

First 1001 Days Movement – Joint statement in response to COVID-19

The world is facing a challenge greater than any we have seen in our lifetime. We recognise the incredible work done over recent weeks by politicians, policy makers and all the professionals who continue to show dedication in tackling COVID-19. We are hugely grateful for all their efforts.

As charities and professional bodies that all care deeply about the wellbeing and development of the youngest children, we are particularly concerned about the secondary impacts of COVID-19 on babies during pregnancy and the first years of life. Today, we join together to call on national and local decision makers to give urgent attention to the wellbeing of babies, toddlers and their parents during the COVID-19 crisis.

The outbreak, and the response to it, are resulting in enormous pressure on already vulnerable families and, at the same time, a scaling back of vital community services that support them. Strong leadership and concerted, joined-up action are required to reduce any harm to babies, both now and into the future.

Babies are at increased risk of harm.

While it is right that policy makers have taken radical action to mitigate the transmission and impact of COVID-19, this has had a huge secondary impact on all citizens – including the youngest. It has already been widely recognised that for some people, home is not a safe haven. Across the UK, there are babies and children in lockdown in poor quality and overcrowded housing, with shortages of basic supplies, cared for by parents under immense pressure. Babies, born and unborn are particularly vulnerable to physical and emotional harm because they are at a critical stage in their development, are fragile, totally dependent on adults for their care, and are unable to speak out or to seek help. Therefore, it is essential that the Government is keeping their needs in mind.

Parents play an essential role in babies' lives. They provide babies with the nurturing care that helps them to feel safe and secure, and to develop socially and emotionally. For many children, their parents will currently be providing them with emotional support and care through this unsettling time. But some parents will be finding it hard to give their babies the care that they need.

Parents' wellbeing has a direct impact on their babies. 25,000 babies in England live in households where their parent or parents are already struggling with at least two significant issues - parental mental illness, domestic abuse and/or substance misuse.ⁱ A large number of these families are not known to Children's Social Care. It's becoming clear that their problems are escalating during the COVID-19 crisis as a result of the range of stresses facing families such as economic hardship, job insecurity, isolation, anxiety about the virus and the stresses of lockdown. It is vital that parents get support, and that services ensure that babies are receiving the safe, nurturing care they need.

Mental health problems already affect the lives of 10-20% of women in the perinatal period and are the leading cause of maternal death in the first year after a baby is born.ⁱⁱ Approximately one in ten fathers are also affected by mental illness during this period.ⁱⁱⁱ Many perinatal mental health problems go undetected at the best of times. Even more parents are now suffering in silence, which will not only affect them but may have negative consequences for their families too.

Action now will have long term consequences.

There is an urgent need to support families to prevent harm now. There is also a long-term case for action: acting now will prevent COVID-19 from having a significant impact on the next generation for decades to come.

The first 1001 days, from pregnancy, are a period of uniquely rapid development. Babies – including those still in utero – are therefore experiencing this crisis at a time when they are particularly vulnerable and susceptible to the impact of their environment. Evidence from previous crises, such as the 9-11 disaster in New York, has shown that stress in pregnancy can affect babies' emotional development and later mental health.^{iv} There is also a wealth of evidence that shows that parental wellbeing and the home environment in the first years of life have widespread effects on multiple domains of development. What happens during these critical early days impacts on lifelong physical and mental health, social, educational and economic outcomes.^v The risks of early adversity can be mitigated with the right support, which is why rapid action is urgently needed to identify and help families who are struggling.

While the situation is stressful for all families, we did not all enter this situation equally and it will not affect us all equally. The impact of COVID-19 will be greater for vulnerable families – for those who had fewer physical and social resources to begin with and are likely to be suffering greater hardship through the lockdown. The impact of the lockdown, and the lack of access to services like childcare which are known to help address gaps in development, mean that COVID-19 is likely to widen gaps in development between the poorest children and the rest. A concerted effort will therefore be needed by all services to help children and families to recover from this situation. We call on Government to show national leadership in championing the needs of the youngest children, during the outbreak and beyond.

Families need support during these difficult times.

It is critically important, during this time of international crisis, that services maintain relationships with families, provide support to parents and protect unborn and very young children. It is not sufficient to focus attention only on those families already known to be at risk before the crisis began since problems are escalating and new problems are emerging in families who may have been coping before the outbreak.

We ask that public services and charities in each locality coordinate their work to support parents and babies known to need help and to identify hidden vulnerabilities – families who are struggling behind closed doors. Normally, these babies might have regular contact with nurseries, children's centres, toddler groups or family and friends. Now, they, and their parents, may not be being seen by any other adults. We can't expect that families in trouble will ask for help: we know that parents often hide their struggles for fear of stigma and judgment. Babies can't speak out.

Support must not be withdrawn when families need it most.

We are very concerned that vital services that would normally help to support parents and safeguard babies, such as the already depleted health visiting service, are suffering from huge staff shortages, not only due to staff being ill or in isolation, but because in some

areas large numbers of staff – at least 50% in some areas of England – are being redeployed to provide urgent medical care and other health services. This is, therefore, a “perfect storm” of increased risk and decreased support for babies and their parents.

While we recognise the unprecedented challenge facing hospitals, we urge that attention also be given to the hidden harm happening in communities. Local services must work together and plan to ensure that there is sufficient support in place to meet the needs of families. Skilled professionals must be deployed where their skills can be best used to reduce harm. Services should be supported to work virtually with parents and their babies, but we must also recognise that many families facing multiple disadvantage may also be digitally excluded- perhaps lacking smartphones, access to data or wifi, or the literacy and language skills to engage with services remotely. Virtual contacts also make it hard for professionals to assess babies’ wellbeing. Therefore, there needs to be support (including PPE) and capacity for essential face-to-face work too.

We are calling on Government to take action to protect babies:

Together, we call on UK Government to:

- Ensure that the physical and emotional needs of the youngest children are considered more explicitly and transparently by those making decisions about the response to COVID-19. Provide clarity on who in high-level decision making forums, such as COBRA, is representing the needs of babies and their parents.
- Provide clear guidance for health and social services on maintaining vital support for families. This must encourage an informed and coordinated local approach in each area that draws on partnerships between statutory agencies and charities (utilising any local volunteers effectively and appropriately) to ensure all families get the support they need. This guidance should minimise the re-deployment of staff from community services, in particular health visiting, parent-infant and perinatal mental health teams - recognising that these services provide essential support to families at highest risk and are needed more than ever. Decision makers must balance action to tackle COVID-19 with action to reduce its immediate and long-term negative impact on parents and the next generation.
- Ensure that the strategy to end the lockdown considers the needs of babies and their families, and the services that work with them. The Government must consider how services can swiftly and safely return to offering high-quality face to face support to families and how additional support can be put in place to mitigate the impacts of social distancing, particularly on the most vulnerable families.

The situation is constantly changing. We will continue to monitor the impact of COVID-19 on babies and their parents across the UK, to gather insights from the front line and to work together to support national and local decision makers in their response.





Group B Strep Support



Healthy Start, Brighter Future



MATERNAL MENTAL HEALTH ALLIANCE
Awareness Education Action



NATIONAL CHILDREN'S BUREAU



NSPCC



TACTYC

ⁱ Miles, A. (2018). A Crying Shame A report by the Office of the Children’s Commissioner into vulnerable babies in England

ⁱⁱ Bauer, A., Parsonage, M., Knapp, M., Iemmi, V., & Adelaja, B. (2014). Costs of perinatal mental health problems.

ⁱⁱⁱ Paulson JF, Bazemore SD. (2010) Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *J Am Med Assoc.* 2010;303(19):1961–9.

^{iv} 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*, DOI: [10.1210/jc.2005-0550](https://doi.org/10.1210/jc.2005-0550)

^v E.g. Center on the Developing Child (2010). *The Foundations of Lifelong Health* (InBrief). Retrieved from www.developingchild.harvard.edu.

See also previous publications and infographics by the First 1001 Days Movement.