

All Babies Count: support for vulnerable parents and their babies

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Through the All Babies Count Spotlight series, the NSPCC asks what early intervention means for particular groups of vulnerable families and their infants. The NSPCC's most recent reports, *An Unfair Sentence: Spotlight on the Criminal Justice System*¹ and *An Unstable Start: Spotlight on*

*Homelessness*² explore how the criminal justice and housing systems can impact on pregnancy and infants. Through these reports, the NSPCC aims to deepen and widen the message about the importance of early intervention by engaging with new audiences working in these sectors.

There has been increasing recognition among policy makers of the importance of the perinatal period for children's future learning, behaviour and health. This has led to growing consensus about the importance of early intervention, reflected in such initiatives as the 'First 1,001 critical days'³ manifesto, which seeks to build long-term, cross-party commitment to early intervention.

Evidence points to a set of 'ingredients' that infants need for a healthy and safe start in life. Firstly, they need a healthy pregnancy. Development before birth is the basis for what happens next; maternal mental and physical health in pregnancy are crucially important for an infant's later well-being and development.^{4,5} Secondly, infants need healthy early relationships. This means that they need their caregivers to provide sensitive, responsive and consistent care.⁶ Thirdly, for an infant to have a healthy and safe start, their caregivers must themselves receive effective care and support so that they have the emotional resources and the capacity to provide their infants with sensitive, responsive and consistent emotional care.⁷ Finally, all infants need a safe and stimulating environment that supports them to learn and explore.⁸

The Government has recently introduced a 'family test'⁹ for the policy making process to ensure that all policies support family life. This provides an opportunity to hold the Government to account to ensure that the needs of all vulnerable families with new infants are met.

An unfair sentence: spotlight on the criminal justice system

Astonishingly, there are no official data on the number of infants affected by parental involvement in the criminal justice system (FIGURE 1). In *An Unfair Sentence*, the NSPCC has used the available statistics and Office for National Statistics (ONS) data to estimate that around 11,800 0-2 year olds had a parent in prison in 2009 in England and Wales, and that between 3,400 and 4,600 0-2 year olds are affected by parental imprisonment in Scotland each year.

Past history of adversity

Adults who are involved with the criminal justice system often have a history of adversity and vulnerability, with significant numbers of adults serving custodial sentences having

The following data are not routinely collected:



FIGURE 1 Gaps in data: no official data on the number of infants affected by parental involvement in the criminal justice system exist.

experienced childhood trauma or maltreatment, been in the care system, and lived in poverty and deprivation.¹⁰ The complex difficulties that arise from this mean it is often harder for parents to provide sensitive care for their infants, because they are themselves very vulnerable.

The impact of parental imprisonment

The imprisonment of either parent has a detrimental impact on infants. The majority of those serving custodial sentences are men, which means that the most common impact on care arrangements is that the infant is separated from its father. However, there has been a substantial and disproportionate increase in the number of women being imprisoned over recent decades and the majority of those women are of childbearing age. In England and Wales for example, between 1995 and 2013, the female prison population increased by 87%.¹¹

While evidence shows that maternal mental and physical health in pregnancy are crucially important for an infant's later well-being and development,^{4,5} the needs of pregnant women in prison can be left unmet in a criminal justice system designed for men. A systematic review of risk factors for adverse perinatal outcomes found that, despite known risk factors being present, 30% of pregnant women in prison had received inadequate care.¹² There is also no requirement in England and Wales for the NHS to provide antenatal classes for women in prison and in England there is no Prison Service Order setting out standards of care for childbearing women.

The majority of infants whose mothers are imprisoned are cared for in formal or informal kinship care (many infants and children may already be cared for in kinship care before their

parents are convicted). The separation of parents and infants disrupts their relationship because there is little or no opportunity for an attachment to form. When parents are released, they can face difficulties in rebuilding family relationships. Parents will have missed important stages in their infant's development and their baby may have formed close bonds with another carer. Women separated from their infants can suffer severe distress, often exacerbating pre-existing mental health issues, and impacting on the care they can then provide for their baby.

There are a small number of women and infants who remain together in prison Mother and Baby Units (MBUs). The eight MBUs and two Mother and Baby rooms in the UK have the capacity to accommodate approximately 73 mothers and their infants. While being separated from their mother can be damaging for a baby, so too can living in a prison environment. A study in the US of attachment relationships of mothers who are incarcerated and their infants found that two-thirds of these women were reported to have insecure attachment relationships with their infants.¹³ Women in custody are five times more likely to have mental health problems than women in the general population.¹⁴ 'Reflective function', the capacity of parents to be able to recognise and understand their baby's behaviour and feelings, and then respond appropriately, is important for an infant's social and emotional development⁶ but can be affected by parental mental health problems. Crucially, there is lack of evidence to inform decision-making around which care arrangements are best for infants with parents in the criminal justice system.

Concerns have also been expressed about the way that prisons currently manage labour and birth. The NSPCC interviewed both practitioners and mothers in prison as part of its research, and they gave a worrying picture of access to maternity care. It was reported that security checks led to lengthy delays in transporting labouring women to hospital. This was exacerbated by the fact that women said they were dependent on prison staff to make the decision as to when they were ready to be admitted. In some cases, these decisions appeared to be based on arbitrary factors such as whether their waters had broken. Practitioners recounted instances where infants had been delivered in prison with no midwife in attendance.

There are examples of promising practice. For example, the Scottish Prison Service has adopted the first national framework setting standards for parenting programmes in prisons. Some prisons run programmes designed to support attachment relationships between infants and their mothers and/or fathers, an example of which is the NSPCC perinatal parent education programme, Baby Steps.

There are also community-based mentoring projects that support prisoners 'through the gate', including support in reunifying with their infants and older children. However, there is inconsistent access to this support and many services and programmes require further rigorous evaluation.

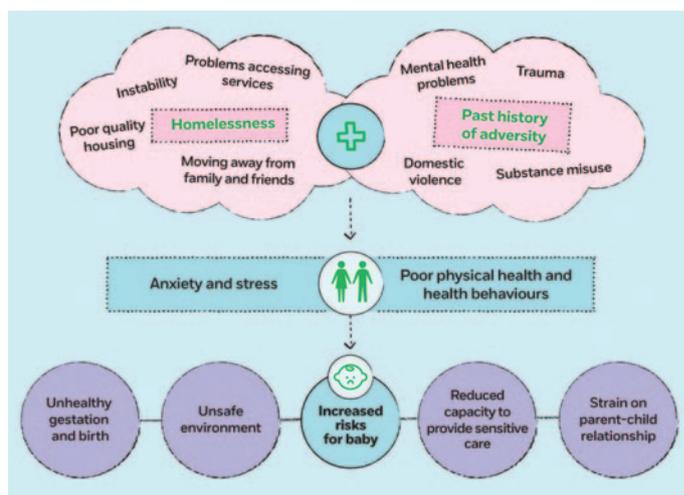


FIGURE 2 Double jeopardy: how homelessness can affect infants.

An unstable start: spotlight on homelessness

An Unstable Start focuses on homelessness in England and defines homeless infants as those living in families that lack: "A supportive, affordable, decent and secure place to live"¹⁵ There are different types of homelessness. Families classed as statutorily homeless are those who the local authority accepts as homeless and to whom they have a duty to provide housing. Some of those families classed as statutorily homeless are rehoused immediately, but most are provided with temporary accommodation in a self-contained unit, bed and breakfast or hostel. There are also families who are not eligible for support, for example if they are judged to be intentionally homeless or do not have recourse to public funds. In addition, some homeless families do not come into contact with homelessness services; they may be staying with friends or family, 'sofa-surfing'.

There are no official data on the total number of infants who are homeless. Using the available statistics on homelessness¹⁶ and ONS data, the NSPCC estimates that there are around 15,700 0-2 year olds living in families who are classed as statutorily homeless in England. This is likely to be a significant underestimation of those living in unsuitable or unstable accommodation.

Past history of adversity

Like those parents involved with the criminal justice system, those who are homeless often have a history of adversity that includes mental health problems and experiences that contribute to poor mental health, such as violence in the home, limited or absent social support, poverty and unemployment (FIGURE 2).^{17,18}

The impact of homelessness

When families lack a decent and secure place to live, there can be detrimental consequences for the infant, beginning before birth. This is firstly because homelessness can lead to parents experiencing stress, anxiety and exhaustion, as well as feelings of loss of control, loss of self-worth and isolation. These feelings, which can also exacerbate pre-existing mental health difficulties, may impact on a woman's ability to take care of her physical health in pregnancy. Maternal stress during pregnancy is also associated with poorer physical, emotional and cognitive outcomes for infants.¹⁹ Secondly, homelessness can impact on the physical health of pregnant women. It can make it harder for

women to have a healthy diet because they may lack the resources to buy nutritious food, or means or space to prepare it. Because the quality of temporary housing can be poor, some pregnant women may have to live with damp, mould or infestations.

Once infants are born, they can continue to face risks posed by unstable housing. Babies need a safe and stimulating environment that supports them to learn and explore⁸ and they are hugely vulnerable to the impact of living in unclean or cramped conditions. A lack of safe, clean, floor space for infants to play on can lead to problems in their physical development. Rooms can lack cots or spaces for a cot, so babies may sleep with their parent, increasing the risk of sudden infant death. Noise and disruption can make it harder for babies to settle into a regime and to sleep, and there may not be a safe space to bathe an infant.

Parental mental health difficulties can continue to impact on a newborn infant. Feelings of stress and anxiety may affect a parent's confidence and can make it hard to provide consistent, sensitive responses to a baby.²⁰

Both social support and support from formal services can act as a buffer against mental and physical health problems and can improve parenting behaviour.⁷ However, being homeless often means frequent moves and, in some cases, can mean families being placed out of their local area. This is becoming increasingly common, with figures from the English Department for Communities and Local Government showing that at the end of September 2014, 15,260 households in temporary accommodation were placed in another local authority's area.²¹

Frequent moves and moves out of area can affect the degree to which families engage with maternity and health services. Relationships with professionals can break down and families may not know how or where to access services in a new area. It can also be harder for home visits to take place in temporary accommodation, and because both parents and professionals can become overwhelmed and preoccupied with the housing problems, these issues can overshadow health and well-being.

Ensuring the health, development and well-being of infants

The NSPCC believes that all children deserve a healthy and safe start in life. The problems presented in these two reports are occurring on a large scale and are poorly responded to by policy and practice. The evidence shows that the consequences of failing to act can be devastating for children.

Both infants affected by parental imprisonment and infants in homeless families need to be prioritised at national and local levels of Government. For babies with parents in the criminal justice system, the introduction of Child Impact Assessments after sentencing would ensure these data are captured and that their legal rights are recognised and their needs met as a matter of course. For homeless families in England, the Department for Communities and Local Government needs to regularly collect data on the number of children and pregnant women in all homeless families, the ages of children and their needs.

In addition, service provision from all professionals who come into contact with these infants must be co-ordinated and information must be shared across these services. Establishing

routine links between universal services and offender management or housing services would ensure that families receive the support they need, when they need it. In Scotland, Getting It Right For Every Child (GIRFEC) provides a useful framework for this to happen. Services also need to be high quality and delivered with a focus on and understanding of child development, perinatal mental health and infant mental health.

If the agenda for early intervention is to be realised and the Government is to ensure that all policies are family-friendly, urgent attention must be turned to the housing system and the criminal justice system.

For further information on the All Babies Count campaign, and for the full reports, visit: www.nspcc.org.uk/allbabiescount.

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