Written evidence submitted by the NSPCC (GRC0012)

About the NSPCC

The NSPCC is the leading children's charity fighting to end child abuse in the UK and Channel Islands. We help children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening. To achieve our vision, we:

- Create and deliver services for children which are innovative, distinctive, and demonstrate how to enhance child protection;
- Provide advice and support to ensure that every child is listened to;
- Campaign for changes to legislation, policy, and practice to ensure the best protection for children;
- Inform and educate the public to change attitudes and behaviours.

The Perinatal Period: Opportunity and Vulnerability

1. The first 1,000 days of child's life represent a crucial period for child development and wellbeing. There is clear evidence that experiences during the early years of life play a unique role in shaping a child's brain, with long-term consequences for health and wellbeing, as well as educational learning.[1] The perinatal period – defined as conception through to age two - is a particularly sensitive period for child development and it is vital that parents are equipped with the knowledge and skills to develop a healthy interaction and bond with their child. Supporting parents to foster a secure and stable parent-infant relationship is of crucial importance and a key function of parental leave.
2. Parent-infant interaction at this stage has a particularly important impact on the infant's developing brain.[2] Specifically, a secure attachment between infant and parent has a demonstrable impact on the part of the brain which regulates stress, the hypothalamic pituitary axis, generating

[1] Center on the Developing Child (2009) Five numbers to remember about the developing child. Harvard: Center on the Developing Child.
[2] Schore AN: Relational trauma and the developing right brain: The neurobiology of broken attachment bonds. In Tessa Baradon: *Relational Trauma in Infancy*. London: Routledge 2010, p. 22.

positive infant wellbeing in the present, while also buffering the child's brain against future harm.[3] Evidence shows that parents' awareness of and ability to recognise their baby's mental states – capacities known as reflective function or mind-mindedness – enables them to respond sensitively to their child and form a healthy relationship. Support during the perinatal period is crucial for enabling parents to develop reflective functioning and bond with their child, reducing the risk of abuse or neglect. Although maltreatment can occur at any point throughout childhood, evidence from social services data and from serious case review analyses indicate that infancy represents a period of heightened vulnerability, with real risk of mortality.[4]

Parental Mental Health and Covid19

3. Adjusting to new roles and responsibilities as caregivers is challenging, and perinatal mental health problems are common, affecting up to one in five women,[5] as well as up to one in ten men.[6] Moreover, there is some evidence to suggest that the proportion of mothers experiencing mental ill-health during this critical period has doubled over the last 20 years in the UK.[7] Mental illness does not discriminate but there are groups of women more likely to develop perinatal problems. Previous history of mental health problems, complications in pregnancy and experiences of domestic abuse are all associated with increased risk.[8]
4. During Covid19, it is likely that for many parents, existing feelings of anxiety, apprehension and stress may intensify as day-to-day routines are

[3] Clinton, J., Feller, A., & Williams, R. (2016). The importance of infant mental health. *Paediatrics & Child Health*, *21*(5), 239–241.
[4] https://learning.nspcc.org.uk/media/1181/child-protection-register-statistics-england.pdf; https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf; https://learning.nspcc.org.uk/research-resources/2020/triennial-analysis-of-serious-case-reviews-caspar-briefing
[5]https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health#fn:1
[6] http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/perinatal-mental-health-toolkit.aspx
[7] https://www.theguardian.com/society/2018/jul/30/women-mothers-mental-health-problems-care-nhs-report
[8] Biaggi, A., Conroy, S., Pawlby, S., & Pariante, C. M. (2016). Identifying the women at risk of antenatal anxiety and depression: A systematic review. *J Affect Disord, 191*, 62-77. doi:10.1016/j.jad.2015.11.014; Howard LM, Oram S, Galley H, Trevillion K, Feder G. Domestic violence and perinatal mental disorders: a systematic review and meta-analysis. *PLoS Med* 2013; 10: e1001452.

disrupted and in-person support from friends and extended family is paused. Similarly, the pressures associated with the pandemic may generate significant concerns for parents who previously had not experienced persistent mental health problems, and these may escalate to a point where professional support is required. Undetected and unsupported mental health problems can affect a parent's ability to provide the responsive and sensitive support necessary for scaffolding their child and jeopardise the formation of a secure parent-infant bond.

5. Extending paid maternity leave would likely ease financial pressures during this time of great economic uncertainty, and this may well have a positive protective impact on parental mental health, indirectly supporting parent-infant bonding. However, the drivers of mental ill-health are complex and economic stress may only be one contributing factor; other factors such as social isolation, household conflict and domestic abuse, or health concerns directly related to the pandemic may also exacerbate latent mental health concerns. That is why the NSPCC believes that any additional resource should be invested in ensuring statutory services can provide expert professional support to families across multiple levels of needs.

Perinatal Support for Families during Covid19

6. Parent-infant bonding requires a stable and supportive environment, with many families needing additional support to facilitate this even in normal circumstances. While the present focus on acute service response to Covid19 is understandable, the fundamental importance of public health and social services' role in safeguarding and promoting the welfare of mothers and infants must also be recognised, and their ability to provide support not compromised. Typically, parental leave provides an opportunity for parents to receive in-person support through the statutory Healthy Child Programme (HCP) which they can then reflect on and further develop through community-based peer-support. For families with additional needs, health reviews delivered by a trained health visitor provide an opportunity for more targeted support, linking with specialist services if necessary. There is a clear evidence-base for this approach;

specialist interventions which support parent-child interactions during these early years can improve the parent-child relationship and reduce the risk of maltreatment.[9]

7. The NSPCC is particularly concerned that the secondary impacts of the pandemic will have a significant adverse effect on vulnerable families with infants, as well as those who are expecting babies – and we believe the most effective mechanism for supporting these families is prioritisation of early years health and social service provision during this pandemic. Families who were already experiencing multiple adversities may find that their problems have intensified during Covid19, but that they are now unable to access the same evidence-based support package through local authorities and the NHS. Perinatal professionals are commendably adapting their practice to ensure families continue to receive consistent health and social care, but factors such as familial lack of access to digital technology; privacy concerns, and personal protective equipment shortages, can hinder the ability of frontline staff to adequately identify risk and provide an effective response. This is particularly the case for assessing infant mental health given that cues will likely be non-verbal and concerns not be readily identified digitally.
8. For other families, the extraordinary circumstances that have arisen from this pandemic will create new hardships and vulnerabilities, but these may not be readily identified given government guidance on social distancing and isolation. It is therefore vital that frontline staff delivering statutory universal services such as the Healthy Child Programme are supported to continue their work through use of digital technology, with a clear pathway in place for safely delivering face-to-face contacts if the digital check-in suggests any child safeguarding concerns. While we understand the rationale for prioritisation of the antenatal and new birth contacts, as well as contacts for vulnerable families, we are concerned that redeployment of workforce to acute services, when coupled with staff illness, could have significant effect on full service delivery and the ability to identify and support emerging, yet hidden, vulnerabilities. Our priority should be safe delivery of key universal and targeted services to families

[9] https://www.sciencedirect.com/science/article/pii/S0145213417303435?via%3Dihub

during this period, with a focus on ensuring local teams can continue to deliver vital face-to-face contacts with the appropriate personal protective equipment.

Perinatal Services for Families after Covid19

9. We were very disappointed that the 2019 public health green paper gave only a cursory mention to support for families during pregnancy and post-birth. Addressing inter-familial and geographical inequalities in early years support should be a primary aim of public health policy, yet, for successive years there have been significant reductions in funding and workforce which undermine the ability of the system to act. Rebuilding Britain post-covid19 offers a real opportunity to redress the historical imbalance between early and late intervention-spend, ensuring that no matter where a family calls home, they can receive timely and needs-based support. As we move out of the pandemic, we must honour our commitment to children's rights beginning with support in infancy. This kind of early help is vital from a safeguarding perspective, but also economically prudent. For example, evidence from one of the longest running cohort studies in the world, the Dunedin Multidisciplinary Health and Development Study, has found that children who were in high risk groups at age three account for a disproportionately large economic burden by age 38. The most disadvantaged fifth of the cohort at aged three (based on socioeconomic background, experience of maltreatment, IQ and self-control) accounted for 36% of the cohort's injury insurance-claims; 40% of excess obese-kilograms; 54% of cigarettes smoked; 57% of hospital nights; 66% of welfare benefits; 77% of fatherless childrearing; 78% of prescription fills; and 81% of criminal convictions at aged 38.[10]
10. A key pillar of this revamped early years package must be consistent, in-person support delivered by trained health professionals. Consistent care from midwives and health visitors enhances the opportunity parental leave offers, by supporting parents to make the most of this dedicated

[10] Caspi, A., Houts RM, Belsky DW, et al. Childhood forecasting of a small segment of the population with large economic burden. Nat Hum Behav 2016; 1: 1–10

time with their child. It is therefore concerning that England currently only offers a programme of five early years health reviews, compared to eleven in Scotland and nine in Wales.[11] Health visitors are uniquely well-placed to support marginalised families, spotting early signs of parental mental health difficulties or child development concerns and ensuring support is available. But the 31% decline in NHS health visiting staff since 2015,[12] coupled with the increase in family caseloads for those still in the profession,[13] means the existing Healthy Child Programme is not equipped to support struggling families across the county. NSPCC research conducted with YouGov early this year highlights that just 6% of families who have received the programme since 2015 have been supported by the same health professional during the perinatal period. Furthermore, one in four mums said that for some reviews, they had a letter, text message, or a phone call instead of in-person support. It is clear that the current service is unable to provide families with the quality of care they should be receiving, or that health professionals wish to deliver. We welcomed the Government's commitment to modernise this programme last year, but fear that rather than see the pandemic as an opportunity to reset our early years public health services, progress on reform will stall.

11. What is crucial to remember is that even as we emerge from this pandemic, needs will continue to be great and support supply is unlikely to be able to meet demand. There will be significant challenges associated with resuming full face-to-face health and social care services due to the inevitable backlog of missed contacts and the contacts that must be repeated because full assessments weren't able to take place digitally. It is also quite possible that the lifting of lockdown will generate additional pressures which the service will have to contend with. It is therefore more important than ever that post-Covid19 we reset our priorities and ensure our existing early years' service is sufficiently resourced to enable all

[11] https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/pages/2/; https://gov.wales/sites/default/files/publications/2019-05/an-overview-of-the-healthy-child-wales-programme.pdf

[12] Health Visiting in England: A Vision for the Future - https://ihv.org.uk/wp-content/uploads/2019/11/7.11.19-Health-Visiting-in-England-Vision-FINAL-VERSION.pdf

[13] Health Visiting in England: State of Health Visiting in England, *Results from a survey of 1040 practising health visitors* https://ihv.org.uk/wp-content/uploads/2020/02/State-of-Health-Visiting-survey-FINAL-VERSION-18.2.20.pdf

families to give their babies the best start in life. In light of the Marmott Review and the RCPCH's State of Child Health 2020 report, our ambition must be full and equitable funding of all areas to address the growing health inequities. Based on current distribution of the public health grant, we need to see an investment of £700 million in services for children under four[14] to ensure every area of England can provide the standard of public health service all families are entitled to.

Parliamentary Questions:

- To ask the Secretary of State for Health and Social Care what data has been collected on a) the number of health visitors redeployed away from their roles during the COVID-19 outbreak b) what proportion of qualified health visitors have been redeployed in each area c) the size of the caseloads held by health visitors who remain in post as a result of redeployment of their colleagues.

- To ask the Secretary of State for Health and Social Care what plans are in place to support health visiting, children's services and CAMHS and perinatal mental health services to cope with the increased demand for services expected as a result of missed appointments during the COVID-19 outbreak, additional needs as a result of the outbreak, and any increase in births that may be seen next year as a result of the outbreak?

- To ask the Secretary of State for Health and Social Care what the new timeline is for modernisation of the Healthy Child Programme and if there is additional funding available to support roll-out of the revamped programme, given the successive cuts to the public health grant.

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[14] https://www.health.org.uk/sites/default/files/upload/publications/2018/Taking%20our%20health%20for%20granted_for%20web.pdf