

# All Babies Count

November 2011

The NSPCC has launched a new campaign, All Babies Count, to help prevent cruelty to vulnerable babies at the earliest possible moment. If vulnerable parents can access support and services to help them care for and bond with their babies, this significantly reduces the risk of the baby suffering neglect or abuse. We're calling on Government to work with us to make their commitments on early intervention a reality.

## 1. Campaign overview

New NSPCC analysis shows that around **198,000 babies under one in the UK have parents who are affected by domestic violence, substance misuse or mental health problems**<sup>1</sup>. These babies face significant risk, and we can all do more to help them.

The scale of this problem is such that we can't keep babies safe on our own. That is why we're calling on everyone – the public, professionals and governments – to ensure that all babies count.

Babies need to be protected from physical harm – an average of 23 children under one are killed each year in the UK<sup>2</sup>– but they also need love, care and attention. There has been an explosion of new research highlighting the critical importance of pregnancy and the first years of a baby's life to all future learning, behaviour and development. Babies' brains develop and are shaped by interaction with their caregivers and those around them.

Most parents want to do the best for their children. However, there are those parents who are more vulnerable and who find it hard to provide the care and attention their baby needs, and some who will abuse their children or leave them at risk of abuse. With the right support, many more parents can be helped to care for their babies and keep them safe.

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<sup>1</sup> Based on analysis of the National Psychiatric Morbidity Survey (2007), carried out for the NSPCC by Victoria Manning (2011).

<sup>2</sup> Smith, Kevin (ed.) et al (2011) *Homicides, firearms offences and intimate violence 2009/2010: supplementary volume 2 to crime in England and Wales 2009/2010 (PDF)*. London: Home Office.

Scottish Government (2010) *Statistical Bulletin Crime and Justice Series: Homicide in Scotland, 2009-10* Edinburgh: National Statistics

From correspondence with the Police Service of Northern Ireland based on the publication *Police Service of Northern Ireland (2011) Trends in Police Recorded Crime in Northern Ireland 1998/99 to 2010/11 (PDF)* Belfast: PSNI.

## 2. Background: complex causes of abuse and neglect

No single factor causes babies to be abused, and singular explanations of child maltreatment fail to do justice to the complexity of family life. However, it is clear **parental problems such as mental illness, domestic abuse and drug and alcohol misuse, can increase the risk of neglect or abuse.**

Analysis of serious case reviews shows that at least one of these three issues is present in many cases, and there is often a high degree of overlap of these factors in cases of child death and serious injury.

### Mental illness

- Around **144,000 babies** under one in the UK have a parent with mental health problems.
- Maternal depression is the most common condition. Around 14 per cent of mothers in the UK experience postnatal depression. Depression generally does not begin at birth: symptoms frequently occur during pregnancy.

### Domestic Abuse

- Around **39,000 babies** in the UK have a parent who has experienced domestic violence in the last year.
- Many women first experience domestic abuse during pregnancy or immediately after birth.

### Substance misuse

- An estimated **109,000 babies** in the UK live with a parent who is a hazardous or harmful drinker or a user of 'Class A' drugs.
- Research shows that alcohol is one of the most dangerous neurotoxins affecting the brain during pregnancy, more so than many illegal substances. The percentage of women in the UK drinking alcohol during pregnancy decreased from 61 per cent in 2000 to 54 per cent in 2005.
- Most drugs cross the placenta, and research has charted a range of adverse consequences associated with drug misuse during pregnancy. The majority of infants born to dependent mothers (60-90 per cent) will show varying symptoms of neonatal abstinence syndrome.

If vulnerable families can access support and services to care for and bond with their babies, and address parental problems, evidence shows it can significantly reduce the risk of neglect and abuse. We're pleased the Government recognises the need for early support for parents. But we're calling on them to work with us to make it a reality. Rhetoric is not enough to protect babies.

These are the three simple steps the UK Government must take to make this happen:

- a) Ensure resources are available to support vulnerable babies**
- b) Give commissioners at a local level the powers and responsibility to ensure the right services are in place to protect vulnerable babies and prevent abuse at the earliest opportunity**
- c) Review the services available to families and take action to fill the gaps**

### **a) Ensure resources are available to support vulnerable babies**

Investment in the first year of life will generate savings in the longer term: it is cheaper and more effective to prevent problems occurring than to deal with their effects.

The Early Intervention Grant (EIG) is a grant for local authorities in England which brings together a number of central government funding streams for children, young people and families. The Grant is not ring fenced and therefore it can be used to fund universal programmes and activities as well as specialist services. Funding for Sure Start Children's Centres is also included in this grant. But in 2011/12, the Early Intervention Grant was worth almost 11 per cent **less** than the funding streams it replaced.

In his report on Early Intervention, Graham Allen MP called for an *"incremental migration of funding of 1% each year from late intervention budgets to Early Intervention. This would require no additional spending by departments, just a steady internal redistribution managed by departments themselves, hopefully in discussion with local areas. In education for example, one obvious place to manage such a transition would be through the Early Intervention Grant currently spending over £2 billion nationally each year."*

We agree that a 1% increase per year in the early intervention grant would be affordable for Government, yet provides local services with additional resource to support young families. We therefore call on government to redirect resources to secure at least a 1 % year on year increase in this grant.

### **b) Give commissioners at a local level the powers and responsibility to ensure the right services are in place to protect vulnerable babies and prevent abuse at the earliest opportunity**

It is important that commissioners at a local level have explicit responsibility for ensuring a joined up and effective package of support for all families from pregnancy, through birth and beyond. Without this, it is more likely that there will be gaps in provision, and opportunities for early intervention will be missed.

The Government has said it will produce a mandate for the new NHS commissioning board, including all of the Government's requirements and expectations for the NHS. We believe that this should set out an expectation that NHS services will provide all parents with high quality care during pregnancy and the first years of a child's life. NHS services should work in partnership with other local services to ensure that the needs of all families are understood and addressed at the earliest opportunity.

Local Health and Wellbeing Boards will bring together health services and local authorities to commission joined up services that respond to local need. We believe that the Government should make these Boards responsible for providing support for the most vulnerable babies and their families, including support to address parental risks (such as mental illness, domestic abuse and substance abuse), promote secure attachment and prevent abuse. Health and Wellbeing Boards should also be required to assess the needs of local families, including the need for early parenting support, in Joint Strategic Needs Assessments.

This will ensure that all those commissioning services (health, children's services, and adult services) work together to ensure that families with babies and expecting babies receive a coordinated package of support that meets all their needs, irrespective of which service provides this care.

Local Safeguarding Children's Boards also play a key role in supporting and challenging local partners to take the necessary action to keep children safe. We believe that the Government should ensure that boards are encouraged and equipped to monitor whether local partners deliver the necessary services to prevent abuse and protect babies.

### **c) Review the services available to families and take action to fill the gaps**

We welcome this Government's commitments to improve services during pregnancy and the early years. However, there are still substantial shortages of midwives and health visitors, and the excellent Family Nurse Partnership programme still only reaches a small proportion of eligible parents. Government needs to do more to turn its policies into a reality for all babies.

We recommend that Government should commit to an Early Intervention Review every two years, to understand how changes in government policy are impacting the services families receive.

Graham Allen's reviews into early intervention were useful in raising the profile of this issue and providing recommendations to Government about what they could do to promote and enable early intervention. However, there is still no clear and robust understanding about the scale and nature of early intervention services available to parents and how these are changing over time. A biennial review would enable the Government to better understand how central policies are translating into services and support for families. Such a review would enable us to understand and address gaps in provision.

### Services for children and families

The NSPCC has developed four pioneering new services based on leading international research, which are being launched at service centres across the UK:

- **Minding the baby** - an intensive home visiting programme developed at Yale University, which builds on the latest research about maternal and infant mental health. Children's services practitioners and nurses visit vulnerable young mothers from pregnancy until their child is two, helping them to develop healthy relationships with their baby as well as dealing with the practical side of caring for a new child.
- **Preventing non-accidental head injuries in babies** – a hospital-based education programme for all new parents, which involves showing them a DVD to help them cope with the stresses of having a new baby, and understand the dangers of shaking a baby. This programme draws inspiration from a similar programme in the US which achieved a dramatic 47% reduction in rates of Non-Accidental Head Injuries.
- **Pregnancy, birth and beyond** – a new eight session programme working with vulnerable and high risk expectant parents. Jointly delivered by health and children's services practitioners, this programme covers the social and emotional aspects of parenthood as well as the medical content of traditional antenatal education. In doing so it helps parents to prepare for the transition to parenthood and sets a template for effective parenting.
- **Parents under pressure** – this programme works with parents receiving drug or alcohol treatment who have a child under 2 in the full time care. Originally developed in Brisbane Australia, the programme has achieved positive impacts in reducing the risks of child abuse among methadone maintained parents. Over the course of the twenty week programme, PUP therapists work with mothers and fathers to help them build parenting skills and develop safe, caring relationships with their babies.

# Parliamentary briefing

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## **For further information, please contact:**

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## **About the NSPCC**

The National Society for the Prevention of Cruelty to Children (NSPCC) aims to end cruelty to children in the UK by fighting for their rights, listening to them, helping them and making them safe.

We share our experience with governments and organisations working with children so together we improve the protection of children and we challenge those who will not learn and change. We campaign for better laws and we educate and inform the public to improve understanding about child abuse.

Our services include the NSPCC Helpline, for adults worried about a child, and ChildLine, the UK's free, confidential helpline for children and young people.

ChildLine is a service provided by the NSPCC. Registered charity numbers 216401 and SC037717.