First 1001 Days Movement

EVIDENCE BRIEF 2

The State of Babyhood

What life is like for babies in the UK today

Summary

This Evidence Brief, produced by the First 1001 Days Movement, is one of a series making the case for action to support babies and their families across the UK.

This Brief pulls together information about our babies' early life experiences and wellbeing.

Data from a range of sources about parental wellbeing, pregnancy, birth, and early development, presents a mixed picture of early childhood development in the UK today. While most babies are doing well, there are some important reasons to be concerned. Evidence suggests that progress on some measures has stalled, and the UK falls behind comparative nations on important outcomes.

Much of the data relates to babies' physical health rather than their social and emotional wellbeing and development. However, the available data shows that:

- A significant number of babies are exposed to multiple adversities early in their lives which put their wellbeing and development at risk, with potentially pervasive and long-term consequences
- Gaps in early outcomes are broad and deep, and lay the foundations for lifelong inequalities
- Babies are more likely than older children to experience significant harm
- The COVID-19 pandemic has increased adversity and exacerbated inequalities.

Immediate action is needed, to support parents and to tackle adversity so that all babies in the UK have the best possible start in life.

1. The UK falls behind comparative nations on important outcomes.

1.1. Every day in the UK, we will welcome almost 2,000 new babies into the world[1]. For most, their journey will begin well, but some of these babies are not getting the best start in life.

1.2. The UK is a world leader in many fields, but several important outcomes relating to babies' physical health and wellbeing have been static or have gone in the wrong direction in recent years.

1.3. **Breastfeeding rates** here are lower than in many comparable high-income countries[2]. While there have been small annual increases in Scotland, Northern Ireland and Wales, the latest data from England shows a decline in the number of babies being breastfed at six-to-eight weeks, with only 42.7% of mothers breastfeeding either exclusively or partially. This is the lowest proportion since 2009[3].

1.4. While the number of **teenage pregnancies** has been declining in the UK, the rate here remains higher than in many other European countries[4].

1.5. Even more worrying are figures on injury and death. Infant mortality is high. Whilst it has fallen in Northern Ireland, Scotland and Wales, it has got worse in England. In 2018, the UK had the third-highest rate of infant mortality, compared to 25 comparable countries[5].

"The harsh reality is that, in terms of health and wellbeing, children born in the UK are often worse off than those born in other comparably wealthy countries. This is especially true if the child is from a less well-off background.

"Infant mortality is a globally recognised sign of how well a country is looking after the health of its citizens. Throughout the world, the number of babies dying in their first year has been steadily falling for decades.... Yet UK infant mortality rates have stalled, and in England they actually got worse...For a high-income nation such as ours that should be a major wake up call."

Dr Ronny Cheung, Clinical Lead for RCPCH[6]

2. A high number of babies are exposed to multiple adversities early in their lives, which puts their social and emotional wellbeing and development at risk.

2.1. At present, we do not have sufficient, robust data to know exactly how our youngest children are developing cognitively, socially, and emotionally. Much of the information being collected on very young children relates to their physical health. Mental health datasets generally only capture the needs of older children.

2.2. Some information on early development is collected and reported by health visitors at children's 2-2.5-year-old check, but 20% of children miss out on this review, leading to gaps in the data[7]. Children from Black, Asian and minority ethnic communities are much more likely to miss out on these checks, and therefore will be under-represented in the data[8]. Furthermore, the number of children who received their 2-2.5-year-old check and were identified as having a developmental delay varied across local authority areas from 3% to 59% suggesting the data may not be reliable[9].

2.3. Scientific research suggests that around 10-25% of young children experience a disorganised attachment relationship with their main carer(s)[10]. This type of attachment is more prevalent in families living with domestic abuse, substance misuse, parental mental illness, exposure to trauma, and poverty, where the types of atypical parent-infant interaction that lead to a disorganised attachment, are more common. These problems, especially when they occur together, significantly increase the risk of poor social, emotional, and cognitive outcomes.

2.4. The data we have on factors that put children's early wellbeing and development at risk presents a worrying picture in terms of the number of babies exposed to multiple risk factors and early adversities that will influence their development and later outcomes.

Parental risk factors

2.5. Because babies are so dependent on their parents and caregivers, parental risk factors can have a significant impact on a child's early development. There are many such risk factors, and when they accumulate babies are especially vulnerable to poor outcomes. There is a lack of data on babies affected by multiple disadvantages due to a lack of recording of many of the wider factors being experienced by pregnant women and new mothers.

Research by the Children's Commissioner found that in England alone around 8,300 babies aged below one live in households where domestic abuse, adult alcohol or drug dependency, and severe adult mental ill-health are all present and 25,000 babies live in households experiencing at least two of these challenges[11].

2.6. In this Brief, we examine three specific risk factors: parental mental ill-health, poverty, and domestic abuse. These factors occur frequently during pregnancy and in the first two years of life and can have a serious impact on some babies' development, especially if families do not receive timely and effective support. Data suggests that the COVID-19 pandemic has increased the prevalence of these issues and decreased access to support.

Parental mental health

2.7. When parents struggle with poor mental health in pregnancy or when a baby is born, it can impact their babies' development directly and indirectly in a number of ways[12]. Not all babies whose parents have mental health problems will experience poor outcomes, but their risk of later problems is increased. Perinatal mental health problems are common, with research indicating one in five women and one in ten men experience difficulties during this period. It is estimated that half of cases go undetected[13].

2.8. The pandemic has led to significant increases in parental mental ill-health. Several studies have shown increases in parental depression and anxiety, and an increase in concerns about relationships between parents and their babies[14,15].

A survey of over 5,000 expectant and new parents across the UK found that:

- **61% had significant concerns about their own mental health**
- **68% said their ability to cope with their pregnancy or with their baby had been affected**
- **25% were concerned about their relationship with their baby, of whom 35% wanted help**[16]

"I feel lost in the world. I am mentally, psychologically and emotionally in a standstill."

"I think I'm struggling with postnatal depression due to COVID. I was fine before as I was going to places, doing things, going to classes. But now being stuck at home with in laws has had an effect especially being worried about COVID. Not being able to see my parents... I feel detached from my baby. I feel as though she doesn't see me."

"It's made a challenging time unimaginably hard and lonely."

Mothers responding to the Babies in Lockdown Survey [17]

2.9. Our research showed that 98% of practitioners working with families in the first 1001 days observed increases in parental anxiety, stress and depression during the lockdown, which in turn affected parents' ability to bond with and to provide responsive care to their babies[18].

"There are, and will continue to be, clear effects of the coronavirus on children's education, social life and physical and mental health. For children in key development stages, such as the very young and those in adolescence, disruption of many months will have a larger impact on social development."

Professor Paul Ramchandani[19]

Poverty and inequality

2.10. Living in poverty has a range of direct and indirect impacts on babies' wellbeing and development. Research suggests that poverty can impact some babies' early brain development due to reduced opportunities for positive stimulation, increased exposure to stress and/or because the stress associated with poverty can make it harder for parents to provide their babies with the sensitive, nurturing care they need to thrive[20]. Poverty also interacts with other risk factors facing a family; for example, there is evidence to show that maternal mental health problems have a greater impact on child development in households with lower income[21].

2.11. In the UK now, both poverty and inequalities are growing. Gaps in development between children from low-income families and their peers have widened in recent years, and before school, there are notable differences in both cognitive development and mental health between children from low-income families and their peers[22,23].

2.12. Households with young children face the highest risk of poverty. The data does not allow us to understand poverty specifically for children under two, but does compare children under five with older children. In the last decade, poverty has risen faster for this group than for other children. 1.3 million (30%) of the 4.3 million children in poverty in the UK are babies and young children under the age of five[24] and 34% of families with at least one child under five now live in poverty[25]. Families with young children are also more likely to be experiencing poverty that is severe and persistent. A quarter of young children currently experiencing poverty are living below 50% of the poverty line[26].

2.13. The COVID-19 pandemic has also increased poverty, with a particular impact on families with young children. In a recent survey of 'baby banks', nine in ten said the pandemic was leaving families without access to 'the basics'. Research involving frontline workers found the vast majority (88%) were worried that children in poverty will fall behind in their development[27].

"This was my first baby, before she arrived, I was so happy, waiting for my baby, preparing everything, but then my baby arrived, I cannot pay the rent, nobody can support me, and I was everyday worrying... I was all the time shaking, crying. I lost my confidence with my baby."

"My situation affects me, it's because I'm stressed, I feel very pressured, and then maybe I feel a bit more strict, and I get angry with the kids."

"I've had lots of therapy for my birth trauma, but the financial side of it was extremely stressful also. As my finances improved, so did my mental health. We don't realise how strong that connection is, when your finances are down, you feel down."

Mothers of young children living in poverty quoted in Little Village report [28]

Domestic abuse

2.14. Domestic abuse can often begin or escalate in pregnancy and early parenthood: A third of all cases of domestic abuse begin during pregnancy. Around half of all women experiencing domestic abuse do so while they are pregnant[29]. The impact of this abuse on babies – both born and unborn – can be serious and long-lasting. Domestic abuse in pregnancy is associated with poor obstetric outcomes, such as low birth weight[30]. It can also expose the developing foetus to stress, which can disrupt neurodevelopment, shaping behaviour and emotional outcomes[31]. In early childhood, domestic abuse can affect early parenting and expose a child to harmful toxic stress[32-34].

2.15. Again, COVID has made the situation worse. Professionals report significant increases in very young children being exposed to conflict. In our survey of practitioners working with families during the first 1001 days, 80% said that during the pandemic some babies they work with had experienced increased exposure to domestic conflict, child abuse or neglect and 29% said *many* babies they work with had been impacted[35].

3. Inequalities in early experiences and outcomes are broad and deep.

3.1. There are significant and persistent socioeconomic inequalities in a wide range of outcomes. These include measures of wellbeing in infancy such as birth weight and breastfeeding initiation, and those measured later in childhood, including attainment and obesity at age five. Because each stage of development builds on what went before, disparities in early development tend to persist and widen over a child's life[36].

3.2. There are also known racial disparities in the experiences and outcomes of mothers and babies:

- Women from minoritized groups are more likely to have perinatal mental health problems and less likely to access treatment[37]
- Black mothers in England are four times more likely to die in pregnancy and childbirth compared to White mothers[38]
- Children in non-white communities are more likely to live in poverty. 53% of children under five years of age in Black, Asian and minority ethnic families are in poverty compared to 34% of all children in this age group[39]
- Babies and toddlers in non-white communities are less likely to have a check with a health visitor[40]. For example, in 2019-20, a baby who is Black was 60% less likely to receive an antenatal health visiting review compared to other children.

4. Babies fare worse than older children on a range of extremely important measures.

4.1. As well as mounting evidence about the rising number of our babies facing multiple risks, we also now know that babies fare worse than older children, experiencing the very worst forms of harm and adversity.

- The rate of homicide in the UK is higher for children under one than for any other age group[41]
- Every year, over 30% of serious incidents of abuse or death of children involve babies under one[42].

4.2. Serious incidents involving babies have increased during the COVID-19 pandemic. Local authorities in England reported over 100 serious incidents of injury and death involving babies under one between April and October 2020 – an increase of 50% on the previous six months, and 31% on the same period in 2019. Of all the serious incidents involving children in that period, 36% involved babies under one[43].

4.3. Babies are also disproportionately represented in the care system. In England in 2018 just under a quarter of children in care proceedings were a baby under one[44]. The proportion of children under one in the child protection system has risen in the last decade[45]. During this time the number of newborns taken into care at birth has doubled in England, Scotland and Wales[46]. It is difficult to know whether this marked increase tells us about changes in how the child protection system is working, or whether it indicates an increasing level of harm faced by young children.

4.4. Despite the rising number of babies in the care system, the data still suggests there are many who are not known to the relevant services. While 8,300 babies under one are living in households with multiple risk factors, only 5,000 babies are on child protection plans, meaning that thousands of babies at risk are not receiving the help they so desperately need[47].

A Call to Action

There are gaps in our understanding of babies' wellbeing and development across the UK. In particular, we do not know enough about those babies facing multiple disadvantages, who are the babies who are most likely to need the most help. But we know enough to know we need to act. Children suffer when families struggle to function well. Policies and local services play a vital role in providing parents with the knowledge and resources they need to give their babies nurturing care and tackling adversity in their lives.

The problems discussed in this Brief have existed for too long already, but COVID-19 has undoubtedly worsened the situation for many families. The long-term impacts are not yet known but will, in all likelihood, lead to worse outcomes and rising inequalities. This means that without urgent action, many more babies and children will be at risk in terms of their long-term development.

The First 1001 Days Movement calls on national and local decision-makers across the UK to value and invest in babies' emotional wellbeing and development in the first 1001 days, to give every child a strong foundation in the earliest years of life.

References

1. In 2019 (the latest year we have data available) there were 610,505 babies born in England and 29,704 in Wales (ONS data), 49,863 in Scotland (National Records of Scotland) and 22,447 in Northern Ireland (Northern Ireland Statistics and Research Agency).
2. UNICEF. 2018. Breastfeeding: *A Mother's Gift, for Every Child*. New York: United Nations Children's Fund.
3. Royal College of Paediatrics and Child Health. (2020) *State of Child Health*, [Internet]. 2020. Available from: stateofchildhealth.rcpch.ac.uk
4. Oppenheim C, Rehill J. (2020) *Changes in the lives of families with young children: How are the lives of families with young children changing?*, Nuffield Foundation.
5. Royal College of Paediatrics and Child Health. (2020) *Ibid.*
6. Dr Ronny Cheung, Clinical Lead for RCPCH quote retrieved from https://www.rcpch.ac.uk/news-events/news/uk-danger-failing-generation-children-young-people-says-new-report on 20th May 2021.
7. Children's Commissioner. (2020). *Best beginnings in the early years.*
8. Public Health England. (2021). *Characteristics of children receiving universal health visitor reviews.*
9. Children's Commissioner. (2020). *Ibid.*
10. Van Ijzendoorn, M. H., Schuengel, C., & Bakermans-Kranenburg, M. J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and psychopathology*, 11(2), 225-250.
11. Children's Commissioner. (2018). *A Crying Shame.*
12. Hogg, S. (2013) Prevention in Mind. All babies count: spotlight on perinatal mental health. NSPCC
13. Bauer, A., Parsonage, M., Knapp, M., Iemmi, V., Adelaja, B., & Hogg, S. (2014). The costs of perinatal mental health problems. *London: Centre for Mental Health and London School of Economics.*
14. Papworth, R., Harris, A., Durcan G., Wilton, J. and Sinclair, C. (2021) *Maternal mental health during a pandemic A rapid evidence review of Covid-19's impact.* Centre for Mental Health and Maternal Mental Health Alliance,
15. Myers, S., & Emmott, E. H. (2021). *Communication across maternal social networks during the UK's national lockdown and its association with postnatal depressive symptoms.*
16. Best Beginnings, Home-Start UK, and the Parent-Infant Foundation.(2020). *Ibid.*
17. Best Beginnings, Home-Start UK, and the Parent-Infant Foundation.(2020). *Babies in Lockdown: listening to parents to build back better.*
18. Reed, J. and Parish, N. (2021) W*orking for Babies: Lockdown Lessons for Local Systems*. First 1001 Days.
19. Ramchandani, P. (2020) Covid-19: We can ward off some of the negative impacts on children. *New Scientist Health* Comment 8th April 2020.
20. Blair, C., & Raver, C. C. (2016). Poverty, stress, and brain development: New directions for prevention and intervention. *Academic pediatrics*, 16(3), S30-S36.
21. Early Intervention Foundation Blog retrieved from https://www.eif.org.uk/blog/childrens-development-and-family-circumstances-exploring-the-seed-data 20th May 2021.
22. Children's Commissioner. (2020). *Best beginnings in the early years.*
23. Office for National Statistics (2019) *Children whose families struggle to get on are more likely to have mental disorders.*
24. Parker, S. (2021). *It takes a village – how to make all childhoods matter.* Little Village and the Joseph Rowntree Foundation.
25. Parker, S. (2021). *ibid.*
26. Parker, S. (2021). *ibid.*
27. Little Village survey cited in 4th August press release retrieved from https://wp.littlevillagehq.org/wp-content/uploads/2020/10/Little-Village-press-release-strictly-embargoed-until-22.00-040820-pdf.pdf on 20th May 2021.
28. Parker, S. (2021). *ibid.*
29. SafeLives (2016), *A Cry for Health: Why we must invest in domestic abuse services in hospitals.*
30. Hill, A., Pallitto, C., McCleary-Sills, J. & Garcia-Moreno, C. (2016). A systematic review and meta-analysis of intimate partner violence during pregnancy and selected birth outcomes. *International Journal of Gynecology & Obstetrics* 133, 269-276.
31. Glover, V. & Capron, L. (2017). *Prenatal parenting.* Current opinion in psychology 15, 66-70.
32. Huth-Bocks, A. C., Levendosky, A. A. & Bogat, G. A. (2002). The effects of domestic violence during pregnancy on maternal and infant health. *Violence and victims* 17, 169.
33. Shay-Zapien, G. & Bullock, L. (2010). Impact of intimate partner violence on maternal child health. MCN: *The American Journal of Maternal/Child Nursing* 35, 206-212.
34. Barlow, J. & Underdown, A. (2017). Child maltreatment during infancy: atypical parent–infant relationships. *Paediatrics and Child Health.*
35. Reed, J. and Parish, N. (2021) *ibid.*
36. Feinstein, L. (2003) 'Inequality in the early cognitive development of British children in the 1970 cohort', *Economica*, 70: 73–98.
37. Watson, H., Harrop, D., Walton, E., Young, A., & Soltani, H. (2019). A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe. *PloS one*, 14(1), e0210587.
38. Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. (2020). *Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2016-18.* Oxford: National Perinatal Epidemiology Unit.
39. Parker, S. (2021). *ibid.*
40. Public Health England. (2021). Ibid.
41. Office of National Statistics (2021) Homicide in England and Wales: year ending March 2020.
42. Department for Education (2021). *Serious incident notification.*
43. Department for Education (2020) *ibid.*
44. Broadhurst, L., et al. (2018). *Born into care: newborns in care proceedings in England.* London: Nuffield FJO.
45. Redhill, J. and Oppenheim, C. (2021). P*rotecting young children at risk of abuse and neglect. The changing face of early childhood in the UK.* Nuffield Foundation.
46. Nuffield Family Justice Observatory. (2019) *Pre-birth assessment and infant removal at birth: experiences and challenges.*
47. Children's Commissioner. (2018). *A Crying Shame.*

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