



Giving every child the best start in life

Backbench Business Debate, Tues. 9th November

A briefing for the debate on 'giving every child the best start in life', taking place in the House of Commons on Tuesday 9th November 2021. This Backbench Business Debate is sponsored by cross-party MPs, Sarah Olney, Dame Andrea Leadsom and Catherine McKinnell.

Why are the First 1001 Days so important?

The 1,001 days, from pregnancy to age two, is a period of rapid development which lays the foundations for lifelong health and wellbeing. In the first year alone, a baby's brain doubles in size¹. Evidence shows that healthy development in the early years is supported by a stable environment and nurturing relationships with parents or caregivers².

Parent-infant relationships influence key aspects of early child development including: emotional wellbeing and mental health; speech and language; attention and concentration. If a parent is experiencing stress and adversity, it can affect the quality of this important relationship. **Investment in the first 1,001 days can prevent problems developing later in life**, such as mental health disorders, youth violence, substance misuse, obesity and poor educational attainment.

What is the Government doing to support babies and their families?

The Government is investing £500 million in support for families. In the spending review, £300 million was committed towards delivering the 'Best Start for Life' vision set out by Andrea Leadsom MP, with a promise of £100 million for parent and infant mental health, £120 million for programmes offering parenting and breastfeeding support, and £80 million for Family Hubs. An additional £200 million will be invested in the Supporting Families Programme.

What needs to change?

Child health outcomes in England are poor compared to other European and western countries.³ Progress on reducing infant mortality has stalled; fewer babies are breastfed; and the UK has lost its 'measles-free' status due to a decline in child vaccination rates.

There are wide health and education inequalities. Life expectancy is 10 years less for babies born in Blackpool, compared to Westminster⁴. Black women are five times more likely to die as a result of pregnancy, compared to white women.⁵ Children from disadvantaged backgrounds are up to 11 months behind their better-off peers by the time they start school.⁶

Babies and their parents are particularly vulnerable

Babies are at serious risk of abuse and neglect. Children under-one have the highest rate of homicide.⁷ In 2020/21, reports of the serious harm or death of a child showed that 36% of cases were children under-one. There was a total of almost 200 cases involving babies, which is a 31% rise compared to 2019/20.⁸

Many new and expectant parents experience mental health problems. Maternal suicide is the leading cause of direct deaths occurring within a year after pregnancy.⁹ An estimated 1 in 4 women experience mental health problems in the first 1001 days from pregnancy¹⁰.



While depression and anxiety are the most common perinatal mental health problems, other conditions include eating disorders, psychosis, bipolar disorder, and schizophrenia. 1 in 10 fathers are also affected by perinatal mental health problems¹¹.

COVID-19 restricted access to services that support families. 60% of local authorities redeployed health visitors away from supporting families during the pandemic.¹² Half of services for children under-two said they were unable to continue supporting all families in person¹³. After lockdown restrictions lifted, many continue to offer remote or restricted support.

Topics for debate: giving every child the best start in life

It is positive that the Government has recognised the importance of the First 1001 Days, however clarity is needed on the scale of investment in babies' lives. Family Hubs and the Supporting Families Programme will receive the biggest proportion of the £500 million package announced in the Spending Review, but this includes provision for families with children of all ages, not just babies. It is also unclear if the new mental health funding will include services for 0-2s.

1. Mental health services for parents and their babies

Access to specialist perinatal mental health services has improved in England¹⁴. However, support needs to be available to a broader range of parents who do not reach the threshold for specialist services, as mild to moderate perinatal mental problems can still have a debilitating effect. More universal and targeted services are needed to prevent, detect and treat perinatal mental health problems, as the total cost to society is about £8.1 billion per year of births in the UK.¹⁵

Greater provision is also needed for babies whose mental health is at risk. This includes babies who have experienced neglect or abuse, or whose early relationships are disturbed due to parental conflict or unresolved trauma. In a UK survey of the CAMHS workforce, only 36% of professionals said there were mental health services that work effectively with children aged 0-2 and only 9% said there was sufficient provision available for those 'at risk'.¹⁶ Specialised Parent-Infant teams are multidisciplinary teams who provide therapeutic support to families when their baby's mental health is at risk. There are currently less than 40 of these teams in the UK.

Questions to government on mental health services for parents and their babies

There was a welcome announcement of £100 million for parent and infant mental health support in the Spending Review:

- How will this funding be allocated to support perinatal mental health, infant mental health and the parent-infant relationship?
- How will the Government ensure that a broad range of parents and their babies can benefit from mental health support in their local community?
- Will all local authority areas receive funding for these mental health services? If not, how will funding be targeted to address the current postcode lottery of services?



2. Funding for the core services supporting families in the first 1001 days

Health visitors

Health visitors are specialist public health nurses that lead on delivery of the Healthy Child Programme, which includes screening, immunisation, child health and development reviews, and parenting support. Every family is entitled to a minimum of five health visiting checks in England, which puts health visitors in a good position to identify and respond to perinatal mental health problems, child developmental concerns, and safeguarding concerns.

However, the number of health visitors has plummeted by around 30% since 2015^{17,18} when commissioning was handed over to local authorities and the public health grant was cut¹⁹. During the pandemic, 60% of local authorities redeployed health visitors away from supporting families²⁰. One in five babies missed out on their 6-8 week check, while one in four missed their 12 month check.²¹ Yet even before the pandemic, there was unwarranted variation in the delivery of health visiting checks²² and many were delivered over the phone or by post,²³ making it harder to assess risks like domestic abuse and child development needs.

There is currently no national plan to address falling health visiting workforce numbers. The Government's Spending Review stated that it "maintains the Public Health Grant in real terms, enabling local authorities across the country to continue delivering frontline services like child health visits." In fact, the Government is maintaining the Public Health Grant at a level that is too low for many local authorities to resource health visiting services that can deliver face-to-face visits and the support described in the Healthy Child Programme and other national guidance.

Children's services

Children's services are caught in a cycle of increasing demand and late interventions, such as children being taken into care. This means that there is less resource for early intervention services that support families to overcome challenges like parental conflict. The most deprived Local Authorities have experienced the most significant declines in early intervention spending - a decline of as much as 60% per child.

Questions to government on core services supporting families in the first 1001 days

Health visiting

- As many families do not currently receive the five mandated health visiting contacts they are entitled to, will the Government invest in rebuilding the health visiting workforce?
- What is the new Office for Health Promotion and Disparities doing to challenge and support local areas to deliver the Healthy Child Programme?
- More detail is needed on the pilots of "innovative workforce models" for health visiting. Which models are being tested? What outcomes are being measured? Will this dilute the health visiting workforce by increasing the proportion of lower-skilled staff?

Children's services

- The Spending Review included a £4.8 billion increase in grant funding for local authorities over the next three years. What proportion of this will be invested in children's services?
- How will the Government ensure that there is local authority investment in early interventions like family help, as well as late interventions like looked after children?



3. Family Hubs and better integration of services

The Government's Family Hubs programme aims to bring together a range of early help services for families with children and young people aged 0-19. Evidence shows that effective integration of services in the earliest years can bring broad benefits, for example Sure Start Children's Centres were shown to "decisively" reduce hospitalisations during childhood.²⁴ However, since 2010 more than 1,300 children's centres have closed.²⁵ Recent research found that 82% of parents of 0-5s in England struggled, or were unable, to access vital non-childcare early years services, such as parent and baby groups and parenting programmes.²⁶

The Government has now committed £80 million to rolling out and improving Family Hubs in 75 local authorities across England, with £50 million for parenting programmes. However, there is still uncertainty about what a Family Hub is required to deliver for children. A minimum guarantee of services should include maternity, health visiting, breastfeeding, mental health support, parent and baby groups, and parenting programmes.

The success of Family Hubs will be dependent on:

- Long-term funding for a highly skilled workforce and services within hubs.
- Improved integration between healthcare services and social services for babies, children and families.
- Effective outreach to families who are at risk of poor outcomes but unable or unwilling to seek support, and to families who do not live within the vicinity of a family hub.

Questions to government on Family Hubs

- Can the Government provide detail on the £80 million announced for family hubs in the spending review? Is this in addition to the £34 million previously announced? How will the funding be broken down across the three-year period?
- Will each Family Hub be required to provide an offer of services for children aged 0-2 that improves outcomes and tackles inequalities? Will statutory guidance be used to set out these expectations?
- Will the Health and Care Bill create strong levers for improving the integration of services in the earliest years by:
 - Putting the bespoke guidance for children and young people on a statutory footing?
 - Extending the Better Care Fund to create pooled budget arrangements for integrating children's services, as is already the case with adults' services?
- Will funding for Family Hubs be allocated to local areas with the greatest need, where child outcomes are worst and early intervention services have been cut most?
- What type of parenting programmes will be funded and which local areas will benefit?

For further information on this briefing, please contact: Vicky.nevin@nspcc.org.uk



References

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- ² Parent-Infant Foundation (2021) [Evidence Briefs](#)
- ³ Royal College of Paediatrics and Child Health (2018) [Child health in England in 2030: comparisons with other wealthy countries](#)
- ⁴ Office for National Statistics, (2017 – 2019) there was a 10.5-year gap in male life expectancy at birth between the local area with the highest, Westminster (84.9 years), and the area with the lowest, Blackpool (74.4 years). [Life expectancy for local areas of the UK](#)
- ⁵ University of Oxford, MBRRACE-UK (2019) [Saving Lives, Improving Mothers' Care](#)
- ⁶ The Sutton Trust (2021) [A Fair Start?](#)
- ⁷ Office for National Statistics (2020) [Homicide in England and Wales](#)
- ⁸ Department for Education (2020-21) [Serious incident notifications](#)
- ⁹ University of Oxford, MBRRACE-UK (2020) [Saving Lives, Improving Mothers' Care](#)
- ¹⁰ Centre for Mental Health (2014) [Costs of perinatal mental health problems](#)
- ¹¹ NHS England (2018) [Partners of new mums with mental illness set to get targeted support on the NHS](#)
- ¹² Gabriella Conti and Abigail Dow, University College London (2020) [The impacts of COVID-19 on Health Visiting in England](#)
- ¹³ Parent-Infant Foundation (2021) [Working for babies: lockdown lessons from local systems](#). In a survey of services supporting children under two, half said that during the pandemic they were unable to continue to give support to the families they usually work with in person, beyond providing information on a website.
- ¹⁴ Maternal Mental Health Alliance (2019) [Improving access to specialist perinatal mental health services](#)
- ¹⁵ Centre for Mental Health (2014) [Costs of perinatal mental health problems](#)
- ¹⁶ Parent-Infant Foundation (2021), [Where are the infants in children and young people's mental health?](#) A survey of 283 practitioners working in NHS infant, children and young people's mental health services in the UK.
- ¹⁷ NHS Digital (2021) [NHS workforce statistics](#) There were 10,300 health visitors employed by the NHS in 2015, whereas there are now only 6,300 in 2021.
- ¹⁸ Local Government Association (2019) [The reduction in the number of health visitors in England](#). There are an estimated 900 health visitors employed outside of the NHS.
- ¹⁹ The Health Foundation (2021) [Public health grant allocations represent a 24% \(£1bn\) real terms cut compared to 2015/16](#)
- ²⁰ Gabriella Conti and Abigail Dow, University College London (2020) [The impacts of COVID-19 on Health Visiting in England](#). 61% of local authorities reported that at least one member of their health visiting team was redeployed during the time period of 19 March to 3 June.
- ²¹ Department for Health and Social Care (2021) [Health visitor service delivery metrics experimental statistics: annual data 2020-21](#)
- ²² Children's Commissioner. (2020). [Best beginnings in the early years](#).
- ²³ NSPCC, YouGov survey (2020) in a survey of 2,000 mothers in England, 1 in 4 mothers had reviews conducted via letter, text message, or a phone call instead of face-to-face support. [UK government is at risk of failing babies and parents during the coronavirus pandemic](#)
- ²⁴ Institute for Fiscal Studies (2021) [The health impacts of Sure Start](#)
- ²⁵ There were 3615 children's centres in 2010, which dropped to 2301 centres in 2021. Questions for Department for Education Michelle Donelan responding to Angela Rayner on 22 January 2020 (UIN 6707) compared to Questions for Department for Education, Vicky Ford responding to Tulip Siddiq on 24 March 2021 (UIN 174925)
- ²⁶ Action for Children (2021) [Beyond reach: barriers to accessing early years services for children](#)