with father/partner (includes cases where the father did not complete an interview)).

### Single Mothers

- 22.3% of lone mothers were either at high risk of depression or consuming **hazardous** levels of alcohol (see Table 18). This was mainly primarily accounted for by mental health and only 1% reported both high scores on the malaise inventory and consuming 15+ units of alcohol per week while only 3 lone mothers reported both high malaise scores and consuming 35+ units of alcohol.

- Lone mothers who scored high on the malaise inventory were 3 times as likely to consume 15+ units of alcohol per week than those who didn't (6% v 2%), although numbers were small.

**Table 18: The presence of *either* hazardous drinking or harmful drinking and high risk of depression among lone mothers by nation (MCS 1 Dataset, weighted for all UK analysis)**

	England	Wales	Scotland	NI	Total
Using hazardous drinking* (ave 15+ units)	22.4	23.5	20.9	22.4	22.3
Using harmful drinking **	20.2	21.3	20.9	22.2	20.4

Unweighted sample size = 3038

\*Unweighted sample size = 3035

### PROBLEMS PARENTS EXPERIENCE IN THE FIRST FEW MONTHS

Mothers in the MCS 1 reported that just having their child, watching them meet their developmental milestones and the emotions this engendered were the best things about being a parent. Key difficulties included lack of sleep, health problems, managing other children and the restricted freedom of parenthood. Other difficulties included: teething, going back to work, practical difficulties/adjustments, feeding problems and crying.

**Table 19: Mothers' views on the best and most difficult things in the first few months after the birth (top 5) (MCS dataset 1, UK weight)**

Best things	%	Most Difficult Things	%
The baby's existence	32.9	Sleep related	21.5
Actions/behaviour/character/personality	23.6	Health problems	9.5
Development/milestones	19.6	Managing with other children	8
everything	14.7	Parenthood itself	8.4
Feelings/emotions	13.6	Freedom/lifestyle	6

all female main respondents

The equivalent Scottish study, the Growing Up in Scotland study, includes questions asking about the most common problems experienced by parents in the first three months of looking after a new baby. Interviews took place with parents when their babies were approximately 10 months of age. The following tables are reproduced from the GUS Sweep 1 Report (2007). The most common problems for parents of babies were wind and colic and the babies' sleeping pattern.

**Table 19: Extent of problems experienced in the first three months after the cohort child was born by sample type (GUS study results)**

Problem description	Sample type (%)	
	Babies	Toddlers
<b>% reporting as a 'big problem' or a 'bit of a problem'</b>		
Managing the relationship between the child and his siblings	25.0	21.7
The child suffering from wind or colic	47.0	41.2
The child's sleep pattern	37.7	37.4
Getting the child to feed	17.1	20.0
The child's teething	17.1	13.1
The child suffering from allergies or asthma	7.2	11.2
The child suffering from other health problems	17.4	15.6
<b>Bases</b>		
<b>Weighted</b>	5217	2858
<b>Unweighted</b>	5217	2858

**Source: Growing Up in Scotland: Sweep 1 Overview Report, Table 4.1 (Scottish Government: 2007, 49).**

Problematic crying was not included as one of the common problems specifically asked about. However crying is necessarily associated with a baby suffering from wind or colic, or having teething difficulties. Parents were asked to name any other problems they had experienced in the first three months. The GUS survey team did not report problematic crying as being a problem reported spontaneously by significant numbers of parents.

Key findings include:

- 77% of babies' parents reported problems with at least one of these issues in the first three months;
- 55% of babies' parents reported a 'big problem' with one of these;
- Parents of male babies (77%) were slightly more likely than parents of female babies (73%) to report at least one concern, and to report a greater number of concerns;
- Male babies were significantly more likely to have reported problems with their sleeping patterns in the first three months;

Other problems reported by parents in the first three months were:

- Managing the house and other domestic responsibilities (43.4% of parents)
- Lack of suitable transport (18.4% of parents)
- Being able to afford baby clothes and equipment (14.4% of parents).

**Table 20: Ten most common other problems experienced in the first three months after the cohort child was born by sample type (GUS study)**

Problem description	Sample type (% of those who reported other problems)	
	Babies	Toddlers
Lack of sleep	17.4	14.4
Respondent or partner's health	9.2	8.6
Getting used to having a baby around	8.6	7.1
Child's health	7.4	8.5
Coping with the demands of more than one child	7.0	6.7
Depression and/or other mental health problems	7.2	11.2
Demands of and/or trying to cope with a baby	6.1	3.2
Accommodation or housing problems	5.9	5.1
Problems related to breastfeeding	5.6	6.2
Respondent lost control of own life and/or own time and space	5.5	3.8
<i>Bases</i>		
<i>Weighted</i>	1123	640
<i>Unweighted</i>	1129	641

Source: S. Anderson et al (2007) *Growing Up in Scotland: Sweep 1 Overview Report, Table 4.2* (Edinburgh: Scottish Executive), 52.

## PROFESSIONAL SUPPORT

In the MCS, GPs and health visitors were the most common sources of professional help and support accessed by respondents since the birth of their baby (see Table 21). Only 2% said they had sought help from a religious group and 2.6% from a drop-in centre for families. Interestingly almost 1 in 10 reported seeking help from telephone help-lines; there was considerable regional variation with most of this occurring with Scotland and NI only having 1-2% of mothers who reported calling a help-line.

Four in ten respondents had sought none of the types of professional help inquired about. Where help had been sought, a majority reported that it had been easy or very easy to access.



**Table 21: Professional help sought by mothers (MCS dataset, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
	% Agree	% Agree	% Agree	% Agree	% Agree
General Practitioner	35.3	35.2	32.1	37.1	35.1
Health visitor	51.3	50.3	49.0	42.8	50.7
Religious group	2.0	1.8	1.6	3.2	2.0
Drop-in centre for families	2.7	1.9	2.9	1.4	2.6
Telephone advice line	10.2	6.2	2.1	1.3	8.9
None of these	39.3	39.1	42.9	44.6	39.8

Percentages total more than 100% because respondents answered in multiple categories

Unweighted sample size = 18499 (female main respondents only)

**Table 22: When professional help was sought, how easy was it to get? (MCS dataset 1, weighted, all UK weight)**

Type of professional help	Very easy or easy	Difficult or very difficult	Neither	Didn't get any help	Total	
	% Agree	% Agree			%	No
General Practitioner	82.3	2.7	6.7	0.3	100	6331
Unweighted sample size =						
Health visitor	91.4	4.1	4.1	0.4	100	8783
Religious group	96.1	0.5	1.6	1.4	100	346
Drop-in centre for families	89.0	2.9	5	3.1	100	459
Telephone advice line	85.8	6.7	6.4	1.2	100.0	1282

Sample = those female main respondents who sought each type of help

The MCS also included questions on whether or not parents had heard of Sure Start and Early Steps and whether or not they had used Sure Start. Overall, 27% reported having heard of Sure Start with Wales having the highest proportion and Scotland the lowest. Of those who had heard of Sure Start, 18% had used it, varying from 20% in Scotland to 15% in NI. Overall 14% of mothers had heard of Early Steps.

**Table 23: Mothers had heard if Sure Start and Early Steps and used Sure Start by nation (MCS dataset 1, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>
Have heard of Sure Start*	27.2	35.1	21.3	28.7	27.1
Have used Sure Start (Unweighted sample = 5257)	17.3	19.6	20.3	14.5	17.5
Have heard of Early Steps	14.3	12.8	11.1	12.5	13.9

\* Unweighted sample size = 18502 (female main respondents only)

\*\* Unweighted sample size = 5257 (female main respondents who had heard of Sure Start)

\*\*\* Unweighted sample size = 18502 (female main respondents only)

## SOCIAL SUPPORT

Roughly 8% of mothers reported having no-one to share their feelings with while 4 in 5 felt that they had other parents they could talk to.

**Table 24: Mothers who had reported having no-one to share their feelings with and those who had other parents to talk to by nation (MCS dataset 1, weighted, all UK weight)**

	England	Wales	Scotland	NI	Total
	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>	<i>% Agree</i>
* I Have no-one to share my feelings with	7.8	8.4	8.8	7.7	7.7
** There are other parents I can talk to	70.7	67.1	80.3	77.4	79.7

\* Unweighted sample size = 17879 (female main respondents only)

\*\* Unweighted sample size = 17879 (female main respondents only)