

**Follow up evidence from The First 1001 Days Movement (GRC0031) September 2020
Relating to Second Special Report - The impact of COVID-19 on maternity and
parental leave: Government Response to the Committee's First Report (HC 770)**

The First 1001 Days Movement

The First 1001 Days Movement is an alliance of over 150 charities and professional bodies spanning the children, family, mental health, maternity and baby sectors. We work together to drive change together by supporting and challenging national and local decision makers to value and invest in babies' emotional wellbeing and development in the first 1001 days, from pregnancy, as the critical foundation for a healthy and fulfilling life.

Background

We provided evidence to the Petitions Committee's Inquiry in May and have been asked to provide additional written comments on the Government's response to the Inquiry. This paper sets out our comments on particular aspects of the Government's response which we felt required reply, these are shown in boxes throughout the paper.

Our work focusses on the services and support available to promote the social and emotional development of babies and young children during the first 1001 days. We recognise that parents' wellbeing is therefore essential for babies' wellbeing and development, and that parents are most able to provide the care that babies need when they are emotionally, financially and socially secure and have family friendly employment. However, most of our work and specialist expertise is in the services and support that exist for babies and their families, rather than employment, leave and pay policies. We have focussed our response on the elements of the Committee's inquiry and Government's response that best match our expertise. As a Movement, our focus is primarily on babies and young children, and therefore their needs and experiences are at the heart of our comments.

Headline Comments

We continue to be disappointed at the lack of Government action to protect and promote the health and wellbeing of babies and their families in response to the pandemic. We are disappointed that Government's response to the Petitions Committee not only shows a lack of action, but also underplays the problems experienced by many families.

The impact of the pandemic on babies and their families.

"We recognise that lockdown has restricted the freedom that parents would normally have to socialise their children and spend time with family and friends. We also understand that some parents who had expected to return to work during lockdown, were unable to do so because they did not have access to appropriate childcare."

Lockdown has, understandably, not been easy for some people—including new parents— and we acknowledge that the experience of becoming a mother or father may not have been what some new parents had expected. But we believe that, for the vast majority of parents, the current arrangements have been sufficiently generous to cater for the variety of circumstances that new parents have found themselves in as a result of the pandemic. Indeed, for some families lockdown has been a positive experience, with many fathers and partners having more time at home with the mother and their baby. With the relaxation of social distancing rules that we have recently been able to introduce, there are also now more opportunities for new parents to spend their Maternity, Paternity, Adoption Leave and Shared Parental Leave in the way that they had envisaged spending it prior to the pandemic.” Government’s response, p.3.

Government’s description of the effect of the pandemic on families hugely underplays the significant impact that it has had, and continues to have on, babies and their families. The inability to meet family and friends did not simply restrict parents’ ability to “socialise”, it cut them off from vitally important sources of support to help them to adapt to parenthood and care for their baby, and to help them to address any issues they were facing. The pandemic also had significant wider impacts on families.

Research has shown that families’ experiences of the pandemic have varied, but some have struggled enormously and described feeling abandoned or falling through the cracks.ⁱ Coronavirus has had a direct impact on some families, with particularly worrying outcomes for pregnant women from Black, Asian and Minority Ethnic Communities.ⁱⁱ It has also had a range of secondary impacts. Families’ problems will have escalated during the COVID-19 crisis as a result of a range of stresses such as economic hardship, job insecurity, isolation, anxiety about the virus and the stresses of lockdown. A variety of research suggest increases in abuse, neglect, parental mental ill health and domestic conflict,ⁱⁱⁱ all of which can have a long term impact on children’s development and life chances. The significant economic impact of the crisis will persist long after lockdown leading to an increase and deepening of child poverty.

Research by Best-Beginnings, Home-Start UK and the Parent-Infant Foundation^{iv} found that:

- Almost 7 in 10 (68%) parents felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.
- Over two-thirds (68%) of respondents said that overall, their ability to cope with pregnancy or caring for their baby had been affected by the COVID-19 restrictions.
- Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19 pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children across the UK.

A wealth of evidence shows that exposure to significant stress in the womb or early life can have pervasive and lasting impacts on multiple domains of development.^v Whilst the pandemic has affected all children, for those in key developmental stages – such as

the first 1001 days of life – disruption of many months will have a comparatively greater impact on development.^{vi}

Government's statement that more parents can now spend their leave in the way that they "had envisaged spending it prior to the pandemic" ignores the fact that life has not returned to normal for most families. In many hospitals partners are still not able to attend scans and maternity appointments, and their access is restricted during labour, on postnatal wards and on NICUs. This leaves women without vital support during this important time. Fathers and partners are also missing out on important events in their journey to parenthood, and their new babies' lives. In addition many families are still not experiencing face-to-face care from health professionals, it is harder to for family and friends to provide valuable support, and many babies and toddler groups remain closed. Rules across the country, particularly in areas of local lockdown, still make it harder for people to see friends and family. None of us envisaged spending 2020 like this. Let alone new parents.

Health Visiting Services

"Community health services have continued to provide support during the pandemic with greater use of digital and remote technologies giving support to higher needs families. Health visitors have also prioritised families not already in contact with services and families where there this is a risk. Guidance published on 3 June sets out the approach to restoration of community health services for children and young people: [https://www. england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0552-Restoration-ofCommunity-Health-Services-Guidance-CYP-version-3-June-2020-1.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0552-Restoration-ofCommunity-Health-Services-Guidance-CYP-version-3-June-2020-1.pdf). The allocation of health-visitor resources is a matter for local authorities as the commissioner best placed to understand the needs of their local population and make decisions on funding priorities. Public Health England is also working with partners and professional bodies to support local implementation." Government response, page 11 and 12

Whilst many services have adapted and developed their offer, community health services have not continued to provide the same level of support for families during the pandemic, due a range of issues including redeployment of staff, capacity, social distancing requirements and shortages of PPE and appropriate technology.

Underinvestment in health visiting is a longstanding concern and the service was already significantly depleted when it entered the pandemic. It then faced considerable challenges as large numbers of health visitors (up to 70% in some areas) were redeployed into hospital and community settings to treat patients as part of the NHS emergency response. As a result, many families have not received the support that they needed during this time. As outlined above, there are concerns not only about the missed needs of babies and their parents, but also the increased need for support and intervention as a result of the pandemic.

Whilst working digitally or on the phone was necessary in some situations, and works well in some circumstances, it is important to note that it is not always a good solution:

- Many families facing multiple disadvantage are digitally excluded, perhaps lacking smartphones, access to data or wifi, or the literacy and language skills to engage with services remotely. Others may lack private, quiet space to take a call. These families therefore face a double disadvantage of increased need and increased barriers to engagement.
- Not all providers have the right technology to enable effective virtual work with families. During the crisis, many professionals have relied on personal smartphones because their professional mobile phones and laptops did not enable effective delivery of services.
- It is very difficult to assess babies' wellbeing and parent-infant interaction through telephone or video contact with families. It is also more difficult to elicit need or identify safeguarding concerns as assessments rely largely on parental report and do not provide the additional contextual cues that can be achieved through a face-to-face home visit. Indeed, often the baby remains unseen through these contacts.
- Working remotely can make it hard to build and maintain trusting relationships with families, especially where a service hasn't had contact with a family before. It is harder to read non-verbal cues and make an emotional connection, and conversations may be interrupted by technical issues.

Whilst Government may argue that responsibility for health visiting lies with local decision makers, Local Authorities did not have sufficient funds to resource health visiting services properly prior to the pandemic. Public Health budgets have been cut by £700m since 2015 and there have been significant falls in health visitor numbers since that time.^{vii}

There are also huge and unwarranted variations in the care delivered by Health Visiting services across England. For example, research by the Office of the Children's Commissioner suggests that on average 20% of children do not receive their 2.5-year-old check, with as many as 65% of children in some local authorities missing it.^{viii} Public Health England has not had the resource or mandate to support and challenge Local Authorities sufficiently to ensure they offer the services set out in the Healthy Child Programme. The restructure of PHE has left the future of functions relating to health visiting unclear. But there are opportunities in the revision of PHE's role, to strengthen our national efforts to give babies the best start in life. We urge Government to look at roles, responsibility, accountability and resourcing for early wellbeing and development across Government departments and agencies and to seize this opportunity to ensure we have a system with clear leadership, a joined-up strategic approach and the ability to support local decision makers and hold them to account.

"The Government recognises the importance of securing support for the most vulnerable in communities during the current national emergency. This is why we have provided £3.7 billion of additional funding to support local authorities to address any

pressures they are facing in response to the Covid-19 pandemic, including public health services.” Government response page 12

Whilst the £3.7bn provided by Government to Local Authorities to cover the costs of the COVID-19 Pandemic is welcome, there are a large number of areas of public services where there are shortages in funding. Furthermore, the LGA has stated that there is a £10bn shortfall in local funding as a result of COVID.^{ix} We know that, when resources are stretched, Commissioners rarely prioritise services for babies and their families.^x The Government has provided £1bn in catch-up funding for school age children and at least £522m for the hospitality industry. It’s time for the needs of babies and their families to be taken seriously and for dedicated investment to ensure local services can meet their needs.

“The Government recognises the important role that parent and baby groups play in supporting new parents—including self-employed mothers. The Department for Business, Energy and Industrial Strategy is happy to host a meeting with groups in this sector to better understand how they can be supported to help parents return to work—particularly when parents have experienced mental health issues as a result of Covid-19 and lockdown.” Government response page 12

This quote shows a fundamental misunderstanding of the role of parent and baby groups, which provide practical and emotional support (alongside sometimes specialist provision such as breastfeeding support), a place for social support, positive and stimulating activities and a safe place to play for young children. Most of these groups are still struggling to reopen because of the lack of clarity and guidance about what they can do and how to operate safely. It is for the Departments of Education and Health to work with the sector to understand how groups can be supported to work safely and effectively for families.

“The Government recognises that parents play a key role in children and young people’s mental health. The Department of Health and Social Care (DHSC) has published guidance for parents and carers on supporting children and young people’s mental health and wellbeing during the coronavirus (COVID-19) pandemic. DHSC has also adapted the ‘Every Mind Matters platform’ to include advice on looking after children and young people during the pandemic. This includes specific advice on looking after your own mental health and wellbeing as an essential aspect of being able to support others. In these challenging times, we want parents to be able to seek the help they need. NHS mental health services have remained open throughout the pandemic, operating digitally where possible. Most providers are now also offering 24/7, all-age crisis lines for urgent mental health support.” Government response page 13

We are sad that the Government’s response does not recognise the mental health needs of babies and young children. The Every Mind Matters platform seems to be entirely focussed on older children and young people’s mental health. There does not appear to be any content about the mental health of babies and young children. The

text on the website talks about children being off school, and the need to listen to their feelings. Clearly this does not provide for the youngest children. Similarly, Crisis lines are not “all-age” provision. They do not cater for the needs of babies and toddlers, who need specialist parent-infant provision with early relationships.

Prior to the pandemic, there were significant gaps in provision for babies’ and young children’s mental health. Even though CAMHS services should cater for 0-18-year-olds, in 2019, CAMHS services in 42% of CCG areas in England did not accept referrals for children aged 2 and under. And of those that said they accepted referrals and could provide data broken down by age, 36% had not seen a child age 2 or under.²⁰ We call on the Government to take the mental health needs of babies and toddlers seriously – this is the foundation for lifelong mental health.

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ⁱ Saunders, B and Hogg, S. (2020). Babies in Lockdown: Listening to Parents to Build Back Better. Best Beginnings, Home-Start UK and Parent-Infant Foundation.

ⁱⁱ Knight M, Bunch K, Cairns A, Cantwell R, Cox P, Kenyon S, Kotnis R, Lucas DN, Lucas S, Marshall L, Nelson Piercy C, Page L, Rodger A, Shakespeare J, Tuffnell D, Kurinczuk JJ on behalf of MBRRACE-UK. (2020) Saving Lives, Improving Mothers’ Care Rapid Report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK March – May 2020 Oxford: National Perinatal Epidemiology Unit, University of Oxford

ⁱⁱⁱ Eg. Wilson H and Wadell S (2020) Covid-19 and early intervention: Understanding the impact, preparing for recovery by Hannah Wilson and Stephanie Wadell, June 2020, EIF report

ADCS (2020) Discussion paper: BUILDING A COUNTRY THAT WORKS FOR ALL CHILDREN POST COVID-19.

^{iv} Saunders, B and Hogg, S. (2020). Babies in Lockdown: Listening to Parents to Build Back Better. Best Beginnings, Home-Start UK and Parent-Infant Foundation.

^v For example, Yehuda, R *et al* (2005). Transgenerational Effects of Posttraumatic Stress Disorder in Babies of Mothers Exposed to the World Trade Center Attacks during Pregnancy. *Journal of Clinical Endocrinology & Metabolism*, and Center on the Developing Child (2007). *The Impact of Early Adversity on Child Development* (InBrief). Retrieved from www.developingchild.harvard.edu.

^{vi} Ramchandani, P (2020) COVID 19, We can ward off some of the negative impacts on children. *New Scientist* <https://www.newscientist.com/article/mg24532773-000-covid-19-we-can-ward-off-some-of-the-negative-impacts-on-children/>

^{vii} Local Government Association (2019) Health and Local Public Health Cuts.

^{viii} Children’s Commissioner for England. (2020) Best Beginnings. A proposal for a new early years guarantee to give all children in England the best start in life

^{ix} <https://www.local.gov.uk/lga-analysis-covid-19-council-funding-gap-widens-ps74-billion>

^x Hogg, S. (2019) Rare Jewels: Specialised Parent-Infant Teams in the UK. Parent-Infant Foundation.